

MENDING BROKEN HEARTS

A Handbook for Those
Who Care For and About Others

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CHAPTER 1

Companionship and Community





**Love your enemies; do good to those who hate you;
bless those who curse you . . . When a man hits you on
the cheek, offer him the other cheek too . . .
Treat others as you would like them to treat you . . .
Give and gifts will be given to you . . .**

- Luke

INTRODUCTION



Let us start out by looking at ourselves. As caregivers, we have moments when there is deep confusion, fear, and even meaninglessness in our own lives. This book is about our own gentleness, even in the midst of violence.

Your teen-age son, Joseph, stumbles home in the middle of the night—drunk again, yelling, screaming, and cursing. You smell the booze on his breath. Its odor smacks at you like a clenched fist. His face is not the face of the child you once knew. His eyes are cold, almost empty. He staggers and stumbles. He sees you, but sees nothing, no one.

Your heart is broken. Your eyes fill with tears. Your mouth is dry. You hear your thoughts screaming. Your heart swells with anger. You come up to him. You are filled with disappointment, almost despair. This is the umpteenth time. You think, “Damn, he’s done it again! God, what am I going to do! Do I curse him like he’s cursing me? Do I yell at him like he’s yelling at me? What in God’s name do I do?”

Your thoughts race like bolts of lightning that pile on each other, huddled, waiting for the thunder, “He knows better! He’ll be dropping out of school. His grades are down. He sleeps all day. He curses and yells at me. He calls me a ‘no good’ and ‘worthless.’” Hope begins to slip out of your heart. Emptiness, sorrow, anger swell in that moment between lightening and thunder. There is moment of quiet stillness. Everything stops. You ask yourself, “My God, what do I do?”

Read this book thoughtfully. There is no single answer to our life problems. There is only a direction we need to take. Helping others means that we have to know who we are and who the other is. We have to enter the troubled person’s space with humility and gentle our way as deeply as we can into the other’s world. Our only gift is unconditional love.

This is a book about us, who we are, and why we do what we do. It is about

helping others who are lost, hurting themselves, and hurting others. We are caregivers. We care for and about others. We are parents. We are teachers, social workers, psychologists, counselors, psychiatrists, therapists, and advocates.

We care for those whose hearts are broken-- the abused child, the confused teen-ager, the gang member, the child with a disability, the imprisoned, the man with a mental illness, the woman with AIDS, the child with autism or mental retardation, the elderly, and all others who are marginalized from family and community life. We care for and about our own children, our parents and grandparents, and all our vulnerable family members.

Our care is based on unconditional love. This is easier said than done. Our task is to find ways to express human warmth where there is fear, meaninglessness, neglect, abuse, confusion, anger, frustration, and despair. Our option is to serve those who are the most forgotten. We bring a peaceful feeling of companionship and community to the poor, the neglected, and the abandoned. We serve those who are weak and scared, violently fearful, isolated, and sorrowful. And, we lend a helping hand to those who are disabled, mentally ill, elderly, and physically ill.

We can only give what we have. Our gift is the expression of unconditional love. We wrap it in the warmth of our presence, the nurturing of our words, the kindness of our touch, and the gaze of our eyes. We offer it freely and unconditionally. We ask for nothing in return. We hope for a smile, a kind word, a giggle, a warm gaze, or arms reached out for an embrace.

Our task is to mend hearts that are broken by confusion, despair, poverty, neglect, abuse, racism, segregation, old age, chronic illness, mental illness, and developmental disabilities. We give our presence by staying peaceful when faced with violence, by reaching out to those who hit, by speaking words of affection and encouragement to those who curse, and by protecting those who cannot help themselves. This sounds so easy. Yet, we know from our own lives that it is quite hard.

Consider Joseph and his mother. For some mysterious reason his heart is broken. He seeks meaning in booze, but only finds momentary escape. Perhaps he is trying to find himself in the bottom of a bottle. Perhaps he is scared of life, does not know who he is, and where he is going. Perhaps fear drives him to find momentary peace in booze. Maybe it is just a passing experimentation.

His mother's heart is broken. His heart is broken. Both are scared. Joseph is lost. His mother has to mend his heart. She has to be stronger than her son. Somehow or other she has to summon the courage to bring a feeling of

unconditional love to a child who rejects it. As her mind swirls with fear and almost hopelessness, she has to find a way and a moment to bring Joseph peace. She has to enter Joseph's world where he is, not where she wants him to be. She has to know what he has forgotten—that we all need to feel safe and loved on this earth. Her presence has to bring hope. Her eyes have to fill with motherly warmth. Her hands have to reach out to his shattered heart. Her words have to express unconditional love.

As care givers, we need to be well grounded. Our hope is not independence, but interdependence. Our primary task is not to control others or force others to be what we want them to be or do what we want them to do. It is to bring a deep unconditional love to those whom we serve. Our central purpose is not self-determination or self-reliance; it is a feeling of connectedness between those whom we serve and ourselves. Our central role is to express a profound sense of companionship and community. What we often think are our primary tasks will come in due course if those whom we serve feel safe, loved, loving, and engaged.

We are community-makers. Community is a gathering of gifts. Our gift in the act of care giving is the creation of companionship and the formation of community. Those whom we serve bring their mind-body-spirit, their dreams denied, and their hunger for love. They bring their troubles and sorrows, their life-story, and their broken hearts. We bring a spirit of gentleness to mend their hearts.

We are a gentle people. We seek non-violent ways to teach persons to feel safe with us, to feel loved by and loving toward others, and to learn that it is good to be with others and us. We gentle our way into broken hearts, and gentleness begets warmth between us. Our mandate is to gentle these broken hearts.

We, as care givers and community-makers, need to change as much, perhaps even more, than those whom we serve in a process that starts with a focus on gently teaching a feeling of companionship to those who feel separate and apart from us, fear us, and even hate us. Our first task is to weave delicate laces of companionship between us and those whom we serve. And, we weave these laces from our heart to those whose hearts are broken. We have to see clearly our own and each other's wholeness-- mind, body, and spirit. We mend broken hearts based on our belief that all people have a deep longing to feel at-home with others and are called to come together in a spirit of companionship and community.

We enter into the cold and empty spaces that separate us from those whom we serve. We meet each person where he/she is. We meet each with a gentle humility and a warm hope that this moment will be a moment of feeling safe and loved. We meet each feeling that they are in pain,

fearful, and see little meaning in us. We carefully reach across the void to mend their broken hearts. With this reach, we slowly and respectfully begin to give meaning to our own being as well as to that of the troubled person.

This approach to care giving is based on a psychology of human interdependence that sees all change as mutual and as bringing about or deepening feelings of companionship and community. But, we know that the mutuality has to start with us—our hands, our words, and our eyes. We search for the feelings in the heart, not the thoughts in the head. We do not seek to modify behaviors, but to teach a deep sense of being safe and loved. These reside in the heart. They are feelings. They are the muddled undercurrents that we have to still.

Our central role is to be teachers of companionship and community. Our relationship with those whom we serve needs to be driven by values based on unconditional love and the expression of warmth. We need to reflect on our own being, values, and relationships. And, we have to deepen these as we seek to help those who are marginalized.

The act of care giving starts by concentrating our efforts on two initial tasks-- eliminating in ourselves whatever the person might see as domineering and elevating our expression of unconditional love to the highest level possible. For those with broken hearts, meanness is seen and felt in the simplest and slightest frown, reprimand, or word or gesture of discouragement. It is often seen in our sheer presence, slightest touch, and softest words. For those who are fragile, many modern care giving practices are seen as mean-spirited, neglectful, and even abusive-- verbal reprimands, physical restraint, time-out, token economies, suspensions, and a host of others common strategies.

Popular culture tells us to control others, send them away, make them learn to stand on their own feet, give them tough love, and teach them a lesson. These approaches have not worked. More people are imprisoned than ever before. More children are abused and neglected. More adolescents are living on the streets. The homeless wander aimlessly on the streets like urban ghosts. The electric chairs of rich nations have waiting lists. Orphanages, psychiatric hospitals, and refugee camps are filled with children and adults. Millions of children around the world live in garbage dumps. The elderly are left behind as their sons and daughters search for riches.

We are caregivers. We have to do better. We start by bringing care and justice to one person at a time. One of the hardest tasks of care giving is to look closely at look at ourselves. Few caregivers knowingly make others feel afraid or use even minor forms of punishment. However, anyone who has been pushed to the distant edges of community life can easily perceive us

as domineering or controlling in even our most subtle interactions-- a frown instead of a smile, a stern request instead of a welcoming invitation, a word of affection not said, a greeting not given, a touch not extended. We have to be extremely sensitive to our every move-- not because we are mean, but because the other might see as being so.

We need to constantly ask how each troubled person sees us. How are we seen by the child who becomes frightened at the slightest change or the adult who is ravished by the cruel and terrifying voices of schizophrenia? What about the teenager in the gang who is constantly threatened by authorities with a "Do this or else!" mentality? How does the elderly person, now ravaged by the fearful ghosts of senility, see us in the midst of this confusion? How does the immigrant child see us when society says emphatically that he is no good? What about the homeless woman whom we pass by as if she were a ghost in the night? What is the mentally retarded man on death row to think of us as he sits in the shadow of the electric chair waiting for his body to be scorched and mumbles, "I want to be with my mother!"?

We have to teach each person to feel safe with us and loved by us. Of course, we have to assure that harm comes to know one. But, this protection needs to fall on our shoulders, not on those whom we are helping. Instead of coming down or controlling marginalized children and adults, our task involves teaching them to feel safe and loved. We are often seen as merely one other caregiver in a long line of caregivers over their life span-- faceless and anonymous, cold and domineering. We have to put our face on care giving-- our smile, our warm gaze, our words of affection and encouragement, and our embrace. We have to examine ourselves and find our authentic way of being with those whose hearts are broken.

So, our task is to teach each person who we are-- kind, giving, and loving. These virtues have to be the most evident when someone is at their worst. We have to help each feel safe in the deepest manner possible, feel that it is good to be with us, and, most importantly, feel loved by us and loving toward us-- at good moments and difficult ones. These elements make up a sense of companionship and over time form community.

In this process of interdependence, we have to think about our own change as well as that of the person whom we are helping, and remember that there are no ready-made answers to "What do you do when . . .?". There is a direction that we want to take in helping others to feel safe and loved. When in doubt about what to do, a gentle caregiver looks at any question or situation from this perspective--"What will help the person feel safe and loved at this very moment?" Instead of worrying about issues like compliance, independence, or self-determination, the gentle caregiver is concerned with teaching children and adults to feel safe and loved.

Rather than fixed answers, we have to examine ourselves and our values-- especially nonviolence and the ability to express unconditional love in the face of violence and rejection. We have to find ways to teach a feeling of companionship and community to those who see no meaning in it and even reject it violently. We need to be gentle teachers and mend broken hearts.

A PSYCHOLOGY OF SOLIDARITY A PEDAGOGY OF INTERDEPENDENCE



We need to have a spirit of profound solidarity with the poorest of the poor and a way to teach companionship and community. A posture of gentleness, nonviolence, and justice asks us to think about our own change before considering changing someone else. It is centered on human interdependence, not independence. It looks at change as a two-way path, but with the change starting with us. The process involves our taking the first step-- entering into the vulnerable person's fear-filled space, gentling our way into the space where fear and meaninglessness reside. We have to know that when a person has a broken heart her/his world is filled with fear and meaninglessness. We have to know more than what the person knows because we are teachers. Knowing that fear and meaninglessness envelop the other, we enter into that cold void with a spirit of gentleness. We come with know demands. We come with no desire to control and no urge to modify. We come with the gift of unconditional love that gradually teaches the other, "When you are with me, you are safe and loved!"

Solidarity is seeing ourselves at worst moments in the suffering, confused, and fearful other. It is an enduring desire to liberate ourselves and others from the burden of violence and injustice. It is our actions to bring about interdependence based on a collective feeling of community, not self-determination. Independence and self-determination are not possible unless they arise out of a deep sense of companionship with others. We need to reject a "Lift yourself up by your bootstraps!" mentality and make sure that those with broken hearts feel safe and loved on this earth before anything else. We are not islands unto ourselves, but connected with feelings of being safe and loved. Life meaning comes out of an evolving sense of community.

The journey has to start with us. We need to understand that the vulnerable person sees us as frightening, not because we are mean or overpowering, but because those who are vulnerable are actually filled with fear and meaninglessness. They do not see us as caring for and about them. Our initial role is to fill the chillingly empty space between us and the other with unconditional love. This starts with our meeting each person where he/she is at--not changing the other, but changing ourselves.

A SPIRIT OF GENTLENESS IS ABOUT...

- Our nonviolence
- Our sense of social justice
- Our expression of unconditional love
- Our warmth toward those who are cold
- Our teaching others to feel safe, loved, loving and engaged
- Our teaching a feeling of companionship with the most marginalized
- Our forming community
- Our sense of human interdependence and solidarity
- Our option to be side by side with the most devalued

A spirit of gentleness might seem easy; but, always remember, we do things that many can interpret as cold and controlling, often without even realizing it. The cold space that exists between us and the vulnerable person deepens and broadens without us even realizing it when we focus on control with a "Do this or else!" mentality or when we wallow in hopelessness with an attitude of "Well, that is just the way she is."

Without even realizing it, our tone of voice, our posture, the way we look at someone, and the way we talk can tell the vulnerable person strong messages that say, "You are no good! Do what I tell you to do or else!" We do not do this intentionally. Yet, if we do not understand human vulnerability and fragility, our simplest actions can take on a horrendous meaning. Our priorities are often messed up if we focus on behaviors instead of feelings or independence instead of interdependence. We need to worry about helping each person begin to feel more safe and loved instead of getting rid of behaviors.

We have to look at ourselves and change, and we have to help others to change. Our focus has to be on how the vulnerable child or adult interprets us in the here-and-now. We need to be seen as kind, warm, and affectionate, and teach the person that our very presence symbolizes unconditional love-- finding ways to say, "These hands will never hurt you! This mouth will never put you down. These eyes will never look scornfully at you!" We need to understand that anyone with violent behavior has to learn to feel exceptionally safe with us. We have to reach out to the person, and teach the essential lesson of life, "When you are with me, you are safe and loved! Do not fear! I will not hurt you!"

These feelings are the foundation of a culture of life that starts with the care giving relationship and spreads gradually to the broader community. It starts with our own gentleness, our acceptance of nonviolence, our constant questioning of our own beliefs and actions, our ability to teach

companionship to those who steadfastly reject it, and then to build communities of caring. Read this book thoughtfully; apply the concepts to yourself, your family and friends, and your work. Keep trying to establish feelings of companionship and forming community among those who are marginalized.

Yet, we struggle to create a sense of connectedness in a culture that demands independence and self-reliance. We listen to newscasts that announce this. We hear newscasts that tell us the strong must control the weak. We read newspaper stories that trumpet the glory of the self. These cultural attitudes become part of our care giving. We have been trained to seek compliance and control. We demand that those whom we serve choose what is right and good when they do not trust us, in fact, often fear us. We live in a world that places the individual above the community.

As care givers, we have to reverse this trend and begin to question what the other needs-- to feel safe with us and loved by us. A psychology of interdependence assumes that we find ourselves in others and in the strength of our connectedness to others. It is the foundation of who we are and what we are becoming. It leads us to develop a sense of companionship with those who distance themselves from us. We have to move from a culture of self-reliance to one of human connectedness and from a culture of self to one of otherness. As we do this, we are slowly moving toward the formation of community where we will feel collectively safe, loved, loving, and engaged.

Interdependence is based on our shared values-- the wholeness and inherent goodness of each person in spite of violent behavior and the thirst that we all have for a feeling of being one-with- one-another in spite of paradoxical behaviors that push others away. These values are difficult to maintain, but are necessary if we are to help those who cling onto the slippery edge of family and community life.

It is in the middle of the night and your drunken son has come home. Joseph screams and curses as he stumbles in his drunken daze. You watch paralyzed by a mix of sorrow and anger. He yells, "Get away!" and spits out words of hatred. These enter your heart like nails. His eyes are filled with emptiness. They do not really seem to see anything. His face is tight and tense. Doors slam. Fists pound walls.

You think, "This is the baby whom I mothered. Now look at him!" Your face is filled with fear, disappointment, sorrow, and confusion. You are filled with fright and insecurity. You do not know what to do. Should you curse back, strike out, nag, or just give up. Thoughts swirl through your mind, "I have to gain control. I must come down on Joseph. He cannot do this. God, what do I do?"

Your eyes turn cold. Your words lash out, "Stop! You know better! You're worthless. You'll never amount to anything. Get out of here!" Your face is flushed. Tears well in your eyes and flow down your cheeks like a heavy rain on parched earth.

Your son screams out, "Fuck you! I hate you!" as he collapses onto the floor in a boozed up sleep. His body is sprawled on the carpet. He breathes heavily and every now and then mutters incoherent words of hatred.

You go to bed not knowing what to do. Sleep eludes you. Tears once again well up in your reddened eyes. Then, your tears dry up. Tears turn to emptiness. Your mouth is parched from anger and disappointment. You only have your thoughts about the child who was once your little baby and now you ask yourself, "How can I bring a spirit of gentleness when there seems to be no hope?"

We are good people trying to good things. Our role is to tap into the marginalized person's heart and uncover the hunger that we all have to feel safe and loved. This challenge is enormous and often goes against the strong currents of our culture, poverty, racism, abuse and neglect, abandonment, mental illness, developmental disabilities, and life stories filled with sorrow.

Our option for unconditional love flies in the face of a culture that says that individual choice is the driving and foremost value that demands, "You chose to make this decision to harm! Now, suffer the consequences!" Choice is good, but it has to be based on a context of personal experiences that enable us to trust ourselves and others, to feel safe in making decisions, and a sense of it being worthwhile to be engaged in the surrounding community.

Interdependence is centered on the coming together of the caregiver and the person in need with all their gifts and vulnerabilities. In effect, we say to the person, "I will teach you to feel safe, loved, loving, and engaged. You and I will come together and become 'we'-- companions. . .!" As companionship emerges, our role is to bring ourselves and others into this increasingly warm space and teach a collective feeling of being mutually safe and loved.

A PSYCHOLOGY OF INTERDEPENDENCE IS...

- A recognition of companionship and community as the most basic values in caregiving
- An acceptance of the whole person: mind-body-spirit
- A belief that all persons hunger for a feeling of being-one-with-others
- An understanding that fear and meaninglessness create and drive violence toward self and others, isolation from others and a deep sense of worthlessness
- A sharp focus on teaching feelings of being safe, loved, loving and engaged with us and others
- An option for the most marginalized
- A belief in unconditional love as our way of being

OUR ASSUMPTIONS



Our assumptions are few, but powerful. We are all mind-body-spirit and care giving needs to focus much more on the spirit, emotions, and moral sense. A spirit of gentleness goes straight for the heart and ensures that the foundation of what we do is based on teaching others to feel safe with us and loved by us. We might not be able to do anything about the mind or the body, but we can mend the heart. We might not be able to bring about social justice and change, but we can bring justice to one person at a time. We can mend a broken heart. Care giving is also about justice. A spirit of gentleness means that we bring this gift of love to those who are the most marginalized. We assume that an act of love done to one is an act of love done to all. We might not be able to change systems, but we can change ourselves and, if we deepen and broaden our sense of companionship and community, we will eventually bring justice to all. We also assume that everyone has a basic longing to feel one with others, to have safe and secure relationships, to be with others, and to be loved by them.

Our care giving has to emerge out of unconditional love, and the change has to start with our daily interactions and what we do in the here-and-now. This is no easy task and it cannot be left to simply talking about unconditional love. We have to show it in our every action - generous when we are denied, helping when we are refused, and warm when we are rejected. Indeed, we need to express the most warmth during the worst moments. These assumptions are vital elements in care giving. Without them, there is little reason to provide care, let alone reflect on the expression of unconditional love. These assumptions are at the deepest region of the heart. We recognize the struggle that occurs in broken hearts between a fear of loss and a hunger for love. We have to make the hunger

for love stronger than the fear of loss.

Our assumptions are the human undercurrents that give meaning to life. If we do not feel that each person is a whole being, no matter how others perceive them, then we will not bother giving ourselves. If we do not feel that each person longs for a sense of being at-home in the world, then there is little need to worry about companionship or community. If we do not see our care giving as an act of justice, then justice will never come about. We have to realize that the best and most enduring change starts with us and our interactions, not with anything or anyone else. No one can tell us to be loving; it has to come from our heart.

BASIC ASSUMPTIONS

- Each human being is made up of a mind-body-spirit
- Personal change comes from within the heart
- Each of us hungers for a feeling of being-with-others
- The caregiving relationship is based on unconditional love
- Personal and community change occurs from the bottom up
- Caregiving is as act of justice

In those who are violent toward us or themselves, there is an ongoing struggle that pits this hunger for love against an ever-present fear of loss in the deepest regions of the heart. Many come to us with life-stories filled with abuse and neglect. Others have had lives in which they were loved, but were unable to feel it or express it due to mental retardation, autism, mental illness, or other conditions. Many have passed decades in institutions where this fear has been made into a rushing current or have lived with care givers coming and going in and out of their lives, never being

able to establish a sense of being loved or loving. They have every reason to surrender to the fear of loss and starve the hunger for love. Thus, our role is quite serious-- to bring a feeling of life where there is one of death and love where there is one of abandonment.

HUNGER FOR LOVE

- To be connected
- To be responded to
- To respond to others
- To care about others
- To love and be loved

FEAR OF LOSS

- To be disconnected
- To be ignored
- To withdraw
- To ignore others
- To be scorned

To give care is to give a sense of connectedness within a small circle of others. It begins with caregivers responding to the hunger for being one-with-another and fighting against cultural currents that demand control, often under the guise of choice, "You made a decision, and now suffer the consequences! That is how you learn!". Our option is to build a sense of companionship with a spirit of human interdependence that springs out of our expression of unconditional love. This is no easy task, and requires us to evolve the deepest values and skills possible.

Interdependence is based on a culture of life that recognizes this struggle, and asks us to teach a sense of companionship and community based on trust. It requires a profound empathy for the past and present feelings of the person and the expression of this in nurturing words, warm gazes, and loving touch. This expression is what causes a richer life that helps the caregiver and the vulnerable person become more. Serving others is a life-project built on a sense of companionship and community. Caregivers are the laborers who initiate, deepen, and maintain it. Our work is based on giving to others, teaching companionship and community, and thereby, mending broken hearts.

The burning tropical sun parches the earth. Exotic birds sing their love songs. Tiny dirty feet dig their toes into the dust. Fifty-two little children sit in the shade. Their faces are frozen in a deep sadness and emptiness. Their eyes do not look up toward the coconut trees that give shade. They look down into a bottomless well where there is nothing. Their faces are weathered way beyond their childhood years. They are faces of women and men carved into the skin of boy-men and girls-women. They sit on hard plastic chairs waiting for nothing. The parched leaves of the coconut trees are softer than these imprisoned children's skin. Soft clouds pass above. Love birds sing. Trucks roar by the fenced patio. Sweat drips from the children's faces.

Some of these little ones have stolen bread and chocolate. Others have stabbed those whom they feared. Others have sniffed shoe-glue to forget about love lost, love denied, love never known.

I wonder what do I say in the empty moments between the birds' songs and the trucks roar? What do I do in these frozen moments as the clouds and the birds float above?

"What is love?" seems so basic. The children listen to the question and giggle as they think about sex, a collective feeling emerges, "Oh, another lecture on safe and responsible sex!" The faces twist in a giggle of boredom. I ask, "Who can sing a song about love? Who can be our teacher about love?"

The smallest child, Victor, stands up. His head is bowed and his shoulders are bent toward the dry dust beneath his dirty feet. He comes toward me unsure and humble. I lift his small body onto a chair and ask him to sing about love.

Victor lifts his seven-year old head and opens his half-closed eyes. He looks at me with fire-hot eyes that pierce my heart, eyes that say, "Love is lost. It is nowhere to be found. It is unknown." He opens his mouth. His chest surges with feeling. He sings, "Love is nothing more than a tomb. It is my mother gone and never more seen. It is my father gone and never more seen. Love is a tomb." All the children listen as his words fly slowly and solemnly through the air. The birds stop singing. The trucks stop roaring.

The other children yell out, "Victor, sing some more! Sing more!" His manly voice goes on, "Love is remembering my father who took me on his truck. Love is recalling my mother's kisses. But, now love is like a tomb, empty and forgotten!"

I ask, "What is love?" A little girl clad in her prison uniform whispers, "Tenderness!" The breezes blows. The birds sing. Tenderness floats above, down, around, and into these children's broken hearts.

We have to move from a culture of death that unwittingly leads us to control instead of uplifting others, seeks frigid obedience instead of mutual engagement, and wallows in the turgid waters of behaviors instead of the undercurrents of love. A culture of life rejects violence and the perception of violence. It uplifts instead of putting down. It is based on the clear and on-going expression of unconditional love.

CULTURE OF LIFE

- Based on companionship
- Leading to community
- Centered on the person
- Involving mutual change that starts with us

CULTURE OF DEATH

- Focused on control
- Leading to compliance
- Centered on behavior
- Imposed change under the guise of choice

We need to empower ourselves and define our role as teachers of safety, engagement, and unconditional love--not focusing on control, but trust; not seeking compliance, but engagement; not preoccupied with external behavior, but moral development; not imposing change on others, but on ourselves. We begin to liberate others by teaching them to feel safe with us and loved by us.

REFOCUSING OUR PERCEPTIONS

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In the list that follows, compare how a person whom you are trying to help struggles with fear and is distanced from a feeling of being safe. Reflect on the subtle interactions that the person expresses that show “I am safe with you” but always remember that we are not blaming ourselves. Yet, we need to gain insight into the fear that envelops those we serve. Look at each factor in the list and check those that apply. If fearful outweighs safe, then we know how important it is to teach the person a feeling of, “With us, you are safe!” Decide what major areas indicate fear. But, beware! We are not interested in focusing on behavior. They are only signs of a deeper anguish that is driven by deep fear and meaninglessness. Our full focus will be on dealing with fear. For now, get a sense of the fear that pervades the people we serve.

FEELS FEARFUL...

- Runs away
- Cries a lot
- Expressionless
- Sad appearance
- Slovenly
- Hits self
- Hits others
- Sleeps poorly
- Complains
- Refuses to participate
- Eats poorly
- Self-stimulates
- Curses
- Hordes
- Flinches

FEELS SAFE...

- Stays with others
- Expresses joy
- Relaxed
- Contented appearance
- Well-cared for
- Respects body
- Respects others
- Sleeps well
- Expresses love
- Enjoys participating
- Eats well
- Enjoys hobbies
- Uplifts others
- Shares
- Appears content

This initial analysis is a critical step for us since we often think that we do nothing to produce fear. We feel that the person is really “pretty happy.” Indeed, this may generally be the case. Yet, we have to look more closely. We might think that we do not do anything directly to cause fear. We might see the person as simply manipulative or seeking attention. We have to probe more deeply.

Our purpose is different. We choose not to control people. We choose to help them liberate themselves from fear and meaninglessness. We are not satisfied with, “Leave well enough alone!” We have to concern ourselves with the community of people whom we serve and teach all to live together. At school, home, work, or play, our task is to teach

marginalized children and adults to feel safe with us and loved by us. Even occasional problems or seemingly minor things, like an almost constantly sad face, can be signs of deep inner turmoil and, although perhaps never “a behavior problem,” persons with such ongoing suffering need to be taught companionship.

This brief exercise is not just a measure of ourselves, but of the person's fragile nature and perception of the surrounding world-- a world in which each brings internal vulnerabilities as well as a life story. Within this world, we have to become sensitive to the state of fear and meaninglessness that envelopes those whom we serve, recognize that our task is very special, and begin a process of teaching companionship-- giving a fresh, deeper, and sometimes new meaning to who we are-- drawing the person toward us instead of pushing away and loving instead of controlling.

Our primary role is to teach this feeling and to deepen it. This first requires an assessment of the needs of the person as they relate to feeling safe with us. This can be difficult to do since there is a natural tendency is to think that the individual cannot be filled with fear because, “Who would fear me?” Recall the exercise we did previously, looking at the person's reactions toward us. We need to see fear whenever heads are bowed down, fists are lashing out, mouths are cursing, and eyes are crying-- a fear that we need to see and overcome.

We have to focus on the most crucial pillar in teaching companionship-- the feeling of, “When I am with you, I am safe!” When we grasp the significance of this, then we can examine ourselves and the depth and breadth of our gentleness. We will not rush someone who is afraid of change. We will not grab someone who recoils from touch. We will not scold someone who feels worthless. We will gentle them toward us.

We can look at our interactions in two broad categories-- domineering and loving. These are from the person's perspective and their interpretation of us based on their life-story and vulnerabilities. You might ask, “Can I be kind and good, and still be seen as domineering? How is this possible?” Someone with deeply rooted fear feels that the world is unsafe. When we present ourselves in that fearful world, we can be swept up into their ocean of fear. A simple word, an unwitting grab, an otherwise insignificant frown can quickly stir up the muddy undercurrents of terror. Not only does the person feel that the world is terrible, but that it is meaningless. You might ask the person to do something with you that is always enjoyable, and the person throws the object to the floor, hits you, and runs from you. You might think to yourself, “Everyone likes to do this. Why is the person acting out?”

You might think, “My goodness, ‘domineering’ is much too strong a word for how I interact. I just want what is best.” We may not be domineering, but the marginalized person or adult sees us as such! The person who has been

beaten sees our attempted hug as a hammer ready to fall. The man who has been institutionalized for years hears our voice and is certain that we are going to put him down. The woman who has been raped sees our body and senses an attack. The child who has passed through one foster home after another sees our presence as just one more phony authority figure. The child who has been abused or neglected sees our touch as cruel, cold, and hurtful. How we are seen is what determines how domineering we are.

As care givers we are good people trying to do good things. Yet, in many children and adults, fear is so deep that they see even the slightest skewed glance or sarcastic word as a sledgehammer beating them down. Words cannot fully describe the delicate balance between domineering and loving interactions. Care giving calls for much more than an ordinary way of doing things, "Spare the rod and spoil the person!" cannot be our rallying call. The individuals served are much too fragile to handle ordinary interactions and the attitude of, "Well, this is how I raise my own children! This is how I was raised. How is the person going to learn to handle the real world?"

Step back for a second and look at yourself and how those whom you serve see you:

DOMINEERING	LOVING
<ul style="list-style-type: none">• Focused on "bad" behaviors —what to rid the person of• Ordering people around• Ridiculing• Talking coldly• Talking harshly• Touching coldly• Glancing coldly• Ignoring• Setting bad example• Expecting too much• Pushing too hard	<ul style="list-style-type: none">• Focused on what the person is becoming—safe and loved• Inviting talk• Praising• Talking warmly• Talking softly• Touching warmly• Gazing warmly• Paying attention• Setting good example• Increasing hope• Helping and protecting

Our approach has to come from a revealing understanding of the life-condition of each person and the vulnerabilities inherent in each person. It has to signal the warmest possible relationship-- beginning with us, our total acceptance of the person, our unconditional love, our tolerance and patience, and our ability to teach a feeling of companionship. Our cry has to be, "Do not spare the loving touch, the soft words, and the unconditional love!" These will not spoil the person or adult. They will give the necessary nurturing. We need to give. If we spare warm words, we will humble the person further. If we spare the kind smile, we will sadden the person further. If we spare the unconditional love, we will marginalize the homeless man or woman even more.

The first secret in gentle care giving is to express all our interactions warmly, softly, and slowly-- making unconditional love the center of all that we do. This is much easier said than done; yet, it is our task. We have to put aside the traditional behavior modification approach that says, "If you do this, then this happens!" We have to put aside the theory that life centers on reward and punishment. Our challenge is to move from a behavioral approach and create a new psychology based on human interdependence.

We need to develop a care giving process based on the expression of unconditional love, even when the person rejects us, and move from merely looking at outward change to an understanding of inner change. Care giving is repeated acts of love-- giving kindness in spite of rejection, nurturing feelings of self-worth in the face of fear, and reaching out warmly even when violence swirls around us.

PSYCHOLOGY OF THE SELF

- Earned reward
- External change
- Imposed change
- Emphasizing compliance
- Leading to self-reliance
- Authoritarian

PSYCHOLOGY OF INTERDEPENDENCE

- Unconditional love
- Inner change
- Mutual change
- Companionship
- Leading to community
- Authoritative

The traditional focus on individualism has not helped those children and adults whom we serve. Their behaviors do not have to be changed as much as their hearts. The youngster in a gang laughs at those who offer tokens. The abused person who is acting out has no reason to trust us. The man with schizophrenia burdened by nightmarish voices needs something much more human than a behavioral plan. Our role is to mend broken hearts and the fear and meaninglessness that reside in these hearts. If we do this, the behaviors will take care of themselves.

This teaching has to do with moral development-- creating a sense of companionship and community in the hearts of marginalized people. We need to find ways to gentle ourselves into the fearful and disengaged person's heart--nurturing a moral sense that says, "When you are with me, you are safe. It is good to be with me. I will always love you. And, you know what, you will learn to love me and others too!" This deals with inward

development rather than behavioral change. In this process, behavior will change-- not out of fear or greed, but out of a sense of trust. We have to reject authoritarian attitudes that give a feeling of control and adopt authoritative ones that lead the person into a safer and more loving world.

Authoritarian caregivers come down on the person served, most often out of cultural habit rather than deliberate intention. The caregiver is above the person and wields a sense of power. This worsens as violence or disobedience appears. The need to control surges. The authoritative caregiver has a keen sensitivity to the person's fears and disengagement, and has an ever-present intention to develop a sense of trust. And, upon this trust, the authoritative caregiver places strong moral pillars. Care giving in this sense goes for the heart.

AUTHORITARIAN	AUTHORITATIVE
<ul style="list-style-type: none">• Inconsistent• Moral direction based on a "lift yourself up by the bootstraps" attitude• Focused on the self, independence, and self-determination	<ul style="list-style-type: none">• Consistent• Moral direction based on teaching others to feel safe and loved, first with us, then others• Focused on others, companionship, and community

COMPANIONSHIP

Connectedness to others is the center of the human condition and is built on four pillars. Companionship is a sense of connectedness. We understand that we ourselves and each person whom we serve find meaning in life through others. This is first seen in the bond that unfolds between a mother and child. It is seen in our intimate friendships. Its importance is felt when we loose one whom we loved.

COMPANIONSHIP IS BUILT ON TEACHING OTHERS TO FEEL...
<ul style="list-style-type: none">• Safe• Loved• Loving• Engaged

Companionship and its four pillars are taught. They need to taught and re-taught throughout life. The more vulnerable a person is the deeper and more often they have to be taught. A sense of companionship is much more than being "nice" to someone or having rapport. It is much deeper. It is an emotional prerequisite in all human beings--having a warm circle of significant others in our life who help us feel safe, wanted, loved, and loving. These feelings are pillars in the foundation of companionship and our task is

to set them deeply and generously in each person's heart.

We have to find ways to teach their meaning to those who feel terrified, scared, unloved, and unloving. The first pillar is a feeling of being safe with us. This is done through repeated acts of love on our part in which every instance of our contact conveys the message repeatedly, "With me you are safe and loved... Do not be afraid... I will not harm you.... "

The communities we form are like a house built on these pillars. Each of them is needed and each is interconnected. Without one the others will not support the house. Our task is to place them deeply into the hearts of those we serve. We need to see that these hearts are broken and that our role is to mend them-- a mending that is done with our unconditional love and our expression of warmth.

In normal human development mothers and fathers do this unwittingly in the early months of life in the attachment process. In older children and adults with broken hearts, this feeling has not yet been learned or was once learned and then severed for any number of often mysterious reasons—the death of loved ones, one foster home after another, trauma, physical illness, mental illness, and tragic life-stories. We must remember that the lack of this feeling does not necessarily mean that previous caregivers did not love or treat the individual well. It means that, for whatever cause, the feeling is not currently or sufficiently present. Some individuals never develop these feelings due to the nature of a disability, others develop it, but lose it due to traumatic life experiences.

When we approach someone who is filled with fear, they do not see us as an individual but as an accumulation of their life experiences. Our identity is lost in the maze of all the other caregivers who have come in and out of their lives. We walk too quickly toward them and they have fear. We talk too loudly or sternly and they sense a cruel demand. We ignore their presence and they feel that they are nobody. We touch them and they recoil.

To teach companionship is to help a person learn his/her identity—to learn who "I am" by learning who we are. We need to be sources of feeling safe and loved. This requires our warm example and unconditional love. Our identity to the person, how we are seen, is critical and at the very foundation of care giving. The person does not see us or what we are doing in the same way. They only see a faceless caregiver. We have the task of teaching who we are and who the person is.

FEELING SAFE



We need to feel safe on this earth. We need to feel safe within ourselves. This gives a sense of being grounded and a feeling of "I am somebody!" Most of us are fortunate to feel it deeply with those who form our circle of friends. But, many others are filled with fear and meaninglessness. Fear is much more than not feeling safe. It is a feeling that pervades a person's being. It involves feeling alone and apart, highly anxious and overly worried, and depressed and abandoned. It is not just the fear of being afraid of the dark or the fear of being attacked in a mid-night alley. It is a profound and enveloping feeling of being afraid of life itself, having little reason to exist, and even preferring to die. It is seen in the retreat into constant self-stimulation-- having no meaning other than your flicking fingers; constant complaining--an overall dissatisfaction with life and living; a desire for death-- trying to kill yourself or hurt yourself. It is seen in the disconnectedness of schizophrenia-- with the eyes bulging and the face turned to the nightmarish demands of cruel and taunting voices. It is felt in the lonely expressions of people sitting and staring out the window for hours on end-- waiting for nothing, expecting nothing, and hoping for nothing. It is seen in bouts of crying, sleepless nights, and a feeling of worthlessness. It is heard in the screams of elderly persons with their words pounding out lost loves, lost children, and lost hope. It is witnessed in the macho violence of the gang member whose only knowledge is a feeling of "I am worth nothing. I must attack or be attacked. My reputation is to give fear!"

Until we understand the nature of fear and its grip on so many individuals whom we serve, we will not grasp the utter necessity of teaching them to feel safe with us. All sense of engagement, feeling loved, and expressing love toward others hinges on a person's ability to feel secure on this earth. As care givers, we have to concentrate on the subtlest aspects of fear and interpret the person's "behavior" as rooted deeply in a pervasive terror and meaninglessness.

Sit for a moment and think about someone who is troubled. Consider how fearful or meaningless the person must feel. This will be hard because we do not often look at life in this way. Instead, we often see troubled people as "behavior problems" who irritate, manipulate, or disobey us. We too often see them as "knowing better." Any of these might be partially true, but under each of them is a strong undercurrent of fear pushed by feeling meaningless, alone, without choice, or oppressed. As care givers, we need to be able to read these currents and respond to them, not just reacting to what we see on the surface.

FEELS SAFE

- A feeling of self-worth and being grounded
- Knowing one's place in the world and feeling well about it
- Having a circle of friends
- Accepting others
- Able to tolerate the vicissitudes of life knowing that you have a supportive circle

FEELS FEARFUL AND MEANINGLESS

- A feeling of worthlessness
- So filled with fear that there is no connectedness, just clinging to one person or indiscriminately moving from one person to another
- Lacking a sense of self-worth
- Lacking a sense of self
- Enveloped by constant insecurity

We are good and certainly mean no harm. Yet, there is a fear of us. "Well!" you might say, "the person does this or that because of his autism . . . or her manic moods . . . or his schizophrenia . . . or that is the way her family is... Or, she is just mad because she is not getting her way . . . It is just manipulation . . . It is only attention-seeking . . . " Any such statements might be partially true. But, there is a deeper truth. We need to see the underlying fear that arises from a life that is felt as meaningless, lonely, without choice, and oppressive. And more, we have to see the role that we play in worsening these feelings through our ordinary interactions that disregard these or the role we can take in alleviating the suffering that they imply.

If we are to help marginalized people, we have to feel their fear deeply. We have to know that our role is to teach them to feel safe within themselves by teaching them that they are safe with us. It is hard for us to understand the depth of someone's fear and the role we play in it. We are good caregivers and we are trying to do good deeds. We might feel that, if we recognize fear in those whom we serve, then we are the cause of it. This might be so or, at least, partially so; but, more than likely, it arises out of their life-story and innate vulnerabilities. However, until we recognize their fragile emotional nature, we will unknowingly rub salt into these wounds and remind them that we are no different from past caregivers.

FEELING LOVED



The second pillar in teaching a feeling of companionship is the essential human need to feel loved. Feeling loved is an extension of feeling safe. It is self-esteem, a sense of worth, and being grounded that originates with and

is increased by the feeling that the person is esteemed by another. It gives a feeling that "When I am with you, I do not fear. But, much more. I know that I am good. I am somebody because I am connected to you!" When we feel loved, we lift up our head, look forward to being with the other, seek the other out, and feel warm when we are with the other. Feeling loved means that the person knows her/his worth, finds value in self, and sees him/herself in the other. We need to teach the person, "You are safe with me and it is good to be with me. And, you know what? You are good and loved by me!" Until the person senses a feeling of "I am somebody!", there is no room for being loved. While there is the cold and empty feeling of "I am nobody!", it is impossible for the person to feel loved.

As with the first pillar, caregivers might think, "Well, I am kind and good! I express love. Surely, the person must know this." Yet, a person with a broken heart has to learn this. As with feeling safe, many people do not grasp basic life-meanings and these actually have to be taught, deepened, or strengthened. We have to be more than kind and good. We have to teach a feeling of self-worth, and then the meaning of being loved. We need to give a meaning to "I am good because I am loved." Each has to learn a sense of self in order to feel loved and love others.

To teach a feeling of being loved, we have to give it abundantly and unconditionally. It is pure nurturing. We have to give it during good moments and bad. Our care giving and expression of unconditional love have to be active, intense, and deeply rooted in our values. We cannot feel timid about talking about love and expressing it in the warmest ways possible and during the most difficult moments. Indeed, the true mark of our gentleness is our expression of nurturing and unconditional love in the person's most violent or despairing moments.

This can be very hard in a culture that values privacy, space, and individual strength. However, care giving is a public act. It deals with ongoing relationships. It requires the display of affection and a certain intrusion into the locked up spaces of marginalized people and the rigid barriers of a cold culture. It requires the strength of the recognition of our interdependence.

Of course, we have to also feel that we are good before we can teach it to others. The expression of love of others can only emerge from a love of self-- not a selfish love, but one in which we find contentment in ourselves because we find it in those close to us and our accomplishments. We have to recognize that we are good and trying to give to others. Our unconditional love is the gift that we give to others.

We all seek dominion or meaning in our life. This is central to the human condition-- having a sense of control, empowerment, and purpose on this earth. This has little to do with having possessions or accumulating them. It deals with finding meaning in life by finding connectedness with others.

In a spirit of gentleness, this is found in our love of others-- a meaning that draws us close to others and has us extend ourselves to others. In this, we find the central purpose of life. However, when a person lacks this, it is easy to push others away and seek dominion in seemingly absurd things. The person feels, "I cannot trust others. I will only trust that which I can have power over!" Many behavior problems are the person's way of trying to find some meaning in life, even if it is the power over hurting one's own body, hurting others, or simply withdrawing from human contact. Our task is to make or re-make a sense of being loved the center of the lives of those whom we serve. Read the list that follows and check the factors that apply to a person whom you are helping to get an idea of how loved the person feels. When you are finished, think about how much more deeply you have to teach a sense of being loved.

FEELS UNLOVED...	FEELS LOVED...
<ul style="list-style-type: none">• Complaining• Addiction to drugs or alcohol• Poor grooming and dress• Withdrawal• Self-stimulation• Hurting Self• Hurting others• Irritability• Running from caregivers• Running from peers• Screaming• Hoarding objects• Hurtful sexual expression• Sense of worthlessness	<ul style="list-style-type: none">• Asking for help• Finding joy in others• Pride in self• Socializing• Pride in hobbies• Caring for bodily needs• Helping others• Contentment• Finding joy in care givers• Finding joy in peers• Sweetly communicating• Sharing possessions• Loving sexual expression• Sense of self-esteem

When a person does not feel loved, it does not necessarily mean that we are mean, cruel, or thoughtless. Most often, it has been deeply rooted long before our arrival in the person's life due to life experiences, inner vulnerabilities, or a combination of both. The question is, "If the person feels unloved, what can we do to cause a sense of being loved?" We need to enter a process of teaching, "You are good and loved!" This occurs side by side with teaching emotional safety and is intertwined with it. It is taught within the same context and at the same time.

FEELING LOVING TOWARD OTHERS

As these feelings unfold, a simultaneous task is to teach the person to love others. This third pillar involves an increasingly stronger feeling of human interdependence-- moving from the passive and indulgent love that the caregiver initially showers on the person and toward an active love in which the person learns to reach out to others.

In normal moral development, a baby first learns to feel safe and loved in a passive, indulged way. The caregiver gives, the baby learns to receive. The caregiver showers the infant with warm smiles, touch, and sounds, the baby learns to feel loved. The caregiver begins to quietly ask for loving interactions and one day the baby gives love. It is not demanded. The baby grips our finger, looks sweetly at us, and coos. Little hands gradually reach out. Lips turn upward in a smile. Eyes brighten upon seeing us. To be loving is hoped for. And, it comes.

Feeling safe and loved are prerequisites to learning to love others and have to be present throughout the process. In each of these dimensions, our expression of unconditional love is the force that energizes the entire process. Teaching the expression of love toward others starts with teaching it to be expressed toward us in simple, but beautiful, ways-- a warm handshake, an affectionate gaze, an endearing embrace, a kind word.

Love and hate are like twins. They are both deep and intense. The only thing that separates them is an abiding sense of companionship. Love takes hold of the heart when there is trust. Hate latches its cold grip on the heart and breaks it when the fear of loss or a sense of "What is the use!" takes control. We have to create trust and teach others to feel loved and loving. This feeling has to start with us and our ability to teach it. Our example, words, touch, and presence are the person's first signs of knowing what it is. We have to be very giving and realize that we are gently teaching those whom we serve to have dominion over their own lives through the expression of love. We teach it by also asking for it, coaxing the person into expressing it, and setting a consistent example.

Look at the list that follows and think about the factors that apply to a person whom you are trying to help. Think about how much more you have to find a way to teach the person to love others.

LOVING OTHERS	DESPISING OTHERS
<ul style="list-style-type: none">• Smiles• Touches warmly• Communicates joyfully• Approaches others• Stays with others• Seeks out others• Shares personal objects	<ul style="list-style-type: none">• Frowns, cries, clings, curses• Grabs, hurts, disrespects• Communicates harshly• Withdraws• Self-stimulates• Prefers solitude• Hoards

The ability to express love to others involves a moral maturing that stretches the person and moves him/her beyond self. Instead of passivity, the person begins to find joy and contentment in the well being of others, to strengthen self-esteem by reaching out to others, and to feel empathy-- feeling that others are feeling and even what they are feeling.

HUMAN ENGAGEMENT



Human engagement is the fourth pillar in building a feeling of companionship and community. It involves the gradual unfolding of a sense of active participation as a companion and as a community member. It is a feeling of becoming an active participant in community life. It is not self-centered, but a shared feeling of “We are somebody because we are together and we are forming a better community.” Its initial expression is found in the simple act of reaching out to others.

Loving others is the first dimension of engagement. It is intertwined with feeling safe, loved, and loving. As this occurs, each person then becomes more of an active participant in family and community life. This participation involves doing as well as we can in school, work, and play. It involves the development of our personal gifts and talents. It grows more complex the more grounded we become. In one person it might be sweeping the streets as if one is sweeping the heavenly stars. In another person it might be leading a nation. In yet another person it might be the mere act of smiling. For the homeless child, it might mean finding a home and becoming a member of a family. For the person with a severe intellectual disability, it might mean learning to communicate through sign language or gestures. For the teen-ager in a gang, it might mean slowly leaving the ways of the gang, finishing school, and starting a family. For the abused and neglected baby, it might mean learning to feel safe with a foster family. For the aged person wracked by senility, it might mean following a schedule that slows down the loss of skills once found so easy.

Engagement is like the widow's mite. The poor widow who gives a pittance gives as much as the rich person who gives millions. Engagement is each person becoming an active participant in the formation of companionship and community to the degree that each is capable. Caregivers have to be sensitive to the gifts and talents of each person, have high expectations, but also realize that, without the foundation of feeling safe and loved, no one learns anything.

Engagement is a difficult process. We have emphasized that the foundation of the human condition is feeling safe and loved. During this dimension, caregivers indulge the person with unconditional love. The only expectation is that each person learns to accept love. Yet, a moment comes when more is expected. The person moves from passive acceptance to active participation.

This involves an emotional stretching process. The person trusts the caregiver. Now, the caregiver begins to help the person move from being a passive participant in the world to a more active one. The first sign of engagement is a desire to be with the caregiver. This comes out feeling safe with the caregiver and loved by the caregiver, but then it becomes more

complex. When a person has been indulged with love, he/she begins to express love to others. Yet, there is often a self-centeredness. The world still revolves around the person.

Engagement relates to chipping away very gently at the self-centered nature that comes with a broken heart by teaching the person that it is good to reach out to us and others, be together, do things together, and even do things for others. This starts with teaching, "It is good to be with me! I will help you at every moment. Then, we will learn to do things together. And, you will even do things for me and others because you trust me!"

Engagement is asking the person whom we have indulged with nurturing to begin to participate more in companionship and community. It is a new demand, but one that is built on feeling safe and loved. As trust emerges and deepens, the sense of demand is lessened.

It is a stretching process much like the one that a toddler goes through. It first involves learning to wait for what one wants. The mother who stands at the grocery store check out stand watches her baby grab a piece of candy. At first, the mother gives in to avoid a tantrum. The next week, the mother takes the candy and says, "In a second!" The baby waits. The next week, she says, "Wait until we are outside!" The baby waits. Then, "Wait until we are home!" The baby waits. The mother is stretching the baby and, because the baby trusts the mother, the baby waits. The mother starts where the baby is at and sometimes gives in to avoid violence and evoke peace. She slowly gentles herself into the baby's world. As the child or adult learn to wait, the caregiver also begins to ask the person to do things together. Eventually, this turns into doing things on one's own and even for others.

ENGAGEMENT IS LEARNING THAT IT IS GOOD...

- To be together
- To do things together
- To do things for one another
- To do things for others

Engagement cannot begin without feelings of physical and emotional safety emerging along with feeling loved and loving. As the person learns to feel these, we begin to teach engagement. At first, caregivers need to move gently, slowly, and softly. It makes no difference that the person "knows" what to do or how to do it. The question does not revolve around this; it involves the difference between mistrust and trust. Distrust encompasses a feeling of "I do not want to be with you. I do not want to do anything with you. I do not trust you. I do not want to do anything for you!" We have to slowly, but surely, gentle our way into the person's heart. Trust is rooted in

feeling safe and loved. It leads to doing things for others.

At this point, many caregivers might worry about "compliance"-- a kissing cousin of an authoritarian attitude. Compliance is based on fear; engagement is based on trust. Instead of being preoccupied with compliance, we need to teach the person to feel that it is good to be with us, doing things together, and eventually doing things for us out of mutual trust. The authoritative caregiver does not give any hint of demand, but finds ways to draw the person into a commonly shared world in which there is a sense of connectedness. The care-giving act is one that teaches a fundamental meaning "We are on this earth to be together and to do things together, and even do things for others. And, these are good!"

Disengagement is self-centeredness. If the world is unsafe, then it is necessary to put up walls around our very being. These defenses serve to protect us and push away those whom we see as domineering. Engagement teaches a new feeling. If the world becomes safe, then the walls can come down. This requires a very soft pushing into the person's besieged world and an understanding of the moral conflict between disengagement and engagement. The disengaged person sees no reason to be with us. Aggression or withdrawal gives more meaning to the person's life than being with us. Our role is to teach a deep meaning of the goodness of being together.

All of us look for meaning, a sense of dominion or purpose, in our lives. For some, it might be family or friends. For others, it might be material possessions. For the powerless, life's meaning can be found in the basic act of rejection-- pushing others away as the last frontier of some dominion in their lives. We have to teach that there is meaning in being with us, doing things with us, and even doing things for us.

Caregivers might think, "Well, the people whom I serve like to be with me!" This may be so, but the question is "Do they like to be with me because of mutual warmth, doing things with me for the sake of being with me, and doing things for me out of trust? Do they want me to be with them when they feel sorrow, anger, and frustration?" Engagement relates to a feeling of mutuality, one in which the person learns that to be with others is inherently good. It is a symbol of what it means to be human-- being together, offering support and protection, giving and receiving generous encouragement, and sharing joys and sorrows.

Read the following list and ask yourself to what degree someone whom you are helping is disengaged or engaged with you, house mates, work mates, classmates, and friends. Check the factors in each column below that apply. When you are done, think about the meaning of engagement and how much more deeply you have to help the person learn it.

DISENGAGEMENT

- Ignores others
- Rebels against care givers
- Rebels against friends
- Rebels against family
- Refuses to share
- Sees no joy in others
- Sees little joy in self
- Withdraws
- Self-stimulates
- Has little pride in self
- Prefers to be alone
- Dislikes school or work

ENGAGEMENT

- Seeks others out
- Enjoys care givers
- Enjoys friends
- Enjoys family
- Offers to help
- Finds joy in others
- Finds joy in self
- Participates
- Has hobbies
- Takes pride in self
- Seeks to socialize
- Likes school or work

Teaching engagement is a very complex task due to our culture's obsession with independence, self-reliance, and productivity. These cultural values are secondary in moral development. For independence, skill acquisition, and a sense of empowerment to come about, we need to teach a sense of engagement-- helping the person to continue to feel safe and loved while being slightly stretched. Engagement's complexity is compounded by the self-centered nature of violence, a feeling of "I will do what I want to do!" Since we have indulged the person with unconditional love, we can produce distrust and rebellion if we are not cautious and delicate in stretching the person. Teaching it is like chipping away at a delicate piece of glass with jagged edges. It requires gentle movement into the person's world without frightening the person. It is a quiet, gentle intrusion rather than an insistent invasion. The intrusion pushes softly and quietly forward, retreats at any sign of rebellion or violence, and then pushes forward again. In the beginning we met the person where she/he was at--in a fearful and meaningless world. Now, we ask the person to meet us, not halfway, but just tiny bit.

While teaching engagement, it is understandable that the person might rebel. When there is rebellion, we have asked too much. We are seen as demanding. Fear emerges once more. We need to back off and re-establish a sense of trust. Perhaps, we have to give in for a while, but then move forward. It is like the ebb and flow of the ocean. Caregivers need to be sensitive to when to push and when to back off.

Trust can be easily shattered when the person has a life-story of being pushed, pulled, and tugged by caregivers. At this point, we have to be very soft, slow, and gently inch forward without the person even feeling any sense of being made to do anything. This is a hard care-giving role-- to get someone to be with us who does not want anything to do with us and to bring about participation with us in a person who only senses cruel

demands. As we stretch the troubled person, we have to be very careful. A good rule is to avoid provoking any violence and concentrate on evoking peace.

BECOMING ENGAGED	EVOKING PEACE
<ul style="list-style-type: none">• Rebellious• Passive participation• Doing things together• Ebb and flow of rebellion• Doing it by self• Mutual enjoyment• Pride in being together and doing things together	<ul style="list-style-type: none">• Be soft, slow, and gentle• Do things for the person• Draw the person into activities with you• Always be ready to help or even back off• Give gradual responsibility• Focus on the relationship• Honor the person for being with and doing things with you

As in learning to feel safe and loved, the first dimension of engagement involves a passive phase, "Fine, I will let you be with me. You can ask me to do things with you. I might do a little for you. But, if I do not want to be with you anymore, I will just leave!" This occurs in an ebb and flow-- first no participation, then a little, then none, and then a little. The caregiver understands this process and gradually deepens the sense of mutual participation. Finally, the person starts to take joy in doing things with you, for you, then on her/his own, and finally for you and others.

This process takes much patience and tolerance on the caregiver's part. The disengaged person simultaneously learns that our presence is good and that this leads to feeling the goodness of being together. As the moments wear on, the care giver might start doing something for the person instead of asking the person to do it, but gradually draws the person into the process-- ever sensitive to the ebb and flow of rebellion, making certain that there is little or no frustration, and expressing warmth throughout the process. Indeed, at the is point, care givers often need to increase their expression of unconditional love to remind the person of companionship and highlight the joy of being together.

CARE GIVING TOOLS

We possess four basic tools to teach the person who we are: our presence, our hands, our words, and our eyes. Of course, how we use these comes from our values—seeing each individual as brother-sister, knowing that everyone hungers for love, and centering our care giving on unconditional love. We are instruments of teaching companionship and community. Unconditional love has to be expressed in our very being. Our presence has

to evoke peace like a single glimpse of the sun does in the midst of a storm. Our touch, words, and eyes have to be like a gentle breeze that calms the storm of fear and meaninglessness that is always lingering on the horizon.

We must be authentic. How we use these tools has to reflect our own life-story and personality. In some cultures and sub-cultures a warm embrace is common and natural; in other cultures it is strange and unnatural. In some cultures a kiss on the cheek is common; in others it is stilted and frowned upon. Some caregivers have little difficulty speaking a language of love; others find it awkward. These differences have to be respected. Yet, we also need to think about what the marginalized person needs and begin to stretch ourselves so that we might bring the warmest possible acts of love to those who feel unsafe and unloved. The challenge is to do this and still remain authentic.

TOOLS OF CARE GIVING

- *Our Presence*—To convey a message of peace, protection, and caring
- *Our Hands*—To convey a message of being safe and loved
- *Our Words*—To convey a message of encouragement and nurturing
- *Our Eyes*—To warm the person’s heart with tenderness and love

We use these tools to help the person memorize who we are and who he/she is. Just as a first grade teacher helps a child learn numbers by repeating them over and over again, so we also teach these central feelings through repeated acts of love. Just as a teacher uses work sheets to do this task over and over, so we also use our tools to help the person with a broken heart to memorize and internalize feelings of being safe, loved, loving, and engaged. We have to be aware of our tools and orchestrate their use with care and sensitivity so that we might mend broken hearts-- a soft touch here, a warm gaze there, a word of encouragement, a loving embrace, a sense of sharing.

OUR PRESENCE AS A TOOL



Our mere presence can bring a sense of peace or an enveloping sense of fear. It can either signal to the person, "Oh, this is just one more care giver like all the others!" or "When you are with me, you are safe and loved!" If we choose the latter, we will then look much more closely at ourselves and the role that we play in teaching new ways of interacting with us. Our bodily presence has a profound influence on how the person learns to interpret who we are. And, it is expressed in how we use our hands, our face, and our voice. Our bodily bearing is a sign of our spiritual bearing. What a terrified child or adult sees in us is what he/she sees in our heart. A

spirit of gentleness asks us to present ourselves as relaxed, peaceful, non-demanding, and loving. It asks us to slow down and soften our presence. We have to teach a new meaning to our presence. We have to teach the person that our very presence is good and loving. This is partially learned through our movements, sounds, softness, rhythm, and warmth. These are very subjective, but absolutely necessary to define and put into practice.

Our presence has to evoke peace rather than provoke violence. Our movements need to be attuned to the needs of the person. When the person is angry, we have to go more slowly and less frighteningly. Our very presence has to be non-threatening and welcoming in spite of any violence that might be going on. The rhythm of our movements has to be reassuring and nurturing, sometimes slow and deliberate and other times more animated. Our being has to express warmth through our gaze, touch, and words. Everything we do has to uplift rather than put down. Care giving is a very creative and delicate act. Our presence is critical. It is the first image that the vulnerable person has of us. We need to enter the person's frightening world where he/she is at with humility, with the knowledge that deep and enveloping fear and meaninglessness are in the person's heart, and with the purpose of evoking peace. At the beginning, there is nothing else that is important.

THE CARE GIVERS PRESENCE

- Movements attuned to person's needs
- Relaxed and unafraid
- Peaceful
- Calming
- Soothing
- Welcoming
- Generosity of spirit
- Sense of uplifting

Our presence can be seen as a sledgehammer. We need to be deeply aware of the person's fear of us. Do not expect the person to come into your space. Enter gently into the person's space. Make no demands. Indeed, for a few, our mere presence is a demand. We have to soften our presence and just worry about the present moment almost like calming a terrified baby and bringing a sense of "Shh, I am not going to hurt you. I am not going to make you do anything. I just want to be with you!"

TOUCH AS A TOOL



Once we have entered this world, our touch is very important because it can send a direct and concrete message to the person that he/she is safe with us and loved by us. It is not always possible to use touch as a tool, but when we can it is powerful because it can give a clear message of being safe and loved. We have to be aware that our hands begin to give a new memory-- safe and loving, slow and gentle, warm and nurturing. Instead of fear, they need to signify warmth, affection, support, uplifting, kindness, and welcoming. Our physical contact is a good tool because it can send a clear and concrete message of being safe and loved.

Remember that we only have four tools to teach a person to feel safe with us and loved by us. Physical contact will be meaningless for many vulnerable people or even provoke fear. Many have deep memories of abuse, physical restraint, and being pushed around. Our touch has to give a new memory, "When I touch you, it means you are safe and loved!" As with our presence, we have to enter into the person's world slowly and softly. Our touch has to avoid provoking fear and churning up the muddled waters of old memories. It has to evoke peace. For many people, our initial contact will have to be light and delicate. Then, as the person's fear diminishes, we can linger longer.

Of course, we need to be cautious with our touch. Some cultures frown upon physical contact. Some care givers even fear it. Some people whom we serve might misinterpret it. Others might exploit it. Some systems forbid it. If touch is to be used, it should be part of the culture of the classroom, school, or home. All involved should agree it upon. If physical contact is not used, caregivers need to be very good with their presence and words. At the start, the person might be scared of our touch, flinch at it, or be spooked by it. If we see this reaction, we should touch more softly as if touching the wing of an angel. We have to teach the person that our touch is good, beautiful, and loving. This calls for us to touch abundantly, over and over again, forming a physical and spiritual connection between the person and ourselves. Touch as a teaching tool can bring up some difficult issues. It is not a tool that should be used with everyone. Nor is it used in the same way. It is a key tool because it is concrete and helps enter many broken hearts quickly. Caregivers have to know with whom to use it and when to use it as a central way to teach the person, "When you are with me you are safe and loved!" Some might misinterpret the touch in a sexual manner. We have to take some caution and make sure that this does not occur. A way to do this is to always link the touch with words that define its meaning, "We are friends. This means that we are friends." And, if there is any hint of misinterpretation, the caregiver needs to try other less intrusive forms of touch, for example, a pat on the back instead of a hug. The age of the person also has to be considered. The older the person is, the higher the

possibility of misinterpretation. So, as the person enters pre-adolescence years, it might be necessary to back off on physical contact like hugs and replace them with milder forms like a pat on the back.

WHAT PROBLEMS MIGHT ARISE WITH TOUCH?

- Our touch is to teach the person the feeling of being safe and loved
- With any sign of sexual misinterpretation on the person's part, the touch should be changed to something less intense and always given with "This means you are good... I am your friend..."
- If this is too much, back off on the physical contact
- We also have to be vigilant for any type of pedophilia
- If the person fears touch due to life-story or the inherent nature of a disability, use your physical contact slowly, softly, and lovingly—avoiding any provocation of fear or violence

We have to make sure that all involved know why touch is an important tool and then watch out for the slightest hint of misuse or misinterpretation. The use of physical contact should be thoroughly discussed by caregivers-- its importance, its use, its possible abuse. It is important because it is a quick way to teach a person to feel safe and loved. It is concrete and direct teaching. Its use is important among persons with broken hearts. The best teaching is very concrete and direct. It occurs in the here-and-now. Person's who do not know the meaning of being safe and loved can learn its meaning through our touch.

Many people with broken hearts are scared of human touch. The nature of their vulnerabilities can lead them to rebel against it or years of abuse can make them horrified of it. The use of physical contact has to be done cautiously. Many children and adults not only have to learn that it is good; they have to deal with years of old memories that mean that it is bad. Caregivers have to slice their way through these old memories and teach new ones.

Touch is often good because it can send a strong and clear message of being safe. Generally, its initial use should be soft and slow to avoid provoking fear and rejection. It should be done repeatedly so that the person memorizes that it is good and the first sign of companionship. As the person begins to feel safe, caregivers find other ways to signal being safe and loved.

WHEN SOMEONE FEARS OUR TOUCH, BUT IT WOULD BE GOOD... TOUCH AS IF YOU ARE TOUCHING THE WINGS OF AN ANGEL.

- Lightly
- Quietly
- Slowly
- Without provoking any fear
- Explaining. "I will not hurt you... This means I love you..."

As caregivers, we have to collectively decide what role physical contact plays in the culture of our care giving. It is a good tool because it is a very concrete way to begin to teach many people that "When you are with me, you are safe!" It is obvious that it is not always usable for the reasons we have touched on. Yet, we also have a responsibility to stretch ourselves and even our culture. Talk about it. If physical contact is to be used, use it in an authentic way and discriminate when to use it. If your life-story, personality, or culture is such that it is hard or confusing for you to have physical contact with others, do not use it as a tool, but find other ways to teach others to feel safe with you. What we need is contact with troubled individuals and contact that brings a sense of peace.

In a way, we have many hands. Our presence is like a hand that can bring peace. Our words are another hand that can uplift. Our eyes are like hands that can bring warmth. And, our hands are often the most direct way to bring a feeling of peace, uplifting, and warmth.

OUR WORDS AS A TOOL



Our words are our third tool. Words are more than words. They are like our hands that need to reach out to and uplift the troubled person. They form a dialogue. As care givers, we have to see them in their wholeness—their warmth, tone, rhythm, as well as the message of their content. The dialogue has to start with us and, in the beginning, will have little meaning since the person with the broken heart will not know the meaning of our message of love. We have to recognize that our words can be as intrusive and demanding as our touch.

The person is likely accustomed to gruff and demanding words. When we talk, we too often just use words of reprimand, "You know better than that!" or just words of behavior modifying praise, "Good job!". Our words need to be used to talk of our affection, how good the person is regardless of what she/he is doing, and how the person is safe with us and loved by us. All the time we converse, we should also use our hands to show the person what we mean.

OUR WORDS AS A TOOL. HUSH! DON'T BE AFRAID...

- Expressing unconditional love
- Bringing warmth, encouragement, and honor
- Expressed softly and slowly
- Telling simple, here-and-now stories of love, goodness, and other things of beauty

In the beginning, our conversation should be in the form of story-telling, not long-winded stories, but short, love-filled ones. This is harder to do than you might think. So often, the person does not seem to care. It can feel like we are talking to a wall. However, the more we use our words to story-tell, the more the person learns that we are good and kind. The words themselves are important. But, the warmth conveyed within them is even more important.

To become a good storyteller, think of how you might converse with a baby or with someone who has just suffered a great loss. These images should conjure up warmth and love in the tone of our words, "Shh! I will not hurt you... You are good... Just know that I love you..."

OUR EYES AS A TOOL



Our eyes are our most penetrating tools. We need to pierce through the fear and meaninglessness that so many are caught up in. They say that the eyes are the windows to the soul. We are not talking about the "Look at me!" eye contact that we sometimes ask for. No, we are saying that our eyes have to meet the person's, penetrate the heart, and give a message of warmth and love even when the person seems not to be looking at us.

As strange as it may sound, our eyes are like our hands and words. They have to slowly and lovingly touch the person's heart and send a deep message of being safe and loved. Remember! Persons with broken hearts fear us and see no meaning in us. When we look at them, they might look down or look coldly at us. Their eyes might dart back and forth. They see feel no connection with us. We need to use our eyes as strong and penetrating tools that reach into the person's broken heart-- warming it, caressing it, and mending it.

OUR EYES AS A TOOL. OUR EYES ARE THE WINDOW TO THE SOUL...

- Do not mind that the person is not looking at you
- Place your gaze as near to the person's empty fearful eyes as possible
- Use them carefully bearing in mind that our eyes can be like a sledgehammer or a warm breeze.
- Use your eyes as you would your hands—softly, warmly, lightly, lovingly

These are our teaching tools. We have to learn to use them to teach the fearful person safety, engagement, and unconditional love. This process brings about a sense of companionship and, eventually, community that, at first, is rejected, but then slowly accepted as it takes on meaning. And, from this an active and mutual feeling of companionship and community emerge.

We have a responsibility to look at our own interactions and make sure that they express the softest and warmest human expressions possible to ensure feelings of safety. However, before this, we need to remind ourselves again of the sense of fear that pervades the hearts of vulnerable children and adults.

Our attitude toward care giving is critical. We have to be clear about who we are and where we are headed in the care giving relationship. Our direction is toward companionship and quenching the thirst for feeling one-with-others. Our focus is on nonviolence and teaching human interdependence. The first dimension in this is to recognize fear and teach a feeling of being safe with us.

Let us go back to Joseph who has just stumbled into his home in the middle of the night.

Your thoughts race like bolts of lightning that pile on each other, huddled, waiting for the thunder, "He knows better! He'll be dropping out of school. His grades are down. He sleeps all day. He curses and yells at me. He calls me a 'no good' and 'worthless.'" Hope begins to slip out of your heart. Emptiness, sorrow, anger swell in that moment between lightening and thunder there is a moment of quiet stillness. Everything stops. You ask yourself, "My God, what do I do?" You think, "Oh, it is so hard to give love where there is hatred, but that is what I must do—teach my child to feel safe with me and loved by me once again. I should hug him, kiss him, and tell him he is good. Then we will figure out where to go from here!"

We have reflected on the need to teach him feel safe with us and loved by us, even at these horrible moments. We have thought about how we have certain tools—our presence, our touch, our words, and our eyes. Now you respond to the question, “My God, what do I do?” Think of what your presence says. Will words of degradation or love come from your mouth? Will your hands slap Joseph or sooth him? Will your eyes look with hatred or warmth?

Our overall response has to be that we will encounter him with unconditional love. This is very hard and paradoxical. It goes against the grain of some cultures and many personalities. Yet, it is what will begin to mend a broken heart. You might not say anything at the moment or you might just mother him. Maybe you cannot give him a hug at the moment, perhaps tomorrow you will say, “I love you!” and we will figure this out!” Then, though worried and sad, you might give him a hug and a kiss.

We have looked at what the act of care giving is about. Its first purpose is to teach a feeling of companionship that eventually serves as the foundation for community formation. We have examined the importance of our presence, touch, words, and eyes, and have defined these as our principle care giving tools. We have analyzed the four elements that make up a feeling of companionship and community and have described their meaning. By now, we should understand our work is to teach a feeling of being safe with us, loved by us, loving toward us, and engaged with us. If we can do this, then these feelings will spread into the community that we are forming.

CHAPTER 2

Looking at Ourselves





**Blessed are the sorrowful; they shall find consolation.
Blessed are those of a gentle spirit; they shall inherit the
earth . . . Blessed are the peacemakers; God shall call
them his sons and daughters.”**

- Matthew

Mary came home from work filled with the pride of her university career. She had given birth to a baby recently and continued to move up the university ladder. She had the best of both worlds.

Her love toward her husband, John, was so deep that she had even risked her career by agreeing to have a baby. The baby was her present to him. She tossed her car keys on the kitchen table and walked into the living room.

John was seated on the sofa with the baby on his lap. The television was on. Mary was a little upset. Her husband was sound asleep.

The baby was hugging him. Mary shook John's shoulder and whispered, "Wake up, sleepy head!" She shook harder. He was sound asleep. She shook him harder and harder. There was no movement, not even a heart beat. John was dead. The baby looked at her mother, smiled, and cooed. Mary screamed with horror as she gazed at John's ashen face. His eyes were locked like the hands of a clock that had simply stopped. His face was cold like the frigid air in the dead of winter.

As Mary shook John more and more, the baby started to scream. Mary did not know what to do. She had lost John. His death sucked all hope and joy out of her soul. The baby meant nothing. She placed the baby on the floor, walked to the bathroom, and looked in the mirror. She saw nothing. She felt nothing. Her hand opened the medicine cabinet, pulled out a bottle, opened it, and swallowed every pill as if in a frantic slow motion. Everything was frozen. Nothing existed. Near-death came soon.

The next day she was in a psychiatric hospital. The psychiatrist said, "Mary, surely you want to live. You have your little baby!" Mary looked at him with her empty eyes and said matter-of-factly, "I don't want the baby. I want John! Anyone can take care of the baby. I want John! I love John! I want John!" There were no tears, no yelling, just the parched voice of death and the empty eyes of nothingness.

OUR VIEW OF OURSELVES

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How fragile our existence is! One minute we are filled with strength, pride, and joy; the next minute we have nothing—no meaning, no connectedness, no choice, no freedom, no life. We are good people trying to do good things, but we are vulnerable. Mary seemed so strong and grounded. She had her career, her child, and her husband. Everything was perfect. Then tragedy came and Mary fell apart. Her world caved in. She was crushed and was sucked into a bottomless hole of meaninglessness. She had been warm to her baby, but was now frigid. She had been close to her baby, but was now in another world. She had shown deep love to her baby, but was now paralyzed in her feelings. The baby needed her, but she saw no meaning in the baby.

We are fairly strong, but at any moment we can fall apart. We have our weaknesses, burdens, and sorrows. We can generally weather life's storms—death, divorce, and any number of defeats. We need to look at ourselves. At times, this examination is extremely difficult; at times, it is subtler. As caregivers, others depend on us. They have to see and feel our warmth and love. At times, these feelings are very obvious; at times, they are totally absent. Most often, they are taken for granted and sometimes disregarded. Mary needs her mother back from the brink of death. She needs her unconditional love, her hugs, her kisses, and her warmth. It will take Mary time to re-center herself. But, one day she will find herself once again.

Our task is easier than Mary's. We are fairly safe on this earth. We have a chance to examine who we are and how others see us. Care-giving is about us. It is how the marginalized people whom we serve see us. Before concerning ourselves further with the needs of those whom we serve, we should pause for a while and look at ourselves. If change is to come, it has to start with us. We have to reflect on basic values and care-giving practices that might be quite different from what we are accustomed to. Instead of individualism, we have to think about companionship and community; instead of compliance, we have to focus on human engagement; instead of control, we have to think about the mutual trust that love brings. We need to look at our own interactions before worrying about how to change someone else's behavior. This self-review has to be ongoing and it needs to examine the subtlest ways that we convey who we are.

How our interactions are expressed is a very subjective experience for us and for the vulnerable person. We not only have to determine how we see them, but also how someone else interprets them. Our self-examination has to interpret how the vulnerable person sees us, not just how we see ourselves.

Perhaps the most important question we can ask ourselves is how authentically do we express warmth to those around us? Well, we might feel we are warm, but someone filled with fear, coldness, and rejection might see us in a completely different way. We have to find a way to constantly measure our interactions to make sure that the people we are helping interpret us in a new and glowing light.

Complete the following kitchen table exercise to see how you might unknowingly convey fear to someone whom you are helping. We need to measure ourselves by how the person sees us, especially when he/she is at his/her worst. Look at the behavior in the left column. Think about your typical reactions from the perspective of how the person sees you, not how you see yourself. Jot down what your typical reactions are-- recalling what you might say, how you might touch, and how you might look at the person. If your behavior is not on the list, add the one that is bothersome to you and write down your reaction. Think about what it must mean to the vulnerable person.

WHEN THE PERSON...	WHAT DO I DO...
<div><input type="checkbox"/> Screams at me</div> <div><input type="checkbox"/> Runs from me</div> <div><input type="checkbox"/> Disobeys</div> <div><input type="checkbox"/> Hits me</div> <div><input type="checkbox"/> Curses at me</div> <div><input type="checkbox"/> Obsesses on things</div> <div><input type="checkbox"/> Flinches at my touch</div> <div><input type="checkbox"/> Refuses to stay with me</div> <div><input type="checkbox"/> Curses me</div> <div><input type="checkbox"/> Disappointments me</div> <div><p>Name a behavior that is very troublesome to you:</p></div>	<div>Describe how you react:</div>

If we think that our reactions might unwittingly provoke fear in the person, we should try to dig more deeply into the person's heart, the vulnerabilities she/he must feel, and the life-story that has brought such memories. We need to understand that we are good people trying to do good things, but that many whom we care for and about do not see us as such. We have to teach them and this starts with the subtle, often unspoken, messages we convey.

We need to remember that the people we serve are filled with fear and that our interactions, even the most subtle ones, are interpreted in the dark

shadow of domination, "You scream! I yell! You hit! I grab! You ignore me! Well, I ignore you!" These are not done deliberately and might not even be done forcefully, but they are done. This sensitivity to our interactions and the degree of coldness or warmth that they express is critical. We have to be aware of how our every move, word, gaze, and touch can affect a vulnerable person.

The problem is not only the subtle acts that we do without even realizing it, but also the acts that we fail to do-- walking by someone and not greeting them by name, sitting with someone and not talking lovingly, seeing someone in pain and not offering consolation. Acts of omission can be as powerful as the unwitting ones that we do. Imagine being scared and having no one to protect you. Imagine feeling worthless and having no one to give you encouragement. Imagine feeling no meaning on this earth and having no one giving a sense of connectedness.

We all need a space where we can feel a warm embrace. We need a sense of safety and a feeling of being at home. Everyone needs to feel at home on this earth. We all need a space that we can always return to in which we feel safe and loved. We need others to give us this sense. We are less vulnerable than those whom we serve. We have ways to defend ourselves, seek out others, and create a feeling of companionship. Yet, we also suffer loss and have feelings of fear. We need to understand our own fears before we can feel those of others. More importantly, we have to recognize the power of our acts of reaching out to others since these comprise our way of being with others. Our arms need to cross the empty spaces that separate us from others and bring a sense of love.

As care givers, we need to talk among ourselves and develop a feeling of companionship and community so we can teach it to others. A first step is to look at our fears and get a feel for our interactions, and how others see them. We need to lift up our interactions that bring peace and serenity to others. We all have little ways of showing love. If we can highlight these, then we have taken a first step in the discovery of what care giving is about.

Stop for a moment and think about the loving things that you do toward others: your spouse, your significant other, your children, your friends, and those whom you serve.

Read the list of caring acts below. Circle three that you are proud of. Fill in the last two blanks with two additional ones that you personally bring to the act of caring about others.

OUR CARING ACTS

- Being tolerant when under duress
- Being patient when your love is rejected
- Reaching out in spite of rejection
- Doing things for someone when they refuse
- Preventing conflicts and confrontations
- Giving unconditional love
- Giving time to those in need
- Feeling empathy
- Now share your two special acts of caring. Do not be shy:
- _____
- _____

We bring much to the care-giving act. Our presence needs to express our warmest caring. We need to be aware of the beautiful deeds that we do and deepen them. As care givers, we need to find ways to share each other's acts and remind one another what care giving is all about-- giving a part of ourselves to others.

SELF-ASSESSMENT

Self-assessment is a difficult task. We have to look at ourselves and discover our own weaknesses and take pride in our strengths. Finding our strengths is the easy part. The difficult part is to recognize our care giving needs. It is a human tendency to deny our weaknesses. So, we have to create a process in which we feel safe enough to examine ourselves and pinpoint areas to improve. What makes this even more difficult is that we have to see ourselves as those whom we serve see us. Under ordinary circumstances, we can see ourselves as kind and good. However, when we encounter individuals filled with fear, we have to define ourselves from their perspective. A simple request might be seen as a cruel demand. A frowning face might be seen as profound anger and disgust. A casual touch might be felt as torturous. We have to put ourselves in the person's shoes and interpret reality from the perspective of utter terror.

Caregivers make a big mistake by looking at what people know or should know instead of what they feel. If life were just a matter of knowing better, our world would be free of injustice, unkindness, and prejudice. Presidents would feed the hungry and clothe the naked. Governors would not use the death penalty. People would not be segregated by the color of their

skin. Third World children would not live on the streets or be killed by store owners because they fall asleep on warm grates in the doorways of boutiques. People would not feel compelled to seek solace in drugs or booze. We need to look at ourselves from the perspective of those who are obviously extremely vulnerable as well as from the perspective of those “who know better.” It is sometimes easier to serve those who are more dependent or more obviously marginalized such as abused babies, orphans, abandoned children, and persons with severe disabilities. It is often harder to maintain a spirit of gentleness when the person appears to be less obviously marginalized—the person in a violent gang, the acting out adolescent, person with a chronic mental illness but good language and sharp intellect. Many caregivers come to vulnerable children and adults with an attitude of “You know better! Get your act together, or else!” The issue of teaching a feeling of companionship is perhaps easier to understand when we help very young children or those with more severe forms of mental retardation, mental illness, or Alzheimer’s disease. They are obviously more dependent and fragile.

It is more difficult and more complex to teach companionship to individuals who seem to know better-- the violent person in a street gang, the man or woman with chronic mental illness but good verbal skills, the abused or neglected person, the adolescent causing trouble in school. Yet, they bring deep fears and traumatic memories to the care giving act that make them feel unsafe, disengaged, unloved, and unloving. Our presence signals cruel and inconsistent demands, our hands-- force and disrespect, our words-- disregard and putting down, our face-- spite and scorn.

We often do not understand the horrible impact of old memories or the inherent nature of disabilities such as schizophrenia or autism. These children and adults seem to know right from wrong. They know the consequences of their acts. They seem just not to care. They can bring the worst out of us. They have many more resources to use to push us a way, to distrust us, and to anger us. We have to be more astute at teaching them to feel safe, engaged, loved, and loving.

Caregivers sometimes attribute more logic to violence than it deserves. It arises out of feelings of detachment, confusion, and fear in all of us. Intelligence means less than feelings. It is not a question of whether someone knows better, it is an issue of what is in a person's heart. We are dealing with people's broken hearts, not broken brains. Although it is obvious that all emotional change and moral development has a cognitive dimension, the driving force of change rests in our hearts.

Caregivers should analyze how they interact and dialogue with what is often termed “higher functioning” individuals. The challenge is to help them sense new meaning in their life, not to overpower them. Pervasive fear and meaninglessness occur in the hearts of people of all levels of intelligence.

The following exercise looks at our care giving interactions from the four major dimensions of companionship and community-- teaching feelings of being safe, engaged, loving, and being loved. Each of these is broken down into various ways that we convey these feelings. It also examines underlying issues that we have to be skilled in such as our empathy toward those whom we serve, our understanding of their vulnerabilities, and our use of our care giving tools. The self-assessment should serve as a practical way for us to identify how to improve our care giving and help us take pride in the warm interactions that we already convey. This requires us to be as objective as possible with very subjective experiences.

Now it is time to look more closely at ourselves and our most subtle interactions-- behaviors that are almost invisible, but ones that make or break the act of care giving. Picture in your mind someone who is challenging for you to serve. Recall your typical interactions, thoughts, and feelings when you are with the individual. Try to put yourself in the person's shoes and sense what they are feeling-- fear, disengagement, being unloved, and unable to convey a sense of love to others. Then look at yourself again and analyze your interactions. The self-assessment kitchen table exercise is a way for us to assess our interactions with those whom we serve. We need to realize that every move we make is an act of teaching. Our most subtle interactions are seen and interpreted by those whom we serve. Every interaction we express is a critical element in teaching companionship.

As you fill out the self-assessment that follows, think of how you interact with those who are difficult for you to serve. This assessment is not how we see ourselves, but our interpretation of how the person we are helping must see us.

SELF-ASSESSMENT OF THE CAREGIVER



PURPOSE: Analyze your own care giving interactions from the perspective of how the persons we serve see us. We assume that you feel that everyone feels safe with you and even loved by you. The challenge is to look at ourselves from the point of view of how the people we serve see us— people who are terrified and see little or no meaning in life or in us.

INSTRUCTIONS: Read each variable, think about it, and score yourself on each scale. Use the checked phrases to give you some concrete examples of what each variable means. The score is how we think very vulnerable people see us at their worst moments, not how we see ourselves. Do not worry too much about the “score”. Use them to look at your tendencies. Use the definitions to reflect on the meaning of each variable.

1. CLOSE	1	2	3	4	DISTANT
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CLOSE: Closeness is the connectedness that we bring to others. It is seeing troubled people as our brothers and sisters. It is the assumption that each person is mind, body, and soul. It is the assumption that each hungers for a feeling of being safe and loved. It means that we move to where the person is. We do not yank the person into our space, but we enter gently into each person’s space. We enter with humility and with the knowledge that each person feels fear and meaninglessness. The fear can be of us or of self. Meaninglessness can be the inability to sense any reason for life, a sense of nothingness, and a distrust of self and others. To be close is to be with the person with no other immediate expectations. It is to know that we must know what is in the person’s heart. It is to be driven to teach each person to feel safe with us and loved by us. It is to worry about the moment rather than what just happened or what might happen.

Close is seeing those who are troubled in the depths of their vulnerability and sorrow. It is seeing ourselves in the other as if looking into a mirror. It is the recognition of feelings as the undercurrents of the human condition instead of intellect.

To be close is to enter the person’s world without provoking violence while evoking peace. We realize that our first task is built on teaching the person to feel safe with us and loved by us. We are patient and tolerant. To be close is to be nonjudgmental. Close means that we enter the care giving relationship where the person is at, not where we want her/him to be. It means that we know that the person is filled with fear and meaninglessness and we are willing to give a sense of peace and purpose. You are aware of the need to be close so that you can focus on teaching feelings of safety, engagement, and love. You prevent problems from occurring, but when they do, you continue to express affection. You spend a lot of face-to-face

time with the person talking about companionship, giving examples, and guiding the person. You are able to enter into the person's chillingly empty space with warmth and unconditional love without provoking any violence.

Check any that apply:

- ☐ You express warmth to the most marginalized children or adults
- ☐ You give the most unconditional love to the person when he/she is the most terrified
- ☐ You enter the person's space with deep love and peacefulness throughout the day
- ☐ You recognize fear and meaninglessness
- ☐ You recognize that your presence, touch, words and eyes can bring fear
- ☐ You spend peaceful time with each person
- ☐ You calm those who are scared
- ☐ You give no feeling of demand
- ☐ You speak with encouragement
- ☐ You welcome the person
- ☐ You use warm physical contact
- ☐ Your love is unconditional and obvious
- ☐ You help the person to trust you
- ☐ You give absolutely no sense of putting the person down
- ☐ You recognize the person's deep vulnerability in spite of any front they have
- ☐ You give a feeling of calmness when you are rejected or attacked
- ☐ You know that you have to enter the person's space
- ☐ You gentle your way into that cold space

DISTANT: Distant means that we accept the cold and rejecting space between us and the vulnerable person and feel that there is nothing we can or should do about it. Or, we demand that they do what we want them to do. Instead of gentling our way into their space, we yank them into our world. We are distant from others when we feel we are over them, better than them, or need to control them. We have a feeling that we have to go for their "minds" instead of their hearts. We talk about, "You know better!" or "Don't you dare manipulate me!" We have a disregard for the central role of human feelings. We think that each person should be able to lift him/herself up by the bootstraps. We do not see our role as becoming the person's companion.

Distant means you provoke violence, even unwittingly, by focusing on control. You focus on choice, rules, regulations, and compliance, use restraint, and give verbal reprimands. You do not see the importance of teaching others to feel safe with us and loved by us. You see the person as knowing better and base your care giving on consequences. You do not see your central role as companionship, but as controller. You see the person as less than you and your role is to make her/him conform to the rules, regulations, and schedule.

Check any that apply:

- ☐ Focus on professionalism, objectivity, and decision-making
- ☐ Focus on behavior management
- ☐ Focus on behavior contracts
- ☐ A learning from the “school of hard knocks” attitude
- ☐ Little affectionate physical contact
- ☐ Little warm smiling
- ☐ Little encouraging talk
- ☐ A lot of harsh demands
- ☐ Follow rigid, unbendable schedules regardless of the person’s needs
- ☐ A lot of talk about "You know better!"
- ☐ Use of reward and punishment
- ☐ Use of restraint-- physical, verbal, or chemical
- ☐ Focus on compliance

2. WARMTH 1 2 3 4 COLDNESS

WARMTH: Warmth is what fills the cold space between you the other. It is the gift that we bring to those who are troubled. If we must be where the person is at, we also must be warm as we enter that space. Our presence, touch, words, and gaze have to announce to the person, “Shh! I make no demands. I just want to be with you!”

We realize that even the expression of warmth can be seen as a demand and we make ourselves, our words, touch, and presence almost invisible. We downplay any sense of demand realizing that our sheer presence can be like a nightmare. Warmth comes from our heart. It is the acceptance of each person where he/she is at. It is going to the person with the hope that you will bring a feeling of being safe and loved. It is reaching out to the person. You feel that your interactions transmit a feeling of unconditional love whenever you are with the person or trying to help the person. You are always warm in your expressions. You present yourself calmly and

lovingly even when the person is violent—screaming, hitting, cursing, throwing things, refusing to do things, and hitting self. You are warm in the face of violence. You are warm in ordinary moments.

You are kind and nurturing to the most troubled individuals, especially when that person is at his/her worst. You give a loving word to the person who curses you. You reach out lovingly to the person who tries to lash out at you. You stay peaceful with the person who spits in your face. You stop for a moment every time you see or go by a person. You greet everyone. You frequently welcome, praise, or encourage the person who is most troubled. You express a lot of warm and loving physical contact-- handshakes, embraces, pats on the back. You feel very comfortable touching the person with affection and brother-sisterhood.

You worry about making sure the person feels safe. You talk softly and slowly. You never raise your voice. The more excited or stressed the person becomes, the softer and more slowly you speak. Your tone is always nurturing. You are aware of your non-verbal communication and make sure that it conveys warmth. When the person is nervous or stressed, you reassure and sooth. When down, you encourage and lift the spirit up.

Check any factors that apply:

- ☐ Responding with warmth when cursed, hit, mocked, ridiculed, ignored, and even spat upon
- ☐ Calm in the midst of chaos
- ☐ Willing to give in to prevent violence
- ☐ Very soft, and slow voice
- ☐ Very relaxed and calm facial expression
- ☐ Very frequent, soft, and slow physical contact
- ☐ No reluctance whatsoever to touch the person
- ☐ Very comfortable with expressing your love toward the person
- ☐ The more violent the person becomes, the more loving and nurturing you become
- ☐ When people want to use physical restraint, you take a strong position against its use
- ☐ Very warm toward other caregivers
- ☐ Very good at sharing a spirit of gentleness with other care givers

COLDNESS: Coldness means that your attitude and interactions express a distance from the person. Since fear and meaningless already permeate the space between us and those whom we serve, our coldness means that we lack an understanding of this and bring more coldness. The person's

coldness is expressed in violence, harm to self, harm to others, or isolation. Our coldness is expressed in a focus on control, behaviors, and compliance. It is little loving contact with the person. It is seen in our disconnectedness during good moments and bad. It is grabbing people, ordering them around, and looking at them in a mean way. It is few loving interactions during good moments and harsh ones during difficult moments. It might be the simple act of ignoring someone or the more obvious act of reacting with violence. Coldness is verbal reprimands, telling someone, "You know better!" It is seeing things as being manipulative instead of cries for help. It involves seeing misdeeds as mere behaviors and missing deep feelings of fear and meaninglessness. Coldness is the absence of warmth in our eyes, words, and touch. It worsens when the person is at his/her worst, but permeates most of our interactions.

You ignore those who isolate themselves. You do not reach out. You react with violence, fear, or loathing when under attack. You have little concern about using punishment or restraint. You see your role as being one of control instead of nurturing. Your interactions are seen as mechanistic or bossy such as in ordering the person to do something, grabbing someone's hand to "make" him/her do it, or just plain looking in a distancing or disinterested manner. Your words do not seem to convey friendship or caring. You talk very little or just say phrases like, "good job." You seldom touch lovingly. Most of your interactions are to control or simply get the "job" done.

Check any factors that apply:

- ☐ Very little warm physical contact such as hugs
- ☐ Very little loving conversation
- ☐ Very little warm gazes at the person
- ☐ A feeling of, "I do not want to be with this person!"
- ☐ Yelling out phrases like, "You know better!"
- ☐ Seeing people as manipulative
- ☐ Feeling that someone "just wants attention!"
- ☐ Not being willing to give in to avoid violence
- ☐ Very little taking time to give personal attention
- ☐ Frequently grabbing the person
- ☐ Frequently ordering the person around
- ☐ Showing anger and being short-tempered toward the person
- ☐ Brusque, loud, or fast paced interactions
- ☐ More concerned with schedules than with helping people feel safe
- ☐ Use of any punishment

- ☐ Use of physical restraint

3. HEART

1

2

3

4

HEAD

HEART: The heart is the center of our care giving. Our care giving comes from our heart and is aimed directly at the feelings of those whom we serve. It goes for the heart and teaching each person to feel safe with us and loved by us in the here-and-now. We serve others in the here and now. We enter where the person is at. We understand underlying fear and meaninglessness. We focus on teaching the person a feeling of trust. A focus on feelings of trust leads to a feeling of companionship with us and then with others. It eventually creates a sense of community with others in the classroom, at work, and at home. It is not geared to just change what we see, but what we feel. It assumes that change starts from within each person.

You are excellent at just dealing with the here-and-now. You do not worry about a minute before or a minute later, just right now. You do not primarily worry about changing the person, but rather focus on your interactions in the here-and now. You are primarily geared to elicit and listen to the person's sorrowful and joyous feelings, helping to create feelings of hope. You see your primary role as an authoritative moral guide who focuses on things of the heart. Your guideposts are ensuring that the person trusts you. With trust comes engagement, "I will do this because I trust my care giver."

Check any that apply:

- ☐ You are present with the person in the here-and-now
- ☐ Nothing else matters except you and the vulnerable person
- ☐ During difficult moments, you give a feeling of "Everything is alright. Let's just worry about right now!"
- ☐ You base your conversations on trust in the present moment
- ☐ You focus on making the person feel safe and loved at the moment he/she is with you
- ☐ You slowly and delicately elicit old memories, but center the person on new ones
- ☐ You avoid focusing on bad things and center your dialogue on things of beauty
- ☐ You are good at centering the person in the here-and-now instead of delving into things of the past

HEAD: We place more value on what a person seems to know or think than on their feelings. We do not see the heart as broken. We are driven to change behaviors through consequences. It might be that we see no

role for feelings or old memories. Or, we have a cultural attitude that if someone "knows" something, they will go ahead and do it. One plus one is two. Yet, if all you have seen in your life is one plus one is five, you might be able to parrot two as the correct answer, but it will have no meaning. If all the person has seen is violence, you might be able to get the person to say violence is bad, but that will not change old memories. You have an inordinate focus on "She knows better!" or "He has to be taught a lesson!". You tend to "preach" to the person and talk about the "bad" things the person does. You have a fix-it view to life situations and use behavioral contracts, tokens, or other forms of behavior modification.

You do not meet the person in the here-and-now. You are in the future or in the past. You do not see the person in the present moment. You express an attitude of "You should not have done this!" or "You must do that!" Yet, you fail to see that the vulnerable person is in the present moment waiting to feel safe with you and loved by you.

Check any that apply:

- ☐ Disregarding the person's life-story or inherent vulnerabilities
- ☐ Referring to the person as manipulative
- ☐ Referring to the person as "He/she should know better!"
- ☐ Counseling talk geared to what the person does wrong
- ☐ Responding to negative conversation by the person with a controlling attitude
- ☐ Unable to re-center the person in the here-and-now
- ☐ Failing to see trust as the center of your relationship
- ☐ Little talk about feelings of companionship
- ☐ Use of suspensions or other punishment to get the person out of your space

4. LISTENING 1 2 3 4 TALK

LISTENING: Listening has to do with much more than hearing words. It deals with how we "read" the troubled person-- What do the eyes say? What does the bowed or uplifted head say? What does the person's touch say? What does the person's posture say? The eyes? The tone of voice? We listen with more than our ears. We listen with our whole being.

You draw feelings out of the person with an emphasis on listening to the person's sorrow and introducing threads of joy. The sorrow is drawn out by probing in ways such as, "Tell me one sad thing that happened today..."; but, this then is followed by a question such as, "Tell me two good things you did today..." You know the person so well that you can give the answers

when the person cannot. You listen with your eyes as much as with your words seeing fear, anxiety, sadness, and meaninglessness. You also listen with your imagination by looking for why the individual does not feel safe and loved. You look for deep reasons for the individual's sense of fear and meaninglessness.

Check any that apply:

- ☐ You listen carefully to every nuance of meaning
- ☐ You "read" the person—posture, tone, certainty, understanding
- ☐ You stay calm and loving when ridiculed
- ☐ You give a the person time to collect his/her thoughts
- ☐ You help the person stay in the here-and-now
- ☐ You base your listening on the person feeling safe with you and loved by you

TALK: You spend most of the time telling the person what to do and "If it is not done, these are the consequences!" You are going for the "knows better" part of the person. Your conversation is geared to convince the person of what is right and wrong. You write up behavioral contracts and set up goals and objective to be reached.

It is not that talking is bad. It is its use to "objectify" the person and his/her reality as if feelings are not at the center of the human condition. Listening means that we are tuned to what is going on underneath the person's words or sounds. Talking skips over the heart. It debates right from wrong. Listening leads us to help the person feel safe and loved. Talking misses the point.

Check any that apply:

- ☐ Mostly focus on negative behaviors in your conversation
- ☐ Use of behavioral contracts as a key strategy
- ☐ Mostly giving orders to the person
- ☐ Using a harsh tone of voice
- ☐ Little focus on a loving and trusting relationship
- ☐ You do not listen to the feelings underneath the person's behaviors
- ☐ You do not try to accommodate yourself to the person's wishes

5. WARM PROTECTION 1 2 3 4 RESTRAINT

WARM PROTECTION: Protection has to do with two areas-- How we prevent harm without provoking more violence and how we evoke a deep sense of peace during good moments and difficult ones. The key to warm

protection is to make sure that we give a deep memory that the person is safe with us during good moments. This memory then helps us prevent violence during difficult times. Before we ask the question "Well, what do we do when...?", it is critical to reflect on the depth of our relationship with each person during good times and bad. The true measure of our gentleness is how the person relates to us during her/his most violent or downtrodden moments. Yet, this standard cannot be met unless we are teaching the person to feel safe with us and loved by us throughout the day.

When we are serving individuals who can become violent, we do everything possible to prevent it. We are willing to give in so we do not worsen the situation. This giving in often involves simple things such as giving a snack or a cigarette when the person asks instead of insisting "It is not time!" Warm protection also involves what we do when the person actually becomes violent. Our warmth is measured by protecting everyone from harm without provoking more violence. It includes blocking hits while at the same time nurturing the person. It avoids any grabbing or physical management.

The warmth of your protecting others when they become violent toward themselves or others is really established in your interactions throughout the day. When you are teaching others to feel safe and loved during all the good moments, you are increasing the probability that violence will not occur or, if it does, it will not escalate. You are very good at teaching each person to feel safe and loved with you. You see this as your central caregiving task. You feel driven to teach the person a deep moral memory so that violence is prevented or diminished. This leads you to be nurturing even in the midst of violence.

You are very good at preventing any forms of violence, especially those that often lead to the use of physical management. When someone wants something that is not harmful, like coffee, cookies, or a cigarette, you always give it to the person, especially if you know its denial will lead to violence. You take care to ensure that the person is protected, e.g., giving sugar-free food if the person has diabetes. You do not worry about giving in when violence will be the inevitable result.

If you have to protect the person or others from harm, you do this so that you do not use force, do not immobilize, and do not make the person more fearful or angry. Examples of warm protection revolve around blocking hits with your forearm instead of grabbing or yelling and "shadowing" self-hits with your arm or hand.

Check any that apply:

- ☐ You spend a lot of time with the person during his/her good moments teaching the meaning of safe and loved

- ☐ You realize that this pays off during violent moments
- ☐ You give in when the person wants something non-harmful rather than provoke violence
- ☐ You do a very good job teaching the person that your hands, words, and eyes are signs of love and protection
- ☐ If the person is becoming upset, you step in calmly and lovingly before it escalates and calm the person down
- ☐ If the person becomes violent, you use your hands to block hits without provoking more violence
- ☐ When the person sees you, there is a calming during good moments and bad
- ☐ You advocate against the use of physical management and for nonviolence

RESTRAINT: The use of restraint is not just physically managing people. It is much more. It has to do with our immobilization of an individual in the name of avoiding harm. However, it is subtler than just physically controlling a person. Restraint can be the actual physical management of people, but it is also spiritually “managing” them through harsh words and cold looks. It is putting people down instead of lifting them up. It is ignoring others, reprimanding them, and punishing them.

It arises out of a sheer focus on controlling individuals instead of a driven desire to teach those who are violent to feel safe with us and loved by us. It starts with the harshness of our words, “Hands down! Get over here!” It is felt in the coldness of our eyes and the up-tightness of our bodies. It is almost inevitable when we fail to focus on teaching others to feel safe with us and loved by us. It also emerges out of a focus on compliance and giving a sense that “I am over you! Do as I command!”

Your interactions lead to more anger and fear, even in the name of calming a person down. This might be due to your desire to order the person around or a focus on sheer obedience. It might be that you lack the skills or experience to prevent or decrease harmful situations without the use of restraint. It might be that you are scared and react fearfully to any sign of possible violence. Or, it might be that the person does not feel safe with you or loved by you.

Examples are actions such as grabbing a person's hand, yelling at the person, or restraining the person through isolation. Restraint is a kissing cousin of punishment. It leads us to give what the person feels as violent attention during the tough times and often little or insufficient attention during the rest of the day.

Check any that apply:

- ☐ Any grabbing hands or arms
- ☐ Any reprimanding
- ☐ Any yelling to stop
- ☐ Any harsh tone of voice
- ☐ Any cold or dissatisfied looks
- ☐ Any use of any form of restraint
- ☐ Any use of any form of seclusion
- ☐ Any physically "escorting" the person
- ☐ Any use of time-out
- ☐ Any use of chemical restraint
- ☐ Any sneering at the person
- ☐ Any expression of, "You know better!"
- ☐ Any threat of, "If you do that, then you won't get _____!"
- ☐ Little focus on teaching individuals to feel safe and loved
- ☐ Having meetings about behavior problems instead of dialog about prevention and companionship

6. DEEP INSIGHT 1 2 3 4 SHALLOW AWARENESS

DEEP INSIGHT: The depth of our insight revolves around our understanding of how much the person feels fear and meaninglessness. We can be the best caregivers in the world; but, if we do not feel how deeply fearful the person is feeling, we lack the necessary insight to teach the meaning of companionship and community. Deep insight leads us to focus on teaching others to feel safe with us and loved by us. It leads us to nurture instead of to control. It helps us avoid provoking violence. It drives us to evoke peace. It slows us down and focuses our care-giving on companionship and community. It means that we understand that we are teaching the person a deep memory of who we are and who the person is. We know that unconditional love is our underlying strategy and that we have to give repeated acts of love so that the person gradually internalizes a new memory based on feelings of companionship and community.

You have a sharp understanding of and sensitivity to the needs of the person. You can define in practical terms what the person's fears and talents are. You can predict from moment to moment the depth of that fear. You know when to back off or change strategies to avoid any aggression, self-injury, or withdrawal. You move away from easy characterizations like, "She has autism so she is always this way." or "He is senile so he cannot

learn.” You see each person from the view of feeling safe and loved. You have looked into the person’s life-story and have a good feeling for the fears and traumas that each person has experienced. You know the person’s religious and ethnic heritage and find ways to exalt these. You have a good understanding of the person’s vulnerabilities and life-story; you know what these mean in terms of him/her feeling safe and loved. You can even guess as to what the person must feel like—their fear, meaninglessness, sorrow, emptiness. You meet each person where he/she is. You have a good awareness of the person’s gifts and talents, no matter how small or seemingly insignificant they might be and you take pride in these by pointing them out to others. You see the person as mind-body-spirit and treat him/her as your brother-sister.

Check any that apply:

- ☐ Very good skill at interpreting each person’s needs from the perspective of how deeply he/she feels or does not feel safe and loved
- ☐ Very good at knowing you have to “tutor” the person in things of the heart—spending time with the person teaching safe, loved, loving, and engaged
- ☐ Very good understanding of each person’s life-story
- ☐ Very good at giving repeated acts of love to the person
- ☐ Very good understanding of what any particular vulnerability must mean to each person
- ☐ Very good at knowing what upsets each person or increases their sense of fear and feeling unloved
- ☐ Very good at getting the person to enjoy being with you
- ☐ Pay no attention to stereotypes and labels
- ☐ Very good at talking with other caregivers about companionship and community

SHALLOW AWARENESS: You see each person as nothing more than a behavior problem and react to the person’s behaviors. You think that giving reward or punishment is the main thing you have to do and your perspective is to control people and their behaviors. Instead of preventing behavior problems by teaching a sense of feeling safe and loved, you want a behavior program to deal with them. You use reward and punishment as your primary intervention tool.

You make the “behaviors” the center of the person’s life. You blame them on a diagnostic label, “He has autism . . . She has schizophrenia . . .” Or, you blame them on the person’s race, poverty, religious beliefs, or family

situation with an attitude such as, "If her mother would just stay out of his life!" You lack a deep awareness of the person's inner feeling, especially the over-riding need to feel safe and loved. You lack an awareness of and empathy for the person's suffering and life-story. You put the cart before the horse by focusing on independence or personal decision-making when the person does not yet feel safe or loved on this earth.

Check any that apply:

- ☐ You do little to change the person's negative reaction to your mere presence
- ☐ You do little to change the person's negative reaction to your touch, words, or gaze
- ☐ You do little to change the person's refusal to enjoy being with you
- ☐ You become insistent when the person refuses to do something you want
- ☐ You withdraw when the person withdraws
- ☐ You use choice as a way of avoiding the person, "Well, she chooses to stay in her room!"
- ☐ You see the person as manipulative, "He just wants attention!"
- ☐ You focus on behaviors instead of the person
- ☐ You blame the person instead of being aware of disabling conditions or life-stories
- ☐ You ask for "behavior management meetings and plans"
- ☐ You speak of behaviors and behavioral plans more than feelings
- ☐ You get more excited about professional programs and data than about companionship

7. UNCONDITIONAL LOVE 1 2 3 4 EARNED REWARD

UNCONDITIONAL LOVE: This is the centerpiece of care-giving. It is an on-going expression of deep warmth toward each person regardless of what the person does. It is most strongly tested when the person is at her/his worst, but it is always present. It is different from "reward" since it does not have to be earned. Love is kind, warm, and unconditional. It is simply given with nothing expected in return. It is quiet, soft, and slow. It is of the heart. Love goes directly to those who are stuck in the murky swamp of fear or meaninglessness and slowly penetrates their hearts.

You understand that you are teaching a sense of loving oneself and others. A person cannot learn to feel loved unless he/she has a feeling of self-worth. You are teaching the person to feel loved by you and others and at the same time to love self. This love is self-respect, a profound feeling

that “I am somebody!” Learning to feel loved arises out of self-esteem and self-esteem propels each person to feel loved by others and to love them as well.

Some caregivers might say, “She just wants attention!” and you understand that what the person needs is a deep sense of love. You have no hesitancy in nourishing each person’s hunger for love in spite of what he/she might have done. Others might say, “You are reinforcing his bad behaviors!” and you understand that you are going much deeper and are fulfilling a longing to be loved.

Your touch, words, gestures, and physical interactions are seen as acts of love no matter how the person is interacting. You continue to give love to the person when the person is at his or her worst moments. You are nurturing and express love in your every move. At the most violent moments you become even more loving.

You accept and pursue unconditional love as the center of your care giving. You are not afraid or uncomfortable to express love and you share this feeling with other caregivers. You take risks at giving in so that you will have time to teach the person to feel safe and loved. You are not embarrassed at expressing love and, indeed, take pride in it.

You realize that you have to give super-strong signs of love to vulnerable children and adults so that they internalize deeply the feeling. So, you go far beyond what is “normal” by constantly uplifting each person, making loving contact with them, smiling at them affectionately, and gazing warmly at them.

Check any that apply:

- ☐ Very good at communicating to the person that he/she is good and worthy of being loved
- ☐ Very good at warm physical contact
- ☐ Very good at warm words of encouragement, pride, and nurturing
- ☐ Very comfortable and natural at clearly expressing love
- ☐ Very good at staying with those who are the most neglected or abandoned
- ☐ Very good at “tutoring” the meaning of safe and loved
- ☐ Very good at showing love throughout the day, especially toward the most vulnerable
- ☐ Very good at far exceeding what is thought to be a normal degree of love’s expression
- ☐ Very good at teaching each person to feel safe and loved

- ☐ Very good at calming each person when he/she is stressed, frustrated, or angry

EARNED REWARD: Earned reward is for what a person does, an attitude of “If you do this, you will get this!” Love is for who a person is. You believe that you should only give a person reward for doing something “good.” You use things like tokens or put people on reward schedules. You use food and drink as primary “reward” giving tools. You only interact in a praising or “giving” manner for good deeds done. You only acknowledge the goodness of behaviors and avoid the inherent goodness of the person. You wait for the person to earn your praise or attention. Unless the person has done something that you want, there is often dead silence. You do not see a trusting relationship as a necessity for any change. You ignore the person’s deep inner feelings. You see your “job” as controlling others instead of developing a feeling of companionship. You carry out “behavior programs” instead of teaching others to feel safe and loved.

Check any that apply:

- ☐ Any use of reward/punishment programs
- ☐ Any use of token economy
- ☐ Any use of behavior contracts
- ☐ Very little attention given unless problems arise
- ☐ You always talk about the person having to learn a lesson, manipulating you, or just seeking attention
- ☐ You take data and talk about data instead of dialoguing about the person’s deep needs
- ☐ You see food, coffee, cigarettes, or other material things as the key to change
- ☐ You use material things to control others instead of giving in

8. ELICITATION 1 2 3 4 NO INTEREST

ELICITATION OF LOVE: Besides teaching a person to feel loved, we also need to teach a sense of loving others. Love’s elicitation requires a feeling of being loved since you cannot give what you do not have. Elicitation means that we encourage the person to reach out to us and others with expressions of love. The elicitation of loving interactions is teaching the person to not only feel loved, but to be loving toward others. It is not seen as a quid pro quo, i.e., a feeling of “I express love to you so you express it to me.” Our expression has to be unconditional. Yet, at the same time, we need to teach the person to love others—a high form of morality.

Although your love is unconditional, you also teach each person to express love toward you and others. You do not demand this, but see it as a way to help the person grow in full humanness. You seek to get the person to respond with love toward you and others through their words, gestures, or physical interactions. You teach the person to reach out to you through smiles, handshakes, hugs, and other forms of love. You look at teaching each person to show love toward others as a critical part of the human condition. You take care to teach each person the how, when, and where of expressing love toward others.

Check any that apply:

- ☐ Frequently ask for a smile, a hug, or a handshake
- ☐ Know that by your frequently expressing love you teach the other to express it
- ☐ Very good at using your words and gestures to draw these feelings out of the person
- ☐ Very good at bringing others into these situations
- ☐ Very good at teaching the when and where of expressing love toward others
- ☐ Very good at teaching how to express love toward intimate friends versus strangers
- ☐ Very good at defining the meaning of love—friendship, warmth, goodness, respect

NO INTEREST: Our interest in teaching the person to express love toward others is critical. Yet, some caregivers forget this. They might think that it is dangerous to teach the person to reach out to others or that the individual might “sexualize” the meaning of love. “No interest” can mean that caregivers are overprotective and get stuck in giving without teaching any form of loving others. You might give much unconditional love or just positive reinforcement, but you do not focus on the relationship as a mutual act of love. You see your role as changing behaviors and your relationship stops there. You are the giver; the marginalized person is the receiver. Your interest is not in a trusting relationship or in establishing a sense of companionship. You want to, “Just do my job...”

Check any that apply:

- ☐ Very seldom ask for a handshake
- ☐ Very seldom reach your hand out as a sign for contact
- ☐ Very seldom focus on drawing warmth from the person's face
- ☐ Very seldom ask the person to share feelings
- ☐ Feel very uncomfortable having the marginalized people whom you

support as your friends

- ☐ Feel that it is inappropriate or unprofessional to focus on companionship
- ☐ Fear that any expression of love is sexual or just inappropriate
- ☐ You yourself fear giving touch
- ☐ You do not see companionship as central to the meaning of care giving
- ☐ You do not focus on the formation of a sense of community at home, school, or work

9. COMPANIONSHIP 1 2 3 4 CLIENTSHIP

COMPANIONSHIP: This is the central life-project that we have in the act of care-giving. The person is neither above us nor below us, but our brother/sister. We recognize that we have to teach this meaning to the most vulnerable and are willing to tolerate rejection as we teach its meaning. It is the word that describes a feeling of being safe and loved. We also recognize that it starts with us, but has to spread out to a circle of significant others.

You regard the person as your friend, your equal, and as filled with gifts and talents. You see no distinction in value due to appearance, race, poverty, diagnosis, behaviors, or life-story. You focus on the each person's goodness. You aim at mending their broken hearts by teaching them to feel safe with you and loved by you. You make the person feel that it is good to be with you and share your life-story as well. As you create a foundation of trust, you then help the person feel safe with others and loved by them. You expand this by helping the person develop a circle of friends.

Check any that apply:

- ☐ You see companionship as the center of care-giving
- ☐ Always making sure that the person looks good
- ☐ Always making sure that the setting is welcoming
- ☐ Always making sure that each person has special possessions that indicate self-pride and connectedness with family and community life
- ☐ Always making sure that each person feels your friendship-- feeling safe with you and loved by you.
- ☐ Always ready to defend and advocate for each person's rights and sense of companionship and community
- ☐ Always willing to share your life with the person
- ☐ Always making sure that each person wants to be with you and

linger with you

- ☐ Always help others enter into companionship with the person
- ☐ Always form a circle of friends around the person

CLIENTSHIP: This is a state wherein we see and treat each person as a consumer of services rather than a person becoming our companion and entering into a sense of community first with us, then with others. It is an attitude in which we focus on independence and self-reliance more than companionship and community. You view the person as someone to be 'treated', 'modified', or 'programmed'. You see the person as a problem, a diagnosis, and a behavioral situation. You refer to the person as consumer, customer, or client. You use negative words to describe the person such as "a runner," a "spitter," or a "retarded person". You use gestures, facial expressions, and tones of voice that are condescending or authoritarian. You are going to "shape" the person for the real world. You focus on control. In a school setting you get more of a kick out of children being quiet and standing in line than in smiling at you lovingly. At work, your focus is more on production than on camaraderie. At home, you supervise meals instead of eating with the people or have a "staff" party and a "client" party. You see the person as not being your equal and as having to be obey you. You have a staff room. You keep people out of the kitchen. You plaster walls with memorandum, rules, agency policies, diets, and staffing schedules.

Check any that apply:

- ☐ Any use of labels-- client, consumer, customer, etc.
- ☐ Segregated "staff/client" activities
- ☐ Seldom sharing of meals
- ☐ Homes that look like offices, classrooms, or dumps
- ☐ Frequently talking down to the person
- ☐ Talking about the person as if he/she were not present
- ☐ Frequently bossing people around
- ☐ Embarrassing the person
- ☐ Ignoring the person
- ☐ Choice is more important to you than a person feeling safe with you and loved by you
- ☐ Self-determination is more important to you than a collective sense of community

10. ENGAGEMENT 1 2 3 4 DISENGAGEMENT

ENGAGEMENT: Each person has to learn that it is good to be with us,

do things with us, and do things for one another. It moves the person to participate with you and then with others. It is the beginning of teaching a person a sense of community by teaching him/her to be an active participant in life. It is based on a feeling of being safe and loved, but involves more. It helps move a person from dependence to interdependence. It is the cornerstone of the person's discovery of his/her talents. It starts with our example which the person admires, but moves to a feeling of "I can do this with my caregiver!" and then "Watch, I can do it by myself because my caregiver has taught me and asked me to do it!" It evolves into a sense of self-esteem.

You do activities, tasks, and daily events with the person, even for the person. You see these as vehicles to bring you together, but gradually help the person become a more active and self-initiating participant. Although you also seek to maintain old skills and teach new ones, your primary focus is not on skill acquisition or behavioral correctness, but on mutual participation. Examples center on you sitting down and doing things with the person or even doing things for the person when they refuse. You do everything possible to prevent any anger or frustration.

Check any that apply:

- ☐ Always avoid ordering people around
- ☐ Always spend a lot of time with each person teaching them it is good to be with you
- ☐ Always avoid provoking any violence when you are with the person
- ☐ Always evoke a feeling of peace
- ☐ Very good at "stretching" the person to go a notch above where he/she is at
- ☐ Set a good example by doing your chores willingly
- ☐ If the person refuses to do something, you always do it for him/her
- ☐ Always good at finding ways to draw the person into activities
- ☐ Always more concerned about being together peacefully than in doing tasks

DISENGAGEMENT: You see the person as unable to participate. You have pity and no hope for active participation. In this, our focus is overprotective or an "I could care less!" attitude. We do everything for the person because it is easier and less of a hassle. It also occurs when we have not focused on teaching the person to feel safe with us and loved by us. Without this foundation, all we get is rebellion.

Your central posture is seen as one of getting the person to do things for the sake of doing them, to do things correctly, to obey you, or to become

independent of you. Or, you avoid engagement because it is too much of a hassle. You focus primarily on meals, pills, and toilet spills instead of your relationship with each person. You stand around smoking, drinking coffee, and conversing with caregivers instead of spending time with the vulnerable people.

Check any that apply:

- ☐ No “stretching of the person to go beyond where he/she is at
- ☐ No foundation of feeling safe and loved
- ☐ An attitude of “giving up”
- ☐ Any inflexibility, “Do this now or else! Do it my way or the highway
- ☐ Giving orders
- ☐ Preferring not to be with the person
- ☐ Being gruff
- ☐ Caring more about compliance than being supportive
- ☐ Caring more about the schedule than the person
- ☐ Caring more about skill acquisition than warmth
- ☐ Seldom doing chores, activities, or games together

11. EMPOWERMENT 1 2 3 4 DISEMPOWERMENT

EMPOWERMENT: Empowerment is teaching each person to feel good about oneself within a world of connected others and one’s active participation in community life. It is teaching the person to go beyond him/herself. It is the recognition of self in relation to others. It starts with engagement, but evolves into the ability to choose, make decisions, and determine one’s own place in the community. It is common for individuals to become stuck in self-centeredness as they are being nurtured. As the person learns to feel safe and loved a time comes when the person has to form her/his own identity. In a way, the individual is leaving us and starts to define his/her own self. This can lead to a period of “I’ll do what I want to do, when I want to do it, in the way I want to do it...” This spirit of rebellion is common in the “terrible-two’s”, the adolescent years, and adult mid-life. Stretching implies that we understand this process, are willing to give in, and are also skilled at taking the person beyond the self-centeredness. It also means that we avoid provoking violence.

You have a good feel for when the person is ready to be “stretched”—moving from a state of simply feeling safe and loved to a state of doing a tiny bit more for him/herself and eventually for others. You understand that doing things for oneself is a complex and necessary expression of feeling good about oneself. You give the person a feeling of “I am somebody.

Watch me do this!" You understand that a key rule is to avoid provoking any violence, but at the same time you want to help the person develop his/her talents. You are skilled at doing things for the person, but gently involving the person. You are skilled at helping the person feel that he/she is making decisions and gradually including him/her in the decision-making process. You are able to give a deeper sense of freedom and also able to give whatever support the person needs at any given moment.

Check any that apply:

- ☐ Always avoid violence and evoke peace
- ☐ You know that this is a developmental process
- ☐ You are ready to give in without giving up
- ☐ You gradually involve the person more and more
- ☐ You give win-win choices
- ☐ You help the person define her/his role in the community
- ☐ You are willing to do things for or with the person to help him/her feel safe
- ☐ You are able to push the person a tiny notch above what he/she is willing/able to do without provoking violence
- ☐ You are willing to help the person get started and then discretely pull away
- ☐ You are always ready to give help again to avoid frustration

DISEMPOWERMENT: You are always doing everything for the person or have no expectations that the person can do things for him/herself. You never have or take the time to teach the person to do things on his/her own, even slight things. You seem to get more out of the person's dependence than empowering the person. You look at the person as unable to learn .

Check any that apply:

- ☐ You avoid teaching the person to participate as fully as possible
- ☐ You overprotect
- ☐ You are authoritarian
- ☐ You never take the time to include the person in doing things with you
- ☐ You prefer doing things on your own
- ☐ You are not skilled at starting an activity for the person, then doing it with the person
- ☐ You do not focus on teaching the person to do things for others

12. TEACHING FEELINGS 1 2 3 4 MODIFYING BEHAVIORS

TEACHING FEELINGS: This means that we center our care giving on teaching those whom we serve to feel safe with us, loved by us, loving toward us, and engaged with us. We have a keen insight into the person's depth of fear and meaninglessness. We realize that every move we make with our presence, touch, words, and eyes send messages to the person about who we are and who the person is. We assume that if we can touch the person's heart his/her behaviors will take care of themselves.

We want the person to look forward to our presence with contentment. We want the person to accept our touch without fear and loathing. We want the person to enjoy staying with us and doing things with us. We want the person to reach out to others with affection, to share, and to do things with others.

Check any that apply:

- ☐ Focused on teaching the person to feel safe with us
- ☐ Focused on teaching the person to feel contentment when he/she is with us
- ☐ Focused on teaching the person to accept our touch as something good
- ☐ Focused on teaching the person that when we speak it is to uplift and encourage
- ☐ Focused on stretching the person to become a more active participant with others
- ☐ Focused on teaching the person to express warmth toward others
- ☐ Help prevent violence by giving in when necessary
- ☐ Aware of the subtle ways that we can bring fear to the person or a feeling of peace
- ☐ Realize that we must teach the person a new memory of who we are and who he/she is

MODIFYING BEHAVIORS: Behavior modification means that we focus our care giving on what we see—hitting, scratching, cursing, refusing to participate, running away, and other behavior problems. We look at life as merely a set of stimuli and responses. We apply rewards to good behaviors and punishment to bad ones. We focus on “antecedents” to behaviors as a way to manipulate the environment so that we get the response that we want. We make this approach the central aspect of our care giving and view of life.

You see your role as a behavioral specialist. You place great faith in behavioral programs and contracts. You use reward and punishment as primary tools. You take data and speak of data more than you speak of the person's feelings. You take the attitude that this is the only professional way to give care and is how human beings operate. You fill out forms that are based on behavior modification and attend meetings that encourage this attitude. Even if you feel comfortable with behaviorism, you shy away from seeing each person's inward life. You refuse to see feelings as being important. You make behaviorism the moral equivalent of a religion.

Check any that apply:

- ☐ Use behavioral programs
- ☐ Use reward
- ☐ Use punishment
- ☐ Use tokens
- ☐ Use time out
- ☐ Use verbal reprimands
- ☐ Use physical management
- ☐ Use behavioral contracts
- ☐ See behaviorism as a "law" of human nature

13. WARMLY HELPING 1 2 3 4 COLDLY HELPING

WARMLY HELPING: Our helping relationship is a teaching relationship. It is related to how we teach engagement. The best teachers learn and grow along with their "students" and focus on their relationship with each individual. The best teachers are seen as a friend, not a boss. The best teachers know where the person is at intellectually and emotionally. They go to where the person is at and then go a notch beyond this. A warm helping relationship means that we are patient, calm, and tolerant. We have no hesitation in doing things for the person while he/she is learning that it is good to be with us. We know the right moment when to expect more and when to back off.

You make the flow of the day and all the tasks or activities within it flow smoothly with zero frustration. It means that there are almost no interruptions in activities or the flow of the day. You quickly give help at any moment to keep the flow smooth.

There are two situations that require our warm help. First, it makes little difference that the person might know how to do something. We are teaching engagement-- a feeling of, "It is good to be together. If you do not want to do it, I will do it for you!" If the person is disengaged, but has the

skills, we should go ahead and begin the activity or chore while keeping the person as involved, even passively, as possible. Then, we gradually draw the person into the activity.

If the person does not know how to do the task or has difficulty doing it smoothly, give whatever degree of help he/she needs to keep a smooth rhythm to the activity, not a moment of doubt or frustration. Do the activity with the person and even for the person. Keep the focus on engagement. Avoid giving orders and do not use hand over hand help. Save your touch and words for tenderness.

Check any that apply:

- ☐ Deep understanding that engagement is based on the person feeling safe and loved
- ☐ Deep understanding that engagement starts with the person learning that it is simply good to be with us and then do things with us—with the emphasis on “with”
- ☐ Skilled at drawing the person into activities
- ☐ Always willing to do things for others
- ☐ Always ready to give whatever degree of help the person needs to keep a smooth flow
- ☐ Always initiate activities with a spirit of, “We’ll do this together!” and “Don’t worry, if you don’t want to do it, I can do it for you!”
- ☐ All your interactions are calming, smooth, and giving no hint of demand
- ☐ Always able to see what little parts of an activity the person needs help in

COLDLY HELPING: You are more fixated on the task, activity, or chore than on the person. You want obedience and results. You are interested primarily in successful completion instead of doing things together. You see the activity more than you feel the person’s presence and her/his need to feel safe and loved. You use a lot of verbal prompts and handover-hand help. The whole process is rather machine-like. You wait an instant too long for the person to initiate an activity or continue to participate or you give instructions for the person to do something that he/she interprets as a demand. You know the person becomes nervous when there is a transition or schedule change, and you do not smooth the path.

Check any that apply:

- ☐ Seldom simplify the activity to focus on engagement
- ☐ Seldom worry about where I and the person sits or stands

- ☐ Seldom prevent behavior problems from occurring
- ☐ Attitude of, "If the person leaves, I stop"
- ☐ Attitude of, "If the person acts out, I become flustered"
- ☐ Attitude of, "The person chooses not to be with me"
- ☐ Brusque start and finish to activities
- ☐ Focus on correct-incorrect responses instead of engagement
- ☐ When the person is stuck or stops, you wait too long to give help
- ☐ Asking the disengaged person, "Do you want to . . .?" instead of tilling the soil and then engaging the person
- ☐ Sit or stand watching the person and take data
- ☐ More worried about skill acquisition than engagement with the person
- ☐ Do not understand that skill acquisition comes as a result of engagement

14. FLEXIBILITY 1 2 3 4 RIGIDITY

FLEXIBILITY: Flexibility means that we are willing to avoid violence at any cost and are driven to evoke peace. You look at and respect the moment-to-moment needs of those whom you serve. Each person is seen as a 1,000 times more important than any schedule, assigned tasks, or normal ways of doing things. You are willing to bend, and even break, the rules to prevent any form of violence. You understand that persons who feel unsafe and unloved can be very self centered as a way of trying to find a purpose in life. No matter what the scheduled event might be, you make certain that the person feels safe and loved with you.

You also look at other reasons as to why the person might balk at doing something. Is the work place or classroom a degrading place? Does it not give a sense of safety and love? Is the person's home unsafe and unloving? You find ways to change sad realities.

You accept the ebb and flow of interests and attention, your initial choice-giving is "win-win", "Do you want to do this or that?" If the person does not respond to you, you simplify the task and begin doing it for him/her. You are willing to back off at the slightest hint of frustration.

Check any that apply:

- ☐ Always avoid provoking violence, even in seemingly subtle things
- ☐ Always driven to evoke peace
- ☐ Are willing to break the rules to achieve peace
- ☐ Always spend a few moments with the person to remind them of

your companionship with them

- ☐ Always give a degree of choice, even if it is just win-win choices, "Do you want to do this or this?"
- ☐ Always focus on teaching the person to feel safe and loved throughout the day
- ☐ Always advocate for decent settings for each individual

RIGIDITY: You feel that the person has to do what you want them to do, when you want them to, and in the manner you want. You focus on things, schedules, and rules more than on the person. It is more important that the person complies with what you want. You are not driven to avoid violence at almost any cost. Compliance is more important than a feeling of peace. It is terribly hard for you to give in to avoid violence.

Check any that apply:

- ☐ A "Do what I say!" attitude
- ☐ An insistence on compliance
- ☐ A central focus on things instead of the person
- ☐ Rushing the person
- ☐ Escalating violence by not backing off or giving more help
- ☐ Following a schedule as if given by God to Moses
- ☐ Accepting behavior plans when they call for restraint, punishment, or ignoring

15. AUTHENTICITY 1 2 3 4 PHONINESS

AUTHENTICITY: This means that our interactions with each marginalized person are real, sincere, and expressed in our own unique manner. We use our own words and stories to teach each person to feel safe and loved. We touch in a way that is comfortable to us. We look upon the person with our life-story, not someone else's. A spirit of gentleness asks us to express the very best of ourselves. This has to come from our heart and be genuine.

We see the person as mind-body-soul and as our troubled sister/brother. We know that we are going for the heart above all else. We feel an urgency to teach the person to feel safe and loved. Authenticity has to do with our values and our view of care-giving as teaching companionship and community. It has to do with virtues such as patience, tolerance, perseverance, and the expression of unconditional love. It represents a consistency of these during good times and bad.

Your interactions are filled with positive regard toward the person, warmth, naturalness, and spontaneity. You feel at ease in your helping and talk. You

express yourself, your feelings, your thoughts, your emotions, and your interests to the person; but, you are careful to keep the person feeling safe and loved and sometimes do not say what you feel if you think it might hurt the person or damage a sense of feeling safe and loved. You bring a sense of joy and contentment.

It especially means that you are real and genuine in your expression of unconditional love toward the person. Your touch, words, and gaze are warm and loving because you see the person as your side-brother who is suffering and fearful. You keep the focus on the person's well-being, not your own.

Check any that apply:

- ☐ Always feel comfortable in your interactions
- ☐ Your interactions are real and genuine to you
- ☐ Always say words that uplift, encourage, and nurture
- ☐ Always feel an urgency to make sure the person feels safe and loved
- ☐ Always give physical contact that gives a message of love
- ☐ Always give warm gazes
- ☐ Always look for ways to give a feeling of companionship
- ☐ Your warmth is consistent during good moments and hard ones
- ☐ You avoid complaining about the person
- ☐ You see the person as suffering
- ☐ You see the person as marginalized

PHONINESS: This is a shallow way to interact. It could mean that we are trying to copy someone else's way of interacting that does not fit with our specific personality and life-story or that we fail to see our role as meaning to teach each person to feel safe with us and loved by us. Phoniness can arise out of a view that the person is merely an object to be controlled or pitied. We do not see the person as our troubled brother or sister, but merely as someone to be managed. It is felt in our condescending tone or gruff mannerisms. You see him/her as just a client. Your role is that of a caretaker. There is no bond. At the worst, your interactions are just a role being played as if following a programmed plan. Your physical movements, your words, and your gestures are robot-like, condescending, or paternalistic.

Check any that apply:

- ☐ Not feeling comfortable with the person
- ☐ Constantly using pat phrases such as, "Good job!" delivered like a letter addressed to "Recipient"

- ☐ Seeing the person as a “behavior problem”
- ☐ Always talking in a condescending manner
- ☐ Stating that “We must be objective!” and not develop a relationship
- ☐ Always ridiculing or commenting negatively about the person, even in the person’s presence
- ☐ Frequently gossiping about the person in meetings
- ☐ Always having separate rules and spaces for yourself and the person
- ☐ Making fun of the person
- ☐ Frequently treating the person as if you were the “boss”
- ☐ Having no qualms about sending the person away, calling the police, or using physical management

16. THE OTHER 1 2 3 4 THE SELF

THE OTHER: Our role is to teach companionship and community. We assume that the self is found in the other. This evolving discovery starts in the here-and-now in our encounter with the vulnerable person. Through this sense of connectedness, the person learns to feel safe and loved by us and then by others. Within this learning, the person also develops a keen sense of self as good and worthy. We understand that human worth and esteem arise out of our connectedness with others.

A spirit of gentleness calls on us to focus on the person where he/she is at, to enter the person’s world filled with fear and meaninglessness, and help the person to learn to feel safe with us and loved by us. It is not a culture of the self, but of the other. We define human existence by the extent to which we are connected to others. Initially, the caregiver sets the example for what life is about with a sharp focus on creating a sense of companionship and community.

Check any that apply:

- ☐ You define companionship and community as the purpose of care giving
- ☐ You focus on teaching others to feel safe with you and loved by you in the present moment
- ☐ You teach the person to express love
- ☐ You teach the person to actively participate with you and others
- ☐ You recognize that a sense of companionship should lead to active participation
- ☐ You ensure that the person moves from passive participation (i.e., feeling safe and loved) to active participation

- ☐ You help the person be an active part of community life—at school, home, or work

THE SELF: Many cultures lead us to focus everything on the “self.” Our value is determined by the more self-reliant we are, the better people we are. Our attitude needs to focus on the self is found in the other. Our sense of companionship and community is more important than the self. Independence, self-reliance, and self-determination are good, but they are secondary to companionship and community.

You focus on behavioral change as if the person has to get his/her act together and move on. You give more emphasis to independence, self-reliance, and freedom of choice than to companionship. You do not see the person in the context of community, but just as an individual who has to make her/his own decisions and suffer the consequences.

Check any that apply:

- ☐ You use behavior contracts to get the individual to take care of self
- ☐ You focus on “You make your own decisions!”
- ☐ You express an attitude of “You learn by the consequences of your actions!”
- ☐ You have little focus on creating a stable community
- ☐ You have little focus on the creation of mutual trust
- ☐ Your focus is on individual change instead of mutual and community change
- ☐ You focus on independence, self-reliance, and self-determination before there is a sense of self and others
- ☐ You fail to develop a foundation of connectedness, trust, and interdependence

17. NEW MEMORIES 1 2 3 4 OLD MEMORIES

NEW MEMORIES: These are the deepest feelings that a person can have about their place on this earth. They are “new” because they go against “old” ones that tell the person “You are worthless!” Or, they go against old memories that make the person believe that we are to be feared. They are “new” because they tell the person “You are good because you are safe with me and loved by me!” For those who are filled with fear or meaninglessness, these are strange and foreign feelings. Because of this, they have to be taught. The person learns these through our example and our repeated acts of love.

You understand that your central role is to give the person a strong and vivid memory that it is safe to be with you and that the person is loved

by you. You know that these feelings have to be taught through repeated acts of unconditional love-- using your hands, words, and eyes as vehicles to teach these feelings. You know that the person is filled with fear and try everything possible to teach, "When you are with me, you are safe and loved!"

You assume a leadership role in getting other caregivers to understand that we are teachers of new memories. You take your time and set a good and consistent example. You do not talk about getting rid of behaviors, but about teaching new feelings. Everything you do is focused on creating, enabling, and bringing about a feeling of companionship with no focus on distancing behavior other than to protect the person or others from harm. Your on-going focus is to teach the person to feel safe, engaged, loved, and loving. All your interactions begin with, center on, and lead to unconditional love.

Check any that apply:

- ☐ You see your central role as giving repeated acts of love
- ☐ Always express your love toward the person with warm physical contact, words, and gazes
- ☐ Always advocate for the person from the perspective of feeling safe and loved instead of talking about behavior problems
- ☐ Always focus on the expression of love, even in the most violent moments
- ☐ Always share with others the meaning of safe and loved
- ☐ Always set a good example
- ☐ Are always willing to spend long periods of time with those who are most needy

OLD MEMORIES: We may have had nothing to do with the old memories. They might exist because of past experiences or the nature of a particular disability. Yet, we are now the caregivers so they have everything to do with us. The person does not see us as John or Mary, but as caregiver #877—faceless, anonymous, and an amalgamation of past caregivers—the ones who want to control me, put me down, or even hurt me. We do not realize this.

You are a faceless and anonymous person just as all the other caregivers in the person's past. As far as the person is concerned, you do what many other care givers have done-- compliance, a "Do this or else!" attitude, time out, token economies, yelling, stern face, little loving interactions. What you do is geared to compliance, getting rid of behaviors, or just getting through the day. You might not intentionally reinforce old meanings, but trigger them unwittingly.

Check any that apply:

- ☐ Dumpy setting
- ☐ Little encouragement of family relationships
- ☐ Use of restraint and punishment
- ☐ Loud settings
- ☐ A lot of yelling and grabbing
- ☐ Use of material objects as "baby-sitters"
- ☐ Locked doors and door alarms
- ☐ Prison-like dress, grooming, decorations
- ☐ A lot of focus on behaviors instead of feelings
- ☐ Little focus on companionship and community

18. HARMONY 1 2 3 4 DISHARMONY

HARMONY: This has to do with our consistent expression of warmth to those whom we serve. It is evident during good moments and violent ones. It is tested more during violent times, but it has to be always present. You are the most loving during the person's worst moments. You become warmer, more loving, and more helpful when acts of aggression, self-injury, or withdrawal occur. You move slowly and softly.

You become more nurturing, the more scared the person becomes. You might not know what to do at any given moment, but you convey a safe and loving presence. You are good at avoiding harm to yourself and others. You "read" the person well and even know what the person is going to do before he/she knows it. You are good at nurturing during violent moments.

Your beliefs have to be very deep and strong to meet violence head on. You react with love when there is hatred, slowness when there is drivenness, softness when there is strength, flexibility where there is rigidity, humility when there is self-centeredness, and warmth when there is frigidity. The person hits; you reach out for an embrace. The person curses you; you respond with affection and nurturing. The person refuses to be with you; you remain calm and find a slow way to engage.

Check any that apply:

- ☐ Always becoming calmer as violence surges
- ☐ Always reaching out in spite of rejection
- ☐ Always using nurturing words when dealing with refusal, withdrawal, or aggression
- ☐ Always becoming quieter, the louder and more driven the person

becomes

- ☐ Always trying to re-establish harmony
- ☐ Always willing to give in to avoid violence or its escalation
- ☐ Always focused on teaching the person to feel safe with you and loved by you during good moments and bad
- ☐ Ready to dialog with your fellow caregivers about companionship and community

DISHARMONY: At best, this is an attitude that says, "When things are fine, I am warm. But, when the 'stuff' hits the fan, I must gain control!" We see a spirit of gentleness as "working" or not "working." It is fine when it works, but when it does not, we have to do something else.

You feel very unsafe and loose your commitment to teach the person to feel safe and loved no matter what. You give up and think that it is not worth it. You accuse the person of being bad or knowing better. You start to think about the use of punishment or restraint. You become nervous, excited, or uptight when problems begin to occur and resort to forms of restraint, contingency, or bribery.

Check any that apply:

- ☐ An attitude of whatever works
- ☐ Seeing gentleness as something to do instead of something to be
- ☐ Always talk more loudly and move more rapidly
- ☐ Always stop expressing warmth and become demanding
- ☐ Always show a tense and cold facial expression
- ☐ Always withdraw and just give up
- ☐ Always start to bribe, "If you do not do this, then . . . "

19. STRONG DIRECTION 1 2 3 4 WEAK DIRECTION

STRONG DIRECTION: You have a life-direction that guides you-- companionship and community. You are not imposing your beliefs on the other, but expressing them in the development of a companionship-based relationship. You are helping the other to slowly define his/her own life-values in the context of feeling safe, loved, loving, and engaged.

Check any that apply:

- ☐ You set a clear example of non-violence
- ☐ You focus on trust, especially during the person's worst moments
- ☐ You never accuse

- ☐ You always uplift
- ☐ Your entire focus is on teaching the individuals to feel safe with you and loved by you
- ☐ You are ready to give in to avoid violence
- ☐ You are very good at stretching the person to be become a more active participant in his/her own life

WEAK DIRECTION: We need to focus on the central role of care giving as companionship and community. This relates to our moral focus. It is weak when we see control or self-reliance as the central goals of life. Weakness is expressed in attitudes that have to do with self-reliance, self-determination, or independence as the foundations of the human condition.

You base your interactions on control. You do not feel strongly that a sense of companionship is the central task of care giving. You take an authoritarian posture toward the person-- perhaps being a buddy when things are going well and coming down when things are not going well. Your primary focus is getting rid of behavior problems. You fight violence with violence. You feel that decision-making is meaningful when the person does not yet trust you or others.

Check any that apply:

- ☐ You react a lot to behavior problems
- ☐ You hardly ever give in as a way to avoid violence
- ☐ You look at those with life-traumas as if he/she knows better-- interpreting driven, manic, self-isolating, or delusional interactions as logical decisions
- ☐ You do little teaching of "You are safe with me... It is good to be with me... You will be loved by me... and you will learn to trust me..."
- ☐ You have a major focus on changing external behaviors with little thought given to the person's life-story, vulnerabilities, and feelings

20. DIALOGUE 1 2 3 4 MONOLOGUE

DIALOGUE: This refers to our ability to gain trust and help the person learn new memories. It is the on-going, but often unspoken, conversation between us and those whom we serve. It starts with the person beginning to receive our "messages" that she/he is safe and loved. Dialogue is not just words. It is our bodily posture, our tone, our rhythm, our touch, the gaze in our eyes, the warmth in our hands, and the way we "read" the person. It is also the troubled person's messages to us. Dialogue is a mutual opening up about feeling safe and loved, but its active side starts with us.

In the beginning, it seems like a monologue. You talk, praise, and uplift.

The person seems to hear nothing. You continue. The person absorbs the meaning. You express more and the person slowly picks up on the meaning of a language of love. You structure your dialogue around the person's beauty and goodness and discuss the feeling of being safe and loved. You express your own thoughts and feelings, telling stories related to friendship and interdependence, and evoke similar thoughts and feelings from the person-- in a genuine, on-going flow-- no matter what the person is doing. It is the deepest way to express unconditional love. You concentrate not just on your words, but also on your tone and rhythm, movements, touch, gaze, and warmth. You quiet down when the person is anxious and liven up when the person is down.

Check any that apply:

- ☐ Always good at sharing your life-story as a way of sharing feelings, "Yes, my father is in heaven too..."
- ☐ Always speak in a loving tone
- ☐ Always connect conversation to being safe, being loved, friendship, the goodness of doing things together, and sharing
- ☐ Always ready to give words of encouragement
- ☐ Always use concrete language
- ☐ Always keep the conversation in the here-and-know, "Let's just worry about right now!"
- ☐ Always open and honest, but very careful to not hurt feelings

MONOLOGUE: This is an attitude of "Just do as I say!" It places us over the person and gives no sense of warmth. It focuses on things instead of relationships or old memories instead of new ones. It is a one-way street. You give little feeling of friendship. Or, your friendship is reserved for good moments only. You speak down to the person in a bossy way. Your tone is harsh and demanding. If during an activity, you carry on a conversation that is neither personalized to your own reality nor to the person's. It often just relates to the task being done and often occurs only when deeds are accomplished. To a person listening it sounds stilted and even phony.

Check any that apply:

- ☐ Always talking to the person as a stranger or as of lesser worth
- ☐ Seldom talking about love, kindness, and warmth
- ☐ Seldom talking about hopes and fears
- ☐ Touching as a stranger would touch
- ☐ Looking with disinterest or disdain

21. CONCRETE 1 2 3 4 ABSTRACT

CONCRETE: Concrete language is critical. This has less to do with intelligence life experiences. It has to do with making sure that the person deeply understands your language. Since care-giving language related to a spirit of gentleness has to do with inner feelings, we have to be careful that this is expressed in the most concrete way possible. We should not assume that words related to goodness, friendship, and community mean anything to the person who has never experiences these. When using such language, we have to do it in the context of the here-and-now with phrases such as, "This hug means that I love you. We are friends!"

You make sure you are in tune with the person's language and moral understanding. You check to make certain that concrete meanings are known by defining words such as "good" or "love" within the person's context, "I saw how you help Mary this morning... That was good... Tell me another good thing you did today..."

Check any that apply:

- ☐ You use language that the person or adult can understand
- ☐ You use concrete examples for all expressions of feeling
- ☐ You tell stories that help the person understand
- ☐ You have a special gesture that indicates, "You are safe with me!"

ABSTRACT: Language is critical. We too often think that people understand us, especially when we sue abstract word. A person might understand on a shallow level what "love" or "respect" means. Yet, they often do not grasp the deep meanings of words that are outside their daily experiences or life-story.

You use language that is hard to grasp. You assume that the person understands such concepts as "being good", "grief", or "You know better than that!". The person might know the meaning of such "moral" words in a shallow way, but fail to grasp their emotional content. These concepts have to do with life experiences. If a person has never experienced feeling safe or loved, then she/he has little grasp of such words. If the person or adult has hardly ever felt safe, then it has no meaning in the present.

Check any that apply:

- ☐ You talk about "being good... being bad... knowing better..." Yet, you give no concrete meaning to these words.
- ☐ You assume that a person in turmoil can grasp the meaning of abstract feelings and actions.
- ☐ You fail to use the here-and-now as the best example of abstract

thoughts-- shaking the person's hand as a way to say, "This means we are friends!" or citing a good deed the individual did as a way to define "good."

- ☐ You do not use daily examples of goodness-- acts of kindness, sharing, helping others, or trusting interactions

22. SPIRITEDNESS 1 2 3 4 ALOOFNESS

SPIRITEDNESS: You bring a feeling of playfulness, joy, and empathy to your interactions. You see the need to give life to those who have never gained its meaning or who have lost it. Your spirit is very respectful toward the person, but never smug or aloof. You bring a sense of joy and hope into the home, classroom, or work place. When the person is down, you lift them up lovingly. You are aware that you have to be careful to keep the environment calm and peaceful, but always give a sense of human warmth. You also know when enough is enough and make sure that the person stays calm and loving. Even when you feel bad, you overcome your own troubles to give hope to others.

Check any that apply:

- ☐ Always filled with hope
- ☐ Always expressing warmth
- ☐ Always deeply respectful
- ☐ Always able to lift up feelings of depression
- ☐ Always know when enough is enough
- ☐ Always connected with a sense of companionship and community

ALOOFNESS: You show a spirit of life as drab or meaningless. You just want to do your "job" and get back to your "real" life. You convey little sense of joy and seldom express warmth in your words, touch, or presence. You often feel that you would rather be somewhere else.

Check any that apply:

- ☐ A feeling of being better
- ☐ A feeling of disinterest
- ☐ Seldom interacting as a friend
- ☐ Your actions say, "I would rather be somewhere else!"
- ☐ Seldom touching, talking, or looking lovingly
- ☐ You act as if the person has a contagious disease
- ☐ Often expressing an attitude of not wanting to get dirty
- ☐ Often expressing an attitude of reacting to problems instead of

preventing them

23. CIRCLE OF FRIENDS 1 2 3 4 DOMINATION

CIRCLE OF FRIENDS: You recognize that your role is to initiate a culture of life for the person, but also recognize the need to expand feelings of companionship to a circle of friends around the person. You create a feeling of connectedness beyond yourself and teach the person to feel safe and secure with or without your immediate presence. You draw others into your relationship and help the person reach out to others. You begin to form community.

The circle of friends is the person's central support network. Professional roles are seen as secondary to friendship. You use your particular skills to help the person, but always from the perspective of helping him/her to feel safe and loved. You are part of the person's circle and help in the decision-making process with/for the person. You help discern what is needed as well as what is wanted. You gradually help to expand the person's circle.

Check any that apply:

- ☐ Advocate for meetings and discussions that place the person at the center of dialogue
- ☐ See the role of professionals as a helping relationship that is separate from the person's circle of friends
- ☐ Advocate for the person and his/her circle of friends as the central decision-making authority
- ☐ Focus on what the person is becoming rather than what people want to get rid of
- ☐ The person feels exceptionally safe and loved with you as a true friend
- ☐ Always looking for ways to connect the person with others-- children in school, neighbors, work mates, house mates
- ☐ Always teaching the person to reach out to others with warmth and affection
- ☐ Always cautious that jealousy does not arise
- ☐ Always focused on the formation of a sense of community
- ☐ Always patient as the circle expands
- ☐ Never jealous of others' connections with the person

DOMINATION: You create an overprotective relationship with the person and do not extend it beyond yourself so that the person only 'interacts well' if you are physically present. You take a narrow view of care-giving

with an attitude of, “I can ‘handle’ him/her!” You avoid inviting others into a spirit of friendship. You do exclude the person from decision making with an attitude of, “I know better!” You see yourself and others as the person’s decision-makers regardless of the person’s ability to participate. You avoid interpreting the person’s needs and wants when he/she is unable to communicate them. You give an inordinate value to professional practices such as IQ scores and other assessments while ignoring the person as a person.

Check any that apply:

- ☐ You are the only care giver who can "handle" the person
- ☐ You seldom try to draw others into the relationship
- ☐ You rarely discuss teaching the person to accept others
- ☐ You seldom enable community inclusion
- ☐ You are satisfied that the person only likes you
- ☐ You do not advocate for a circle of friends around the person

24. CONGRUENCE 1 2 3 4 INCONSISTENCY

CONGRUENCE: We see a spirit of gentleness as a whole cloth that applies equally across time and place. It does not depend on anything. We are a gentle people. It is not reserved for those who “deserve” it. In fact, gentleness is seen as vital for those who are most troubled and troubling.

Non-violence is a central aspect of your way of being. You have a sense of social justice. You feel that doing good to one is doing good to all. You are free of racism, sexism, and class. You do not worry about whether gentleness works, but regard it as a way of being. You see a spirit of gentleness as your option—a life-project to bring non-violence where there is violence, harmony where there is discord, and justice where there is injustice.

Your care giving is consistent across people and settings. You express warmth during good times and bad. You encourage and uplift everyone. You are willing to make sacrifices for others because you understand their suffering and are willing to give up your own feelings to help others who suffer and depend upon you.

You are willing to reflect on all your care-giving interactions from a spirit of gentleness— with those whom you serve, sons, daughters, spouse, children, the poor, immigrants, and other vulnerable individuals.

Check any that apply:

- ☐ You treat everyone with equal respect
- ☐ You make a clear choice to serve the most marginalized
- ☐ You sacrifice for others who need your kindness
- ☐ You can see the meaning of a spirit of gentleness in your own personal life as well as in your work life
- ☐ When times are hard, when others suffer, or violence surrounds you, you are kinder and more loving
- ☐ Your actions are consistent with your words
- ☐ You share your beliefs about companionship and community with your work mates

INCONSISTENCY: Your care giving is choppy and inconsistent-- loving toward some, not so loving toward others. Or, you are fine when things are going well; but, your friendship disappears when times are tough. You are against restraint or punishment except when... You loose your temper when times get tough. You revert to a "Do it or else!" attitude. You pick and choose when to be kind and when to be harsh.

Check any that apply:

- ☐ A common attitude that, "This makes sense sometimes, but there are times when we have to have consequences!"
- ☐ A common attitude that, "If kindness does not work, I will get tough!"
- ☐ A common attitude that, "Some people have to be taught a lesson!"
- ☐ A common attitude that, "I am tough on my own kid! Why not with this person?" or "This is how I was raised and look at me!"
- ☐ A common attitude that, "This is how I was raised. What was good for me is good for everyone!"
- ☐ Trying to fit warmth and kindness in with "tough love"
- ☐ Always complaining about "burn out"

EXERCISE

Now that you have looked at yourself, think about how the person sees you. Remember, we are looking at ourselves from the vulnerable person's perspective, especially when he/she is most fearful.

1. Look at how you rated yourself.
2. Review all the variables.
3. Pick two that you would like to work on and write them down.
4. Jot down ideas on how you could do better.

Think about them and imagine how you might change. Remember, we are not talking about extreme acts of disregard, but, ones that are subtle and might even be considered as normal under ordinary circumstances. As care givers, we are teaching a feeling of companionship. This focus has to guide us in our interactions. We need to understand its nature and teach it in every interaction. Deepen what your presence means. When the person sees you, you have to be seen as a safe harbor. Your hands, words, and eyes have to be seen as warm. What the person sees in us is taught. We are called to be gentle teachers and teachers of companionship. Think about the weaknesses that you pinpointed and ask yourself how you can present your being more warmly and lovingly. This is the first task of care giving.

THE CENTRAL QUESTION

When you are not sure what to do, ask yourself this, "Is what I am doing helping the person feel more safe with me and more loved by me at this very moment?" When in doubt, a good care giving rule is to evoke peace and avoid provoking violence. Look at yourself—slow down, soften, and warm up you interactions.

When you are most frightened or plain frustrated, imagine that the biggest, meanest person is small and scared. Imagine you are gentling your way into the world of someone who is more terrified or more frustrated than you. Imagine that you are. It is as if you are tiptoeing into the bedroom of a terrified baby, crawling quietly like a cat, making sure you bring a sense of peace. You enter into this frightful space knowing that your very presence can be horrifying and violence-provoking. Soften and warm your whole being. Meet the person where he/she is at, not where you want the person to be, with a feeling of "Shh! I will not hurt you! You are good! I know you are scared! I just want to be here! Shh!" At the worst moments, be your best.

Let us return to Mary. We know that she is delicate. She has tried to kill herself. We need to look at ourselves if we are to help her. We need to see

how she perceives us before we can help her see herself.

The psychiatrist said, “Mary, surely you want to live. You have your little baby!” Mary looked at him with her empty eyes and said matter-of-factly, “I don’t want the baby. I want John! Anyone can take care of the baby. I want John! I love John! I want John!” There were no tears, no yelling, just the parched voice of death and the empty eyes of nothingness.

Mary is filled with hopelessness. Her caregiver had better be filled with hope. She is filled with coldness; her caregiver had better be filled with warmth. She has lost the meaning of love; we had better express it to her. But, to express ourselves in these ways, we need to look closely at who we are and what she sees. The psychiatrist is using logic; we need to use our feelings. Our feelings are what will bring Mary hope.

NOTES



A series of 18 horizontal light blue lines for taking notes.

CHAPTER 3

Becoming Connected





But community, growing community . . . is the being no longer side by side but with one another . . . a flowing from I to Thou . . . "

-M. Buber

Jerry had been beaten and abused since he was a baby. His mother shot up heroin. He had no father. His mother had a different man in bed almost every night as she sloshed through the vague dream world of heroin. As a baby, Jerry had watched these scenes without knowing their meaning. But, babies do watch. Their eyes look right through us as they try to slowly find meaning. Most babies see hugs and kisses. They hear sweet words. They feel warm and loving touch. Baby Jerry did not see what most babies see. He saw his mother being beaten and raped. He saw her doze into a drugged slumber. He heard others call her a "bitch" and worthless. His little eyes and body took these moral lessons in and over time he learned a twisted morality, "Oh! We are just hunks of raw and putrid meat!"

School was hard because it was meaningless. The gang was where meaning could be found—not home or school. He needed to feel safe and loved and found these feelings in the chaotic violence of a gang. Something is better than nothing. He searched for a sense of connectedness and found it in the "hood" instead of in brotherhood and sister hood.

Then prison came! His first night there for armed robbery at age 15 was a homecoming of sorts. In the darkness of the dank cell, this boy was raped. He could not say how many. It was too dark. There were many hands ripping his body apart. That night he cried all alone.

MORAL DEVELOPMENT



Jerry was alone as a baby. He was alone in the gang. He was alone in the rape. He was alone in his tear-filled cell. We all need to feel connected. We need to feel safe and loved. We need to learn to feel loving and engaged. Most of us learn this early on; but, some do not. Caregivers play a central role in teaching the Jerry's of the world a new moral memory.

Our approach is based on moral development. This is not a church thing. It is an internal feeling that we develop over time about what is good, who we are, and why we are on this earth. It is an inner change, a change of the heart. It is what most children learn early in their life about feeling safe and loved. It is what many of us have to re-learn when we are crushed by life's sorrows.

So, we have to develop an understanding of basic moral values and teach these in an authoritative manner, not coming down on the person, but patiently and repeatedly teaching them. Morality is the way we feel and view our role in life. It is made up of our basic beliefs that are learned through our own life-experiences and ongoing reflection on our place in the world. It is formed deep down in our memories over time and with many experiences. Morality is on the fringe of our consciousness. We often do not have to stop and think, "Should I do this or not do that?" Our life-decisions come out of deep, deep memories. A spirit of gentleness focuses on teaching deep moral memories to people whose hearts are broken. Our primary strategy is repeated acts of love.

The first moral rule is found in a feeling of companionship-- safe, loved, loving, and engaged. We know, without even thinking about it, that we need to feel safe and loved on this earth. We gravitate toward those who fulfill this sense and move away from those who make us fearful. Yet, many people whom we support are filled with fear of themselves and of others. We look for meaning in our lives and find it in our relationships with others other family, our children, our friends. Many whom we serve do not have this type of meaning.

The second is found in community-- the goodness of being with others, engagement with others, and reaching out to others, and a sense of connectedness with others. It is a feeling of being collectively safe, loved, loving, and engaged. It moves from a singular relationship with the caregiver to a collective relationship with a circle of friends.

Companionship and community occur in a spiral. The initial relationship is at the center, but slowly spins outward to others. Everyone needs the feeling of being safe and loved to also feel loving and engaged. This evolves with one person, then two, then many.

When we have little or no meaning in our lives, we can become selfish, "No one cares about me. I will look out for number one!" If we do not feel safe and loved, we search for meaning in shallow, often times, destructive ways. We might find it in material objects-- a bigger house, a fancier car, carousing. Individuals in the pits of despair find it in more pathetic ways-- booze, drugs, even hurting others. Many people whom we serve find meaning by clinging onto what we consider ridiculous obsessions-- smoking, eating, drinking. Any of these life-meanings take on a super-importance and exclude any since of being safe and loved. Indeed, feeling safe and loved is found in these obsessions. They become the center of the person's life. They make us extremely self-centered.

The highest form of morality is to know the goodness of reaching out to others-- feeling what the other feels, sharing our gifts, participating in community, and forming it. This dimension is impossible to reach if we do

not feel safe and loved. It is a contradiction of self-centeredness.

FIRST DIMENSIONS OF MORAL DEVELOPMENT

- Companionship
- Other-Centeredness
- Sense of community

Just as we examined ourselves, so too it is important to understand where the person is at in terms of companionship-based interactions. Our primary role is to teach feelings of companionship, love of self, love of others, and engagement in community life, not to get rid of behaviors, teach living skills, or make people productive citizens. The latter are important values, but require a foundation. And, without the core dimensions of moral development, the person's ability to grow and develop will be severely stunted.

We often look at the individual as if he/she were simply "non-compliant" or "should know better." Generally, the person with behavioral problems is stuck in a mix of feelings of detachment and/or self-centeredness. This is a developmental swamp-- not feeling close to others, clinging because no one beyond a particular caregiver gives a feeling of safety, attacking caregivers because of overpowering insecurity, or acting out because it is better to attack than be attacked.

All human beings need to feel safe within a small community of "others." In babies this is called attachment. In older people it is akin to forming a circle of companions or significant others. We have to keep reminding ourselves that this feeling is inside the person. Its development and ever-deepening presence has everything to do with us. In many ways those with the most severe behavior problems do not "see" us; they only "see" a chain of care givers over the years who have come and gone-- offering no stability or continuity in their lives and sometimes treating them cruelly or neglectfully. Until we teach a feeling of companionship, we are just caregiver #812—a faceless, anonymous average of all previous caregivers.

The first purpose of care giving is to establish a feeling of companionship. This involves teaching the person-- "You are safe with me . . . It is good to be with me and do things with me . . . And, no matter what you do, you will be valued by me . . . " The next purpose, and this happens almost at the same time, is to teach a feeling of other centeredness-- extending the feeling of companionship to a small number of others, teaching the person to feel safe not only with you but with others, and teaching the person to reach out to others. However, it is generally necessary to first spend some time developing an initial face-to-face relationship-- a handful of caregivers and peers concentrating on a very personalized feeling of companionship.

Other-centeredness also involves a breaking away from the natural tendency to want things for yourself, to ignore the feelings of others, and to be unable or unwilling to share. It involves teaching the person to share, to engage in collective efforts, and to find joy in reaching out to others. This first happens in a small circle, but then expands into the larger community.

This phase of care giving has to do with the initial dimensions of human development: a feeling of connection as seen in attachment and a feeling of breaking away from self-centered interactions or, better, learning to reach out toward others and sharing. These then are the cornerstones of moral development.

Aggression or withdrawal from human contact indicate a broken heart that arises out of a pervasive sense of being cut off or not connected. It gives a feeling of “I am worthless. I am nobody. I am nothing.” The caregiver's role is to start building a strong foundation of connectedness, and to help the individual to gradually become emotionally strong. It is a movement from detachment to attachment, from passive engagement to active, from indulged love to its expression toward others, and from a narrow world to a broader view of and place in the world.

Some of our key challenges are seen below. Our task is to recognize the needs of the person as expressed in their behaviors and then to teach a sense of attachment. This is expressed in actual behaviors-- moving from cold contact to warm, from feeling others to seeking them out, from disconnectedness to joyful engagement, and from a feeling of worthlessness to one of self-esteem.

DETACHMENT	ATTACHMENT
<ul style="list-style-type: none">• Clinging• Running away• Lack of eye contact• Sad or expressionless face• Rebellion, anger• Refusal to participate• Hurting self• Hurting others• Lack of motivation• Poor self-esteem	<ul style="list-style-type: none">• Warm physical contact• Staying with care giver• Warm gaze, smiling• Patience• Engagement with others• Enjoys others• Respectful of own body• At ease with others• Good motivation• Good self-esteem

MORAL MEMORY



A spirit of gentleness assumes that the behaviors that we "see" and can measure (like hits, bites, disobeys, destroys property) are really outward expressions of how we view the world and ourselves. They are inside the person and are moral questions that have to do with our sense of meaning versus meaninglessness. When there are patterns of problematic behaviors, we need to assume that the person is "broken" from within-- a broken heart, not a broken brain. This has to do with feelings of safety, love, and engagement. Remember safety is not just physical safety, but also an inner feeling of security; engagement emerges out of a feeling of mutual respect; and, loving others and ourselves depends upon how we see others and ourselves.

From the moment we are born, we begin to develop a moral sense-- how safe and secure we feel, our connectedness with others, our self-worth, and our response to others. These feelings are not "decisions" we make and have little to do with our thinking things out. They are learned responses that become internalized. They are like vague memories that give us a sense of moral direction. They form the architecture of our soul and serve as a blueprint throughout our lives for moral guidance. Self-determination and decision-making and choice arise out of these memories. Without companionship and community, we only have deep fear, cold loneliness, false choices, and pervasive meaninglessness.

Everyone needs to have this moral sense. It is what guides us and pushes us to respect ourselves, reach out to others, to respect them, and even serve them. It is deep in our consciousness and serves as the framework for all that we do. Our care giving task is to give a fresh moral memory to those whose hearts are broken. In this sense, caregivers are moral guides. This takes an authoritative posture. We have to know that it is good to be safe, engaged, loved, and loving. These feelings are the pillars upon which a new memory is built.

FIRST DIMENSIONS OF MORAL DEVELOPMENT

- We are teachers of basic moral rules—teaching a new memory of what it means to be in and of the community: safe, engaged, loved, and loving
- We have to develop a sharp insight into the person's feelings and needs and be one slight step ahead
- We teach morality through our face to face encounters, good example, and deliberate focus on essential rules
- We have to be authoritative rather than authoritarian

THE FIRST MORAL RULES THAT WE NEED TO TEACH ARE:

1. When you are with me you are safe and loved
2. It is good to be with me
3. It is good to do things together
4. It is good to do a little on your own
5. It is good to do things with others and share
6. You will be loved by me unconditionally
7. You will learn to reach out to me and others

In normal human development, these deep memories typically first evolve in our interactions with our mother/father and those close to us. But, some children are born very fragile and vulnerable. They are "wired" in ways that make them susceptible to an inner sense that makes them at-risk for feelings of disconnectedness. For example, severe mental retardation can make it hard to develop a sense of feeling safe, engaged, loved and, loving because of communication problems. Or, schizophrenia can make the person vulnerable to terrifying feelings due to nightmarish voices. Or, in other instances, external forces and pressures, such as neglect or abuse, can upset our moral compass.

Caregivers play a vital role in establishing or reestablishing this moral sense in people who are vulnerable. Our role is to see ourselves as moral guides. This is a profound responsibility. It looks at the person as a full human being, and our primary role is to have a keen sensitivity to the needs and feelings of the other-- a role that brings us into a relationship wherein we have to sense the needs of the other and interpret them from the perspective of companionship--ranging from practical things like being able to predict what he/she will do in the next moment to a more serious obligation that involves knowing what is "best." While companionship is being formed, care givers are moral guides--teaching the person to feel safe, engaged, loved, and loving; preventing problems from happening and nurturing the person when they do; making choices available, but ones that will build on engagement and other-centeredness.

DIALOGUE



The primary way that we teach this new memory of who we and others are is through dialogue. This involves the expression of our most authentic and genuine feelings of love toward the person. It is the deepest expression of warmth to those who suffer. It is much more than words. Although it is our on-going conversation, dialogue is also the gentle use of our hands, the warmth of our gaze, the love expressed in our smile, and the kindness felt on our face. It is often the serene silence of our mere presence.

Dialogue is one of the hardest things for caregivers to engage in. It is the simultaneous orchestration of our care giving tools. Each tool is important, but in dialogue they take on an even more powerful role and become more than the sum of their parts. Its difficulty is further complicated by the fact that it is often rejected as meaningless. Its meaning has to be taught through its on-going expression. Caregivers have to dialogue and express warmth over and over until it eventually becomes internalized. Eventually, it becomes the vulnerable person's feeling of "thank God! I am safe. I see my care giver!"

Teaching a new moral memory requires the convergence of everything that we have discussed thus far. The plunging of the four pillars deep into the person's heart is the primary task of dialogue. The use of our hands, words, face, and very presence form the tools that we use to dialogue. Our role is to create a new memory of who we are, who the person is, and who others are. This memory then serves as the foundation for companionship and community. As it emerges, the person's aggression, self-injury, or self-isolation begins to diminish. More importantly, a new way of interacting begins to unfold based on companionship and community.

Imagine that you are with someone who rejects your very presence. Upon seeing you, the individual screams and lashes out. How will you dialogue? What moral memory will you begin to teach the person? Complete the next exercise as a way to get a feeling for dialogue:

EXERCISE IN DIALOGUE

Imagine a person who rejects your dialogue totally. Describe below how you will use the four tools of care giving with a special focus on your words:

- 1. Your moral themes?
- 2. Your tone?
- 3. What will your silence say?
- 4. Your touch?
- 5. How, when, and where will enter into the person’s space?
- 6. How will you use your smile and gaze?
- 7. At the worst moments, how will you dialogue?

NOTES



A series of 12 horizontal blue lines for writing notes.

As caregivers we have to go slowly. The process of dialogue is more important than the end result. Through dialogue, a new moral memory will evolve in both the caregiver and the person served. Each will change. The caregiver will become more loving and giving, more tolerant and patient, and more accepting and empathic. The person served will be seen as a companion rather than a client. Behaviors will diminish and, when they occur, they will be seen in the warm glow of a loving light. Hope will increase in the caregiver. Eventually, the disconnected person will begin to feel safe. Engagement will become an ordinary thing. And, as the person feels loved, he/she will begin to offer acts of love toward others. Dialogue is the strategy that makes this

GENTLE THESE FRAGILE AND BROKEN HEARTS

To help children and adults with broken hearts, we have to understand how children learn to be moral beings. This development starts at the very beginning of life. Without us realizing it, we are teaching children to feel safe and loved through repeated acts of unconditional love. Our kissing, hugging, cooing, and gazing at our children gives them a deep memory of who we are and who they are. Our hands caress. Our words uplift and reassure. Our eyes gaze into theirs with warmth and affection. This makes children emotionally strong and prepares them for the world.

We are not merely modifying behaviors. We are actually teaching new, unknown but longed for, feelings. Think of how children learn other things. The first grade child who is learning single digit numbers receives and explanation, "Here! This is how we add $2 + 2$." The teacher gives work sheets. The child does these over and over. Finally, one day, simple addition makes sense. It becomes internalized. It has been learned by heart. Teaching a child to feel safe and loved is quite like that process. We do not focus on, "No, that was a stupid answer!" or "No! You know better than that!"

When we teach a person with a broken heart to feel safe and loved, we take our time, give some personal attention, set a correct example, and repeat the lesson over and over again, "Shh, you are safe... I will not hurt you... I love you.... You are good!"

MEMORIZING WHO WE ARE

- Through repeated acts of love
- Creating a memory underneath a memory
- Of the meaning of feeling safe and loved
- Understanding the power of our presence, touch, words, and gaze in this process

For persons with broken hearts, caregivers need to center themselves on teaching deeply rooted memories of their goodness through repeated acts of unconditional love. The first threads in mending broken hearts are the feelings of being safe with us and loved by us. We literally teach these feelings. Every time we gently touch a person, speak to a person, or gaze upon a person, we are teaching this first life-lesson, "When you are with me, you are safe and loved!"

To be a moral guide, we have to have a process for our own self-reflection. We cannot give what we do not have. If we do not feel safe, we cannot give this to others. If we do not feel a part of community, we cannot give that. If we do not feel loved, we cannot give that. So, as care givers, we have to have to discuss our gifts with each other and be sure of what our life-values are.

CARE-GIVING AS A CALLING

.....

Giving care is a special calling. It is more than a job at Burger King. Though the pay is poor, even unjust, and we often are left out of the power structure, we need to be proud of who we are and what we do. This pride has to come out of our care giving community. Care giving requires a moral posture different from that practiced by many-- one that moves us from individualism to interdependence, from contingent reward to unconditional love, and from self-reliance to the formation of community. It is a calling from within our heart that helps fulfill the hunger to love and be loved.

Our view asks us to critically question some basic care giving assumptions and to find responses that are consistent with companionship and community. This involves some risk-taking since we are actually questioning the very culture of care giving. We will be confronted sometimes by administrators who are more interested in control than in companionship, by professionals who are accustomed to ready-made intervention programs, and by other caregivers who do not understand our purpose. But, there will be many others who will enter into dialogue with us and help us build community.

TRADITIONAL VIEW	OUR VIEW
<ul style="list-style-type: none">• Focused on the individual• Based on consequences and control• Leading to self-reliance	<ul style="list-style-type: none">• Focused on interdependence• Based on unconditional love• Leading to companionship and community

A key strategy is to endure, gather together frequently to discuss shared values and practices, and deepen our approach to care giving. There are

no pat answers. Our guiding rule is the expression of unconditional love during good moments and bad. The paradox of this approach is that the more violent others become, the more loving we must become. And this is followed by the paradox that the more loving we become, the less violent others will be.

We have to be ready to respond to a variety of questions and concerns that come out of our culture. It is natural that others will question what we are doing. We have to be gentle in our responses and take the time to discuss them. Since we are going against many commonly held beliefs, we have to be patient and, above all, set a good example with those whom we serve. Our words have to be put into action. This is our best response.

Since we are going against many ways of thinking about care giving, we have to think about the types of question that we will be confronted with. They generally relate to questions of power and domination. Some caregivers seem to need to be over others. Our responses to these questions ask us to focus on human interdependence. Some common cultural questions that we will have to deal with are:

CULTURAL QUESTIONS	GENTLE RESPONSES
<ul style="list-style-type: none">• What about compliance? How is the person going to learn to do what he/she is supposed to do, if we do not focus on this?• Do not people learn from the school of hard knocks? Everyone has to be taught a "lesson" every now and then, do they not?• What about tough love? Do we not learn from knowing the consequences of our behaviors?• Is not treating someone who misbehaves with love and affection going to reinforce their bad behavior?• What about choice? Should we not have the person make her/his own decisions?• What about self-determination? Does not every one do best by standing on their own two feet?	<ul style="list-style-type: none">• Feeling safe, loved, loving, and engaged give rise to mutual trust, and trust leads to doing things with others.• Our role with those who are fearful is to prevent harm and frustration until they have a deep sense of self. Lessons come later.• Without a strong foundation of the feeling,"I am somebody," the person is oppressed and disengaged.• The behavior that seems to be reinforced is a shallow thing. We are going for something much deeper-- the heart.• True choice comes out of a foundation of experiences built on mutual trust.• Choice-making and self-determination find their proper place when there is a sense of connectedness.

A central challenge to caregivers is to break away from the mold of teaching through reward and punishment and to develop a deeper understanding of the human condition. We live on this earth to move toward feelings of companionship and community. Clearly, we have responsibilities and a free will to make decisions. Yet, moral development starts at a much deeper dimension. Without feelings of being safe, being loved, loving others, and engagement, the question of choice is very secondary. The individual cannot make valid decisions without a sense of love toward self and others.

NOTES




A series of 20 horizontal light blue lines, evenly spaced, providing a template for handwritten notes.

CHAPTER 4

Who the Other Is





... Lennie said, "Tell how it's gonna be."... "We gonna get a little place," George began. He reached in his side pocket and brought out Carlson's Luger; he snapped off the safety, and the hand and gun lay on the ground behind Lennie's back. He looked at the back of Lennie's head, at the place where the skull and spine were joined..."We'll have a cow," said George. An' well have maybe a pig an' chickens . . . an' down the flat we'll have a little piece of alfalfa . . . Lennie turned his head. "No Lennie. Look down there acrost the river, like you can almost see the place."

- From Of Mice and Men, John Steinbeck

Our role is to give a spirit of companionship and community even when the vulnerable other is at death's door. I visited Henry on death row in the swamps of Louisiana. He had killed a drunken garage owner for whom he worked as a slave. He wanted a few dollars so he could take out his girl friend. The garage owner refused to pay Henry. An argument ensued. Guns were drawn. Death visited the drunken garage owner. Henry was black and poor. The jury gave him the death penalty. How do we bring a spirit of gentleness at the moment of death and get Henry to see "acrost the river...?"

*Death in fourteen days,
Imprisoned and emptied
In Camp J.
The swamp's Death Row
A long drive.
Upon arrival
The green building
Unwillingly opens its door
And a caged lady
Takes our names
Leaving them in her ledger,
Three o' one.
Thousands of strands of
Barbed wire form shiny steel
crosses*

*Rolling erectly
Around and within the buildings
And yards.
There are only four
Living things seen in the hot,
damp air.
A little bird bouncing
From shiny barbed cross
To shiny barbed cross,
A large black man
Standing and staring alone
In pure white dress,
And deep green grass
Dotted with the color
Of flowers.*

*Visitors wait to visit
On death row
In a small, hot, green room
With locked door and
Two high windows
Which, with difficulty,
Reveal more bars.*

*A small man, bowed, enters,
Hands & legs manacled
By handcuffs and leg cuffs
Secured around waist and legs
By leather straps.
Feet shuffle in a slow march,
Hands clasped
As if in prayer to
A deaf god;
Eyes move from side to side,
And I wonder
What do you say
To a man with fourteen days
"How are you?"
But words drop instead*

*From his quivering lips.
Each "I want to go home"
Answers unasked questions,
Each sound like a tear
Rolling down his dry, brown
face.
The heat of the room
Overwhelms,
Mixing sweat and tears.*

*Minutes quickly tick
The room is packed
With words of "I want to go
home".*

*As I left,
He stood with his head
Down,
His hands clasped,
His feet bound,
While I went
Home.*

HUMAN VULNERABILITIES

Facing death is the most profound vulnerability we face. Our dream is to be at home in the moment of death and to go home. Physical death is only one form of death. Spiritual death and emotional death can loom just as frighteningly before us at any moment of our life.

Our central role is to give a feeling of being at home to those who are filled with fear. We all have our dreams and places that we can almost see—"down there across the river." Their fulfillment is wrapped in our emotional, intellectual, spiritual, and physical gifts and vulnerabilities. They are intertwined and comprise our whole being. Our gifts serve to deepen our own sense of companionship and community involvement and help heal our vulnerabilities. All have vulnerabilities, but some more than others. These

can be inside us and part of our nature; they can come from the world around us. We have to acknowledge their existence in others and ourselves and learn to deal with them-- ridding ourselves of some, accepting others.

INNER VULNERABILITIES	EXTERNAL THREATS
<ul style="list-style-type: none">• Physical needs• Emotional needs• Personality• Lack of life-meaning• Lack of skills	<ul style="list-style-type: none">• History of abuse• Family discord• Illness of others• Grieving• Poor health care

Caregivers have to be very tuned into the life-story of the person and the significance and impact of inner vulnerabilities. External threats can be caused by the sorrowful memory of years of institutionalization, racism, sexual abuse, societal prejudice, illiteracy, poverty, imprisonment, neglect, war, dictatorship, torture, the loss of family members, political isolation, and poor health care. It can be worsened by our lack of empathy for these conditions, ignoring their long-term effects, or taking a "lift yourself up by your bootstraps" attitude. Internal vulnerabilities can come from psychiatric conditions such as schizophrenia, manic-depression, or depression. They can be made more difficult by physical disabilities such as seizures, sensory disorders, or the side effects of medications. The presence of developmental disabilities can make it more difficult for the person to defend self and reach out to others.

AWARENESS OF VULNERABILITIES

Instructions: Look at the table of vulnerabilities-threats above:

1. Think of a person whom you are helping.

2. List out the person's internal and external vulnerabilities.

3. Jot down how these must make the person feel in relation to feeling safe, engaged, loved, and loving.

We need to see our own vulnerabilities and gifts if we are to see those of others. How we deal with our own vulnerabilities is guided by what our values are and what our gifts are. We need to question basic issues, define what links all of us together, and develop a sense of empathy for persons with broken hearts. We often speak of our values; but, talk is easy. In reality, we need to probe more deeply into what is needed by all of us to feel secure in this life--values that are centered on companionship and community.

Our human strengths and weaknesses are shared with those whom we serve. Each person is a unique expression of the human condition. Some are more troubled or burdened than others, but we all share the common thread of humanity. Within this fragile thread lie the values that bind us together. These vulnerabilities can strike any time and threaten our well-being. The question is to what degree does any individual need support when threatened by these and other forces. We need to recognize the weakness and strength of the human condition and find ways to reach out to those who are more threatened.

VULNERABILITIES AS PART OF THE PERSON

All people have vulnerabilities as part of their natural being. They might have been born with these, as with a developmental disability, or they might have acquired them, as through a head injury or the aging process. They might be part of our personality. Caregivers have to learn to respond and interact with all individuals as full human beings-- mind, heart, and body-- and at the same time help them fulfill their needs. Of these, the center is the heart--our spirit, soul, and feelings.

Vulnerabilities are tendencies to be at-risk. The person who cannot talk is at-risk in dealing with frustration or defending oneself. The person who is inflexible is at-risk when circumstances call for change. These vulnerabilities can involve many threats such as those described below.

MILD	SEVERE
<ul style="list-style-type: none">• Sees Self as Different• Societal Prejudice• Seeming to Know Better• Poor Self-esteem• Concrete Language	<ul style="list-style-type: none">• Lack of Communication• Allied Medical Problems• Need for the Repetitious• Hard Time with Change• Allied Sensory Problems

These vulnerabilities are generalizations; yet, they can bring an array of potential threats to emotional wellbeing. Many vulnerabilities are inherent such as difficulty in interacting with and relating to others, repetitiousness of the familiar, inflexibility, lack of self-assertion, and difficulty in processing

abstract thoughts and feelings. In addition, disabilities can further complicate the situation: a range of sensory and perceptual conditions-- blindness, deafness, inability to ambulate, communication disorders, difficulty in understanding the external world, excessive shyness, fears, and inhibitions, severe reactions to the loss or withdrawal of significant others, and exaggerated negativism and compulsiveness.

Society can also complicate matters through confused parental or care givers expectations alternating between expecting too much and too little, prejudice and bias, lack of community support, poverty, and segregation, the lack of social and political structures sufficient to support community integration. Many professionals exacerbate these internal and external needs through authoritarian or frigid postures and professional training that emphasizes techniques over relationships.

THREATS TO BODILY INTEGRITY



Many people have other vulnerabilities that threaten their well-being. Many have chronic medical needs. Some are threatened by the very place we call home. Violent individuals are often congregated together with aggression feeding on aggression. Or, a person might feel so alone that self-injury occurs. Many live in places where restraint and punishment are commonly practiced, and they watch violence beget violence. Even in small acts individuals can feel physically threatened-- care givers who grab and yell, bodily needs such as bathing being carried out as if the body were worthless, and even witnessing others being punished. Others are ravished by cancer, Alzheimer's disease, AIDS, the aging process itself, and addictions.

Our physical well-being is critical in all that we do. When it is threatened, we can easily become emotionally uprooted. We need to be as free from pain as possible. If we have a mental illness, we should have help to alleviate its terrifying aspects. We need to live in a peaceful setting free of violence and hostility. We need decent nourishment and sleep. While some degree of suffering is often present in our lives and unavoidable, we need to have ways to keep us grounded and feeling as safe as possible.

EXERCISE: BODILY INTEGRITY

Instructions: Take a moment and thinking of someone you are helping and see how his or her sense of bodily well-being might feel threatened. Rate their needs on the scale that follows:

Bodily Integrity	Poor						Good
Health Care	1	2	3	4	5	6	
Safe from Harm	1	2	3	4	5	6	
Nourishment	1	2	3	4	5	6	
Sleep	1	2	3	4	5	6	

Consider for a moment how these everyday factors might influence the person's bodily integrity and sense of well-being.

THREATS TO EMOTIONAL INTEGRITY



Anyone can experience deep inner turmoil when they live in constant fear that harm might come to them or where, when scared, no one will run to their rescue. We need to feel that our life has a safe harbor; if not, our insecurity can lead to irritability, cynicism, and aggression or withdrawal. A person who lives in a setting that is depersonalized senses emotional insecurity. Many must feel that they are not seen as whole human beings, but as mere diagnostic categories (e.g., the non-ambulatory, the deaf-blind, the behaviors, the low-functioning) or as nameless numbers with little connection to others. Such depersonalization leads to an inner fear that pushes individuals into violence or self-imposed isolation. Many live lives marked by caregivers who come and go in and out of their lives-- leaving them to flounder in insecurity.

Let us look more closely at how a person's emotional integrity can be threatened by internal and external factors. It might be that the person has a chronic mental illness that needs treatment or takes medications that are inappropriate. Maybe the person lives in a home that is stressful and fear-provoking. Perhaps it is a person who sits in the shadow of a time-out room or comes from a home where violence prevails. Or, perhaps the person has no friends.

EXERCISE: EMOTIONAL INTEGRITY

Instructions: Take a moment and consider how the emotional integrity of someone whom you are serving might be threatened. Rate their needs on the scale that follows:

Emotional Integrity	Poor					Good
Feels safe	1	2	3	4	5	6
Relaxed	1	2	3	4	5	6
Moves around	1	2	3	4	5	6
Handles stress	1	2	3	4	5	6
Has friends	1	2	3	4	5	6
Communicates	1	2	3	4	5	6

Consider for a moment how these everyday factors impact on the person's well-being.

THREATS TO SELF-WORTH



Where we live, whom we live with, and who helps us send strong messages regarding our self-worth. Our life story can scream hatred of self through racism and extreme poverty. Individuals with vulnerabilities are often unable to communicate or lack sufficient skills to communicate in depth about their fears and hopes. This can easily evolve into a feeling that "I am worth nothing!" It can lead to loneliness in which no one seems to care and where "I do not matter." When individuals feel that they are nothing but a cog in an agency's machine, they can lose their sense of self-- eating when food is presented, sleeping when told, going where ordered, and sensing that there is no personal control over their our own existence. All this can bring a flood of insecurity into our hearts.

Prejudice also impacts on self-worth. Name-calling and a storm of diagnostic labels tell the individual "You are only a series of deficits." Immigrant children or children of color can be quickly taught, "You are different and, therefore, no good!" Caregivers talking about those whom they serve without regard to their feelings or self-image can devastate self-worth and lead to an image that says, "I am nothing but a problem. Why do I even exist?". Lack of meaningful work, segregated housing, and isolated and sometimes corrupt schools all converge on the individual's self-worth like a load of cement that caves in the human spirit.

The very nature of vulnerabilities such as developmental disabilities, and mental illness, person abuse and neglect, can make it exceedingly hard to see self as good and connected with others. Many individuals cannot talk or communicate in other ways. The inability to express self increases the likelihood that one's self-image does not grow and that one caves in to an unresponsive world. Seizure disorders can make large periods of time confusing and frightening. The inability to walk, can make the world a narrow and inaccessible place.

Such internal threats impact on how an individual sees self and is seen by others. These are made more difficult by external threats to our well-being. Segregation has a tremendous impact on our self-value and our sense of who we are in the world. Name calling and labeling further put individuals down. Lack of adequate medical or psychiatric care can leave a person with horrible needs unmet. Many individuals are burdened by the lack of loving care giving and become more marginalized by their appearance and manners. We need to be very sensitive to each person's vulnerabilities and make sure that we lend the support that the person needs to overcome those that are possible and to accept those that are not.

EXERCISE: SELF -WORTH

Instructions: Take a moment and consider how threats to self-worth can impact on a person's well-being. Rate a person whom you are helping on the scale below:

Self-worth	Poor						Good
Sees self as good	1	2	3	4	5	6	
Takes pride in self	1	2	3	4	5	6	
Expresses talents	1	2	3	4	5	6	
Appears proud	1	2	3	4	5	6	
Respects self	1	2	3	4	5	6	

Think about how these factors impact on the person's self esteem.

THREATS TO LIFE-STRUCTURE

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Individuals with vulnerabilities need a life-structure just as anyone else. Predictability helps gives a sense of security and purpose. If an individual, regardless of the degree of vulnerabilities, senses that life has no purpose, then aggression, self-injury, or withdrawal soon follow. A person can quickly learn that their life is meaningless when their home is hostile, when they feel that they are controlled, and when they have nothing

to create or contribute to life around them. Much of the life-structure available to others is made difficult to reach for those who are vulnerable since institutions tend to marginalize those who are perceived as different. Churches are often unresponsive to spiritual needs. Cultural institutions are frequently beyond reach. Time to share feelings, hopes, and desires with intimate friends is all too often unavailable.

Most of us find meaning in our family, children, friends, hobbies, social life, and religious beliefs. These give us purpose and hope. They give us a feeling of dominion in the world. What if you had none of these gifts? Your world would cave in. You would look for other things—booze, drugs, promiscuity, violence, and lashing out. If these things were not available and you were institutionalized, you would fall into what people would call ridiculous things—rocking, pacing, pushing others away, masturbating, and a host of other things that would give some meaning to you or, at least, a way to pass time in an otherwise absurd and meaningless world. If you were a teen-ager, you might look for meaning in gang activities to feel self-esteem.

EXERCISE: LIFE-STRUCTURE

Instructions: Think for a moment how important it is to have meaning in life. Rate someone whom you are helping on the scale below.

Life meaning	Poor						Good					
Religious structure	1	2	3	4	5	6	1	2	3	4	5	6
Meaningful routine	1	2	3	4	5	6	1	2	3	4	5	6
Circle of friends	1	2	3	4	5	6	1	2	3	4	5	6
Social life	1	2	3	4	5	6	1	2	3	4	5	6
Sense of home	1	2	3	4	5	6	1	2	3	4	5	6

Think about how these factors might impact on the person's well-being..

THREATS TO BELONGINGNESS

Those whom we serve frequently live lonely lives with no sense of belonging. Many sit or stand oblivious to the other. We walk past the homeless as if they were ghosts. We sentence children to prison and even to death. We place our older mothers and fathers in nursing homes. We put difficult children in separate schools. Many live an isolated life, side by side with others, but not connected. Many are not respected in their sexual expression or even permitted to be seen as sexual beings, and

are left devoid of this dimension of the human condition. Some resort to hidden and even forced sexual expression. Love is replaced by hatred and aggression. The sense of belonging is sometimes thwarted by "putting them together with their own kind"-- the most marginalizing form being the establishment of "special units" for those who are seen as hopeless. They are herded into an unreal world where hands are for grabbing and words are for yelling. A separate world is created that has no bearing on community life. A sense of belonging is essential for all human beings. Without it we feel unanchored, listless, and lost. Paradoxically, without it, we can end up pushing others away instead of drawing them to us. We all need a sense of being at-home. We need our place in the world where we feel safe and loved. We need to feel that we are active participants.

EXERCISE: SENSE OF BELONGING

Instructions: Think for a moment about someone whom you are helping and rate them on the scale below.

Sense of Belonging	Poor						Good					
Sense of "my home"	1	2	3	4	5	6						
Sense of family	1	2	3	4	5	6						
Sense of community	1	2	3	4	5	6						
Being loved	1	2	3	4	5	6						
Loving others	1	2	3	4	5	6						

Take a moment and consider how the person must feel in terms of belonging and being connected with others.

Hopefully, these exercises have helped you reflect on a fuller dimension of the individuals whom you serve. They are more than persons with vulnerabilities, mental illness, or behavior problems. They are full human beings with a range of gifts and vulnerabilities, a deep inner life that deserves our attention, and longings that call for fulfillment.

VULNERABILITIES OF CAREGIVERS

Although our vulnerabilities and the external threats to our well-being are in many ways nothing compared to those of the persons whom we serve, it is important that we recognize our own before dealing further with the vulnerabilities of those whom we serve. A look at the basic values that we have discussed from the perspective of how these are sometimes threatened in our own lives might be useful. As in our analysis above, we

too have degrees of vulnerabilities. Some are due to our nature; many are imposed by forces outside of us. Once we understand what our common values are, then we have to recognize and safeguard against threats to them.

We are all vulnerable to breakdowns in our personal values. Sometimes these can be due to how we feel and what we are experiencing within ourselves; at other times we can be part of a system that makes it harder for us to respond to our shared values. If a caregiver is afraid of being hurt, he or she then becomes more likely to use restraint to control violent behaviors. Or, if a caregiver is depressed, then it is extremely hard to bring joy to others. If our own child is sick, it is hard to bring joy to another child. If we are being beaten and devalued at home, it is hard to bring nonviolence into someone else's home.

Many of our vulnerabilities are worsened by lack of adequate training and hands-on supervision. Some caregivers are quite isolated and seldom have the opportunity to discuss their problems and search for new responses to challenging situations. It is critical that caregivers recognize their weaknesses and find ways to overcome them. Much of this has to do with the quality of supervision. Community leaders need to listen to care givers and find ways to offer support and encouragement.

Caregivers need to find their own self-worth from themselves, talking frequently, sharing their anxieties, and pointing out their goodness. Our own worth has to be generated from within ourselves. We need to form strong communities.

The question of burnout seems to be always present. Some caregivers give up and attribute their burnout to poor supervision, working in violent settings, receiving little guidance, or low pay. Since we are not only teaching feelings of companionship but also a sense of community, it is important for care givers to look at themselves, question their reality, and search for ways for themselves to feel safer, more engaged, and more valued. The first step in this is to step back and examine those things that make us vulnerable.

Let us take a moment to reflect on our these aspects of our lives-- recognizing these will help us understand better the needs of those whom we serve.

OUR VULNERABILITIES

Instructions: We all have vulnerabilities. To help us understand those whom we serve, let us look at how our own values are sometimes threatened:

1. Read the list below.
2. Think about each vulnerability and how it might impact on your values.
3. Jot down two others that are specific to you and reflect on these.
 - My health
 - The loss of a loved one
 - Worries about my family
 - Lack of love
 - Worries about my job
 - Dislike of my job
 - Inadequate work skills
 - Fear of violence at work
 - Fear of violence in community
 - Bothersome boss

Now add two of your own in your own words. Reflect on them by yourself and how they might influence your interactions with those you serve, plus think about their vulnerabilities:

1. _____
2. _____

NOTES



This recognition is not meant to put us down, but to help us become more sensitive to others and ourselves. We can surmount some of these and others we must accept. Until we see our own suffering, we cannot see that of others. And, until we understand this, we cannot offer our gifts and talents to those whom we serve.

Teaching companionship and forming community is a process that begins with caregivers. The process requires a deep understanding of what we are constructing-- feelings of safe, engaged, loved, and loving. It calls on us to be aware of our basic tools-- presence, hands, words, and touch. It asks us to mend broken hearts with these and then to move on and create a spirit of community. We bring our presence to the care-giving act-- nothing more, nothing less. We bring the gifts that are inherent in us and our own vulnerabilities.

ASSESSMENT OF OUR COMPANION



PURPOSE: As we recognize our own vulnerabilities, we also have to examine the needs of the individuals whom we serve. We have already looked at our own care giving characteristics. Now it is time to look at the needs of those whom we serve. *The Assessment of Our Companion* serves as the foundation for our decision-making. If we can get a feel for where the each person is at in terms of feeling safe, loved, loving, and engaged, then we will know where to start the mutual change process. The assessment is designed to help us understand where the vulnerable person is at in relationship to a feeling of companionship and community. Go through it point by point. Think about someone who is troubled. Rate the individual on each variable and at the end pick out the two or three items that will form the basis for your initial care giving.

INSTRUCTIONS:

1. Sit down at the kitchen table.
2. Talk about how safe, loved, loving, and engaged, person feels
3. Consider the person's feelings from their most difficult moments. Circle the number on each rating scale that seems to best fit.
4. Jot down three factors that are the most essential to teach the person.

1. RESPONSE TO CARE GIVERS' PRESENCE

FEARFUL	1	2	3	4	WARM
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FEARFUL: Fear is many things. Fear and meaninglessness form the space that envelops the troubled person. It can be the actual physical fear of

others as seen in running from them, lashing out, flinching, or clinging to them. It can be casting one's head down at another's approach. It can be the fear that is in ourselves when we have a feeling of worthlessness. It can be fear of failure. It can be the fear of self. It is deep anguish. Fear can be the inner turmoil that occurs when we see no meaning in ourselves or others. It can be the fear of failure, the hesitancy to trust self or others, or the reluctance to be with others or do things with them. Fear is tightness in the body, a clenched jaw, a driven way of being, or looking away from others.

Fear of another's presence is a deep form of fear because we ask the person for nothing other than acceptance of our existence. Yet, when we come toward the person, fear surges at our very sight as if the person is certain that we are bad, demanding, and devaluing. The person shows fear upon seeing the caregiver. Fear is indicated in frowning, looking away, and avoiding being near the caregiver. It is also indicated by reactionary behaviors such as yelling, hitting self, cursing, hitting others, tossing objects, demanding food, drink or other material possessions.

The fear is deep. It is a mix of emotions-- fear that the care giver will retaliate or put down, fear that "Nothing I can do will satisfy the care giver!", fear that comes out of a sense of worthlessness, and fear that predicts "When I am with the care giver, nothing good will happen!"

Check any that apply:

- ☐ Looks tense, scared, or downtrodden
- ☐ Casts head down
- ☐ Averts gaze
- ☐ Acts driven or sluggish
- ☐ Seems sad, tearful, or lost
- ☐ Hits others
- ☐ Tries to hurt or kill self
- ☐ Throws objects
- ☐ Fears touch
- ☐ Fears conversation
- ☐ Fears the presence of others
- ☐ Hoards possessions
- ☐ Acts obsessively
- ☐ Looks disconnected
- ☐ Runs away, avoids care givers, yells, cries, curses
- ☐ Paces aimlessly

- ☐ Grabs others' possessions
- ☐ Acts "tough" in dress, words, or actions
- ☐ Prefers being alone
- ☐ Prefers being in a clique
- ☐ Speaks disrespectfully

WARM: Warmth is much more than the absence of fear. It is what comes from the heart when we feel sure of ourselves and loved by others.

Warmth at the caregiver's presence is a concrete sign that the person feels safe and loved and is willing to participate as much as she/he can. It is wanting to be with the caregiver and stay with him/her. The person shows a sense of relaxation and longing upon seeing the caregiver and reacts with behaviors such as smiling, communicating peacefully, embracing, or staying with him/her. The person feels warm when we approach him/her and a smile, a glimmer in the eyes, or a soft tone of voice emerges. Warmth is a willingness to come to others and stay with them. It is a desire to do things with others and share.

Check any that apply:

- ☐ Smiles upon seeing care givers
- ☐ Smiles upon seeing peers
- ☐ Communicates as a friend
- ☐ Holds head high
- ☐ Acts in a relaxed manner
- ☐ Moves peacefully
- ☐ Waits patiently
- ☐ Gazes warmly
- ☐ Reaches out to others
- ☐ Expresses warm physical contact
- ☐ Enjoys doing activities with others
- ☐ Shows pride in self, friends, and family
- ☐ Enjoys going to school, home, or work

2. RESPONSE TO TOUCH

FEARFUL

1

2

3

4

WARM

FEARFUL: Touch is any warm physical contact that signals a feeling of companionship. It can be a handshake, a hug, a pat on the back, or any other form of comradeship. The person wants loving and respectful physical contact and allows the caregiver to linger. For a youngster in a gang, it might be a simple handshake; for a person or adult with mental retardation, it might be a hug. Its expression varies according to the person's life-story. Accepting it is a concrete sign of feeling safe. Fear of touch is a sign of not feeling safe.

A person fears warm human contact when she/he recoils from touch, flinches when a hand is reached out, or gives a feeling of disconnectedness. Look for the individual's reaction to touch. Many children and adults interpret it as a physical attack. Others see it mistakenly as a sexual overture. Others see it as meaningless.

Check any that apply:

- ☐ Flinches when touched
- ☐ Clings to the touch in a fearful way as if saying, "If I let go I will lose you!"
- ☐ Yells or strikes out
- ☐ Hits self when touched
- ☐ Hits others when touched
- ☐ Moves away
- ☐ Looks fearful
- ☐ Interprets touch as sexual
- ☐ Self-stimulates
- ☐ Feels uneasy when touched
- ☐ Tightens when touched
- ☐ 'Steals' touch and thereby annoys others
- ☐ Acts as if the touch does not exist

WARM: The warm acceptance of our touch indicates a strong feeling of being safe and loved. The warmth is felt in the person's whole being—a feeling that brings a smile to the face and a twinkle to the eyes. The person relaxes upon being touched and shows an acceptance of loving physical contact. He/she allows the caregiver to linger for a moment. It is seen as a sign of friendship. It helps the person feel safe and loved. It is seen as brotherly-sisterly act. The person's reaction gives no sense of fear and a feeling that his/her memory has good feelings about being with others.

Check any that apply:

- ☐ Stays with the care giver upon being touched
- ☐ Relaxes upon being touched
- ☐ Smiles upon being touched
- ☐ Gazes lovingly upon being touched
- ☐ Talks or communicates with pride upon being touched
- ☐ Allows the care giver to let go
- ☐ Accepts the touch as a sign of friendship and affection

3. RESPONSE TO CAREGIVER'S WORDS

FEARFUL 1 2 3 4 WARM

FEARFUL: Fear of our words means that the person interprets our conversation in a manner that makes the distance grater between him/her and us. It might be that the person has a life-story filled with conversations based on or heard as demands or put-downs. It might be that our language means little or nothing to the person or our tone is not sufficiently nurturing.

If we ask the person to do something, he/she responds with hatred, frustration, confusion, or fear. Our loving words hold little or no meaning because they hold little meaning. The person recoils from warm verbal communication as if they were inevitably a demand or fails to respond as if disconnected. The fear of our words indicates that the person or adult is positive that she/he will be put down, ridiculed, or bossed around. Our words are not heard as signs of friendship, but as signs of power or control.

Check any that apply:

- ☐ Reacts tensely, looks away, or becomes nervous upon hearing our words
- ☐ Is oblivious to our words
- ☐ Looks scared upon hearing our words
- ☐ Self-stimulates upon hearing our words
- ☐ Moves away upon hearing our words
- ☐ Hurts self or others upon hearing our words
- ☐ Does not respond to our words
- ☐ Obsesses with the conversation
- ☐ Curses, screams, moans upon hearing our words

☐ Reacts rebelliously upon hearing our words

WARM: A warm response to our words indicates that the person wants to be with us, wants to do things with us, and senses pride from us. Our words are heard as a sign of trust and confidence because the person feels safe with us and loved by us. Our relationship is such that the person responds to us because of his/her trust. Upon hearing our words, the person gazes contently at us, pays attention, and knows that our words are for uplifting. The person listens to the caregiver, relaxes upon hearing the caregiver's voice, and responds with a sense of contentment to it. The warmth arises out of a sense of knowing that the caregiver will speak with encouragement.

Check any that apply:

- ☐ Listens attentively upon hearing our words
- ☐ Listens calmly and peacefully upon hearing our words
- ☐ Gives feedback upon hearing our words
- ☐ Engages with care giver during the conversation
- ☐ Accepts and enjoys verbal interactions
- ☐ Smiles when spoken to
- ☐ Asks questions
- ☐ Follows care givers advise

4. RESPONSE TO CAREGIVER'S GAZE

FEARFUL	1	2	3	4	WARM
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FEARFUL: Our eyes are perhaps our most powerful tool. They are like hands—either seen as tender or as hammer-like. They speak thousands of words about who we are and who the other is. They can bring warmth to the heart or a chilling wind. When a person is with a caregiver, much can be seen and felt in how the individual responds to the caregiver’s gaze. If he/she feels safe with us, their eyes light up and they too respond with a warm gaze. They give a feeling of friendship-- a smile, a “Hello!”, any sign of contentment. Where there is fear and a person looks at us, our response is quite different. The person has a sad, empty, or disconnected facial and visual expression when the caregiver looks at him/her. The person or adult gives no reaction or a strong negative reaction to the caregiver’s gaze. The person sees our eyes and feels fear, worthlessness, or nothing.

Check any that apply:

- ☐ Has a look of emptiness upon seeing our gaze
- ☐ Has a look of coldness upon seeing our gaze
- ☐ The person's eyes dart back and forth without connecting upon seeing our gaze
- ☐ Looks away upon seeing our gaze
- ☐ Looks down upon seeing our gaze
- ☐ Looks without any sense of connection upon seeing our gaze
- ☐ Looks with fear upon seeing our gaze
- ☐ The person does not see us upon seeing our gaze, but seems to see something else

WARM: The warmth of a person's gaze is a strong sign of feeling connected with us. People use many phrases to describe a warm gaze—"His eyes light up!... She has a sparkle in her eyes!... He has a twinkle in his eyes!" In the beginning, we might see the person taking a peek at us. We might notice a curious or quizzical gaze. Gradually, the person's face lights up upon seeing the caregiver as seen in relaxed smiles, warm gazes, and calm bodily posture.

Check any that apply:

- ☐ Lifts head up
- ☐ Opens eyes
- ☐ Moves face toward us
- ☐ Begins to peek at us
- ☐ Begins to look at us curiously
- ☐ Has a sparkle in his/her eyes upon seeing us
- ☐ Relaxes body posture
- ☐ Looks lovingly
- ☐ Slows down peacefully

5. ACCEPTANCE OF DOING THINGS WITH CARE GIVERS

REJECTION	1	2	3	4	DESIROUS
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REJECTION: The first sign of engagement is when the person wants to be with us. Rejection of engagement is a sign of fear and/or meaninglessness.

The person does not want to be with us. This is not so much a decision as a way of being. The person feels no reason to be with us. A sense of engagement is critical in all learning. Indeed, it is a prelude to learning. A person has to feel that it is good to be with us before he/she will do things with us. If our focus is on compliance and there is no feeling of “It is good to be with the care giver!”, the individual will rebel at any activity. The person fights against any indication that something is about to be asked, even when a lot of help and warmth is given. The person yells, hits, runs, or curses at any possible request or even an indication of one.

Check any that apply:

- ☐ Avoids care giver
- ☐ Messes around
- ☐ Attends only momentarily
- ☐ Runs from care giver
- ☐ Withdraws
- ☐ Screams or curses
- ☐ Throws objects
- ☐ Strikes out at self or others with words or deeds
- ☐ Insists on doing things alone

DESIROUS: The desire to engage with us means that the person wants to be with us, do things with us, and even do things for us. It can even extend to doing things for others—sharing, mutual participation, and expressing love toward others. The person shows that he/she wants to be with others and actively participate.

When a person desires engagement, it means that she/he trust us. A sense of engagement starts with “stretching” a person who feels safe with us and loved by us. As each person learns these foundational feelings, he/she is somewhat passive—receiving nurturing from us. However, a moment comes when we begin to look for ways to help the person become a more active participant in the relationship. This has to be done gently, but it has to be done. In the beginning, it might be simply asking the person to wait a minute when he/she wants something. Or sharing something that is important. It eventually becomes a more equitable relationship as the person learns that is good to be with us, do things with us, and even do things for us and others.

Check any that apply:

- ☐ Tolerates being with the care giver

- ☐ Wants to be with the care giver
- ☐ Stays with the care giver
- ☐ Asks to be with caregiver
- ☐ Volunteers to do things with caregivers and others
- ☐ Relaxes and looks warmly when asked to do something
- ☐ Moves toward care giver when asked to do something
- ☐ Smiles when doing things with the care giver
- ☐ Even begins to initiate activities
- ☐ Accepts help
- ☐ Shows a willingness to stay with the care giver for long periods of time doing activities

6. ACCEPTANCE OF DOING REQUESTED THINGS ON ONE'S OWN

REJECTION	1	2	3	4	AGREEABLE
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REJECTION: The rejection of doing things on one's own means that the person is overly dependent on us, clings to us, or fears being self-initiating. It might also mean that the person lacks sufficient self-confidence or needs our help in initiating activities. Doing things on one's own and with others is a further sign of engagement. It means that the person is developing a sense of pride in self, skills to participate more fully in life, and a willingness to share in community life. It evolves from a sense of trust and self-esteem.

Many individuals are quite capable of doing many things on their own. Yet, when asked, they refuse to do them. We have to remember that the beginning of engagement is wanting to be with the caregiver, wanting to do things with the caregiver, and a willingness to do things for the caregiver. As this deepens, the person also wants to do things with others. If a person or adult does not feel safe with the caregiver or loved by him/her, then any sense of engagement is impossible. This is not a choice the person makes, but a way of responding to inner fear and meaninglessness. The person actively refuses to do almost anything he/she is capable of doing on his/her own even when help and encouragement are given. In a classroom, this could be the daily curriculum activities. At home, this might be daily chores; at work, the job tasks.

Check any that apply:

- ☐ Absolutely refuses to participate

- ☐ Withdraws from participation
- ☐ Acts out when asked to participate
- ☐ Becomes nervous when participating
- ☐ Insists on something else—bouncing from one activity to another
- ☐ Prefers to be by self
- ☐ Prefers to do things alone
- ☐ Refuses to do things with others

AGREEABLE: The person initiates tasks on own, accepts whatever help might be necessary, or accepts the request to do chores, self-care, attend school or work, and other activities. Self-initiated engagement is based on feeling safe and loved. It indicates pride in self and pride in doing things for others. In its more complex form, engagement is a willingness to do things with others, sharing, and expressing love toward others. It is independence based on feeling safe and loved.

Check any that apply:

- ☐ Cares for self
- ☐ Helps others
- ☐ Does chores
- ☐ Does chores for others
- ☐ Does activities with others
- ☐ Draws others into activity
- ☐ Shares

7. ACCEPTANCE OF DOING THINGS WITH PEERS

REJECTION	1	2	3	4	DESIROUS
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REJECTION: Doing things with peers is a deep extension of a sense of engagement. When an individual feels deeply safe and loved, he/she is able and willing to reach out to others. However, when there is a lingering fear, the person often refuses to be with others in his/her social group. He/she might be willing to be with a clique, but refuses to reach out to others and participate with them in activities. Or. The individual might be willing to be with a particular caregiver, but no one else. What seems good (willing to be with a clique or a particular care giver) is actually a sign of fear.

Check any that apply:

- ☐ Refuses to be with peers
- ☐ Moves away or withdraws from peers
- ☐ Hits peers or self
- ☐ Acts overly silly
- ☐ Becomes obnoxious
- ☐ Becomes jealous when attention is given to others
- ☐ Clings to care giver when with peers
- ☐ Clings to peer group, e.g., a gang

DESIROUS: Seeking out one's peers and desiring to do things with them is a sign of engagement and self-confidence. The person desires to be with friends and actively participate with them. He/she feels so strong in self-esteem that he/she is able to participate with others and take pride in this. The person seeks out his/her peers, plays or works with them, and shares time, possessions, and feelings.

Check any that apply:

- ☐ Moves toward peers lovingly
- ☐ Stays with peers
- ☐ Shares with peers
- ☐ Shows affection and respect toward peers
- ☐ Participates in activities with peers

8. ACCEPTANCE OF ACTS OF LOVE

REJECTION	1	2	3	4	DESIROUS
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Rejection: Rejection of acts of love means that the person does not yet know what it means to feel safe and loved. Our touch, words, and gazes mean nothing or provoke fear. Many children and adults do not know what it means to feel loved. They feel so unsafe and unloved, they do not know how to respond to acts of affection or friendship. The person acts in a disconnected or rebellious manner when praised, given affection, or given encouragement.

Check any that apply:

- ☐ Rejects loving touch
- ☐ Rejects warm gazes
- ☐ Rejects kind words
- ☐ Rejects help
- ☐ Acts out when given affection
- ☐ Flees from any affection

DESIROUS: If the person feels safe and loved, acts of affection and accepted and desired. The acceptance of affection means that the person feels good about self and the person showing the affection. It is a sign of feeling safe and loved. The person seeks them out and knows that trust exists. The person responds in a pleasant manner to acts of affection, praise, and encouragement.

Check any that apply:

- ☐ Smiles upon being smiled at
- ☐ Reaches out upon being warmly touched
- ☐ Moves toward care giver upon being approached
- ☐ Lingers with care giver
- ☐ Communicates warmly to care giver
- ☐ Participates with care giver
- ☐ Participates with others

9. GIVING LOVE TOWARDS OTHERS

AVOIDANCE	1	2	3	4	GIVING
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AVOIDANCE: Giving love to others is a strong sign of self-esteem, recognizing one's self as good, and seeing others as deserving of affection. Avoidance of showing love to others can mean many things. It might mean that the person feels so unsafe and unloved that it is impossible to love others since you cannot give what you do not have. It might mean that the person has no experience in showing it to others. Or, it might mean that the person has been left in a very dependent state. The person rarely shows acts of affection toward others such as smiling, hugging, shaking hands, or gazing warmly. Or, the person is more intent on material objects such as food, drink, alcohol, drugs, cigarettes, or hoarding than on interacting.

Check any that apply:

- ☐ Seems emotionally disconnected
- ☐ Seldom reaches out
- ☐ Seldom smiles
- ☐ Seldom talks lovingly
- ☐ Seldom peacefully shares feelings
- ☐ Prefers things to people
- ☐ Gets a feeling of personal worth from possessions instead of people

GIVING: Giving unconditional love to others is the highest form of morality. It means that the person feels safe with him/herself and with others. The person is willing to fore-go her/his own happiness for the good of others. The person simply gives and expects nothing in return. It starts with being willing to share—sharing time with others, doing things together, and giving your possessions to others, even if just for a moment. The person frequently performs acts of kindness, shares possessions, talk about sorrow and hope, and shows concern for others.

Check any that apply:

- ☐ Helps others, acts kindly
- ☐ Shares possessions
- ☐ Shares feelings peacefully
- ☐ Smiles readily and lovingly
- ☐ Communicates warmly
- ☐ Touches others softly
- ☐ Gazes affectionately upon seeing others

10. SELF-ESTEEM

POOR	1	2	3	4	GOOD
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POOR: The deepest form of fear is fear of self—disrespect of one's own worth and a feeling of meaninglessness. It is when the person looks at self and feels nothing. All people need to feel that they are good. A sense of being safe and loved starts with ourselves. We cannot give love to others if we have no love of self. Poor self-esteem means that the person sees self as worthless. It is a deep sense of feeling like a "nobody." It is seen in poor grooming, dirty clothing, self-deprecation, hurting self, or withdrawal from

social contact. Poor self-esteem can be deceptive. Many hide it in the way excessive dress and talk. Others create a mask that makes them seem highly proud of themselves.

Check any that apply:

- ☐ Poorly groomed
- ☐ Poorly dressed
- ☐ Talks in a discouraged way
- ☐ Complains
- ☐ Hurts self
- ☐ Is irritable
- ☐ Eats too much or too little
- ☐ Sleeps too much or too little
- ☐ Overly vigilant
- ☐ Isolates from human contact
- ☐ Obsesses over material possessions
- ☐ Addicted to alcohol or drugs
- ☐ Puts on a front

GOOD: Self-esteem means that the person feels good about him/herself, takes pride in self, feels connectedness with others, and finds meaning in his/her life-condition. It is vital that each person feels self-esteem since without it no one can feel safe or loved by others. The person takes pride in self through behaviors such as personal care, acts of love toward others, decent comments about self, or pride in accomplishments.

Check any that apply:

- ☐ Cleanly dressed and groomed
- ☐ Communicates hope
- ☐ Takes pride in accomplishments
- ☐ Takes day in stride
- ☐ Shares accomplishments
- ☐ Is not easily frustrated or irritable
- ☐ Has motivation to do things

11. KINDNESS

SELF-CENTERED	1	2	3	4	KIND
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SELF-CENTERED: Being self centered is a common developmental problem in those who have little meaning in their lives. When someone does not feel connected to others, selfishness begins to appear rapidly. The world becomes a world of the "I will do what I want, when I want, in the way I want, for as long as I want..." As we teach an individual to feel safe and loved, we need to also begin to teach other-centeredness. "It is good to be together... to do things together... and to do things for one another."

The person seems not to care about others as seen in things such as demanding excessive attention, refusing to cooperate, not sharing, hoarding, unwilling to play or work with others. The person is actually seeking meaning in things and is trying to define his/her identity. But, it is a twisted identity that revolves around selfish pursuits.

Check any that apply:

- ☐ Prefers objects over people
- ☐ Seldom participates with care givers or peers
- ☐ Refuses to help others
- ☐ Refuses to participate with others
- ☐ Demands excessive attention
- ☐ Dresses and acts excessively
- ☐ Always demands things her/his way
- ☐ Hoards possessions
- ☐ Obsesses
- ☐ Engages in violence to establish a "reputation"
- ☐ Engages in racist language and attitudes
- ☐ Refuses to share
- ☐ Clings inconsistently-- one day someone is her/his best friend, the next day someone else

KIND: Kindness is the expression of human warmth to others. It means that the person knows that others have feelings and responds to them with warmth and caring. The ability to be engaged with others is an advanced form of feeling safe and loved, a feeling of "I am so secure in myself that I

can give to others." The person focuses on the well-being of others by offering to help others, giving time or possessions to others, playing or working together, waiting turns, and sharing. The person is ready to reach out to others and even make sacrifices for others.

Check any that apply:

- ☐ Waits turn and shares
- ☐ Helps others and shows warmth to them
- ☐ Enjoys being with others
- ☐ Enjoys activities with others
- ☐ Offers to help others
- ☐ Shows no racism or classism

12. EMOTIONAL STRENGTH

WEAK 1 2 3 4 STRONG

WEAK: The person has not had the opportunity to develop emotional strength sufficient to feel safe and loved. This leads to moodiness, irritability, excessive complaining and criticizing. Emotional strength comes from within the person, but is learned through our life experiences. It is also influenced by our personality and inherent vulnerabilities. The abused person is likely much less strong emotionally due to the trauma of abuse. The man with paranoid schizophrenia and years of institutionalization is burdened with multiple vulnerabilities. Emotional strength has little to do with IQ. It resides in the heart. The person appears disconnected from others, acts frightened, rebels against interactions, and becomes confused or nervous abruptly.

Check any that apply:

- ☐ Appears detached and disengaged
- ☐ Appears self-centered
- ☐ Rebels against requests
- ☐ Fears physical contact
- ☐ Seldom reaches out
- ☐ Has deep fears due to a chronic mental illness
- ☐ Is caught in the grip of depression
- ☐ Is jealous

- ☐ Has no attachment
- ☐ Has little connection with family

STRONG: Moral strength relates to the depth of the individual's sense of connectedness with others in the present time. The person could have suffered a horrible life-story, have a chronic mental illness, or a severe developmental disability; but, he/she feels so safe in the world and loved by others that this foundation overcomes those vulnerabilities. The person expresses, through words or deeds, a solid moral sense of companionship and community.

Check any that apply:

- ☐ Shows companionship
- ☐ Has a circle of friends
- ☐ Thinks about other's feelings
- ☐ Shares
- ☐ Wants to help
- ☐ Encourages others

13. DEGREE OF VULNERABILITY

VULNERABLE	1	2	3	4	GROUNDED
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Vulnerable Without making stereotypes, it is important for caregivers to have empathy for the person's vulnerabilities. These can come out of a horrendous life-story, poor schooling, poverty, racism, segregation, poor role models as well as particular disabilities. The person might be very intelligent, but suffer from schizophrenia, manic depression, anxiety, or other forms of mental illness. The person might have other emotional or intellectual difficulties that make him/her emotionally vulnerable. These vulnerabilities make it harder for the person to be connected with others.

Check any that apply:

- ☐ Has an abusive or neglectful home life
- ☐ Has suffered abuse, rape, or other acts of violence
- ☐ Has had inconsistent care giving
- ☐ Has had multiple care givers
- ☐ Has been institutionalized
- ☐ Has physical or sensory disabilities that make it difficult to

participate

- ☐ Requires help in daily living
- ☐ Has bouts of crying
- ☐ Complains frequently
- ☐ Poses danger to self or others
- ☐ Acts as if he/she were someone else
- ☐ Hears frightening voices, acts depressed, isolates self
- ☐ Obsesses on objects
- ☐ Sees frightening beings
- ☐ Acts in a manic, rushed, exaggerated way
- ☐ Fixates
- ☐ Reacts very slowly
- ☐ Overly anxious
- ☐ Is involved with a violent peer group

GROUNDING: To be grounded is to feel so safe and loved that the person can withstand change and loss. It indicates flexibility and the ability to give in. Although the individual has had a horrible life-story or has inherent vulnerabilities, he/she shows ordinary signs of emotionality such as happiness, sadness, patience, frustration that do not interfere with daily living, a sense of companionship, and a sense of community.

Check any that apply:

- ☐ Communicates feelings
- ☐ Show tolerance
- ☐ Shows patience
- ☐ Feels connected to others
- ☐ Has a good relationship with family
- ☐ Has an active circle of friends
- ☐ Actively participates in life-decisions
- ☐ Participates in inclusive educational, vocational, and recreational activities

14. COMMUNICATION OF NEEDS AND FEELINGS

UNABLE	1	2	3	4	ABLE
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UNABLE: The ability to communicate is a critical life-skill. More important than the communication of "functional" needs, it is essential that each person and adult have a means to communicate her/his feelings and the ability to dialogue with others about sorrow and joy. The foundation of all communication is to trust the person with whom we communicate. If the person or adult does not have the ability to communicate, then he/she has to revert to acting out or withdrawing to communicate feelings.

Check any that apply:

- ☐ Acts out or withdraws to communicate
- ☐ Self-stimulates, gazes into distance
- ☐ Clings, stays in "safe" spot
- ☐ Yells, curses, or ignores dialogue
- ☐ Remains silent and holds in feelings until they explode

ENABLED: This means that the person is able or helped to express needs and feelings in a manner that prevents frustration, anxiety, or hostility. The center of communication is a person's good sense of self and a connectedness with others. The self is seen not so much as independent or self-determining, but as connected with others who help the person feel worthy because he/she is safe and loved.

Check any that apply:

- ☐ Communicates feelings constructively
- ☐ Has a sense of self-worth
- ☐ Has a way to communicate feelings
- ☐ Expresses feeling safe/unsafe
- ☐ Expresses feeling loved/unloved
- ☐ Expresses feeling of loving others
- ☐ Expresses feeling of engagement

15. COMMUNITY INCLUSION

EXCLUDED	1	2	3	4	INCLUSIVE
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EXCLUDED: The person withdraws into his/her own world, refuses to participate in home or community activities, or acts out at home or in the community. A feeling of exclusion starts with one's own feelings toward self. If the individual feels poor self-esteem, then everything and everyone

is meaningless or starts to revolve around absurd things such as drugs, alcohol, withdrawal from others, food, drink, or other material objects. Exclusion also involves being parallel with others instead of together with them—the child alone in the classroom or playground, the person isolated at home or work. It also includes all forms of apartheid—being physically removed from others.

Check any that apply:

- ☐ Prefers to stay in bed or refuses to leave home
- ☐ Is in the community but not of it
- ☐ Has no connection with family
- ☐ Has no pride in ethnicity
- ☐ Lives parallel to classmates, work mates, or housemates
- ☐ Skips out of school or work
- ☐ Demands excessive routine
- ☐ Attends segregated school or work
- ☐ Has no circle of friends in community
- ☐ Does not attend community activities
- ☐ Becomes anxious or obnoxious in the community
- ☐ Acts out in the community
- ☐ Is a threat to the community

INCLUSIVE: Inclusion is more than being in the community. It is being and feeling safe in the community and full engagement in community life—school, work, home, and leisure. The person actively engages in community activities as seen in behaviors such as recreating with others, happily going to school or work, taking pride in accomplishments, and taking pride in friendships. It is a sense of being with others and knowing that it is good to be with others and reach out toward others.

Check any that apply:

- ☐ Has a deep feeling that it is good to be a part of community
- ☐ Works in a real job and participates with co-workers
- ☐ Attends a normal school and participates with classmates
- ☐ Lives and participates in neighborhood and community life—friendships, religious expression, ethnic expression
- ☐ Has a circle of friends outside of peers or care givers

- ☐ Has an active family life
- ☐ Celebrates special religious, cultural, and ethnic events

16. DEGREE OF SUPPORT NEEDED

SIGNIFICANT 1 2 3 4 ORDINARY

SIGNIFICANT: Needing support is not a bad thing. We all need it. Most people get it in subtle and ordinary ways. More marginalized individuals need it in more structured ways. Significant support might mean things such as—special attention required for doing well at home, school, or work. It might mean needing to learn to feel safe and loved. It might mean learning on to be with others and do things with them. The person needs maximum structure and support to maintain and deepen a sense of companionship and community. If not given, the person withdraws or acts out.

Check any that apply:

- ☐ Requires a well planned and stable daily routine
- ☐ Needs care givers as initial circle of friends
- ☐ Needs constant help in self-care
- ☐ Needs extra help to prevent being a danger to self
- ☐ Needs extra help to prevent being a danger to others
- ☐ Requires care giving that exceeds the ordinary
- ☐ Needs on-going counseling
- ☐ Needs other therapies—speech, occupational, nursing, physical, adaptive equipment
- ☐ Needs medication to treat a mental illness

ORDINARY: The person initiates acts of companionship and community living on her/his own with little need for guidance or direction. He/she is able to maintain and broaden a circle of friends without needing much help. When he/she feels confused, frustrated, or fearful, the individual is able to reach out to others and receive the necessary help and support.

Check any that apply:

- ☐ Has own circle of friends
- ☐ Manages own schedule and daily routine
- ☐ Requires minimal care giver support

- ☐ Takes pride in self and accomplishments
- ☐ Participates well in community life
- ☐ Maintains a strong and consistent ability to reach out even when troubled

Now that you are finished:

1. Look at how you have rated the person.
2. Think about which factors are most basic to help the person learn or deepen a sense of companionship and community.
3. Please write down the three factors that seem to be the most basic and urgent for the person's sense of companionship and community:

1. _____

2. _____

3. _____

Save these ideas! Later, we will see how we can use them to write a plan to help the person develop a deeper sense of companionship and community.

NOTES

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CHAPTER 5

Community Centered Celebrations





“Tough mindedness without tenderheartedness is cold and detached, leaving one’s life in a perpetual winter devoid of the warmth of spring and the gentle heat of summer... Jesus reminds us that the good life combines the toughness of the serpent and the tenderness of the dove. To have serpent-like qualities devoid of dove-like qualities is to be passionless, mean, and selfish. Dove-like without serpent-like qualities is to be sentimental, anemic, and aimless...”

-Martin Luther King

As caregivers, we want to ensure that each person whom we serve learns to feel safe and loved. We struggle for each person to participate as fully as possible in this. Our hope and expectation is to ensure that each participates as fully as possible as he/she can in this process, that the person is at the center of the decision-making process, and that she/he chooses to participate in the companionship and community-making process.

What is our role as friends of those whom we serve? How can we help those who are vulnerable and troubled decide what to do and what they want? How can we help them discern what they need? We need a way to enter into the space of those who are troubled and help them find ways to feel safe and loved.

*Juan, the only happy person
Schizophrenia consuming reality,
Seeing the Virgin Mary
Where others see nothing,
Talking of his liberation
Where others are silent.
His eyes are often frozen in fear
But occasionally dance with visions.*

*He is the village priest
Whom no one listens to;
His episcopal palace is
A shack behind a shack,*

*Through some trees,
A palace of cardboard,
Decorated with the bleeding heart
Of Jesus.*

*Entering, Juan is prone on his bed
Eating his plate of macaroni,
Receiving visitors, the priest of the
village.*

*Explaining his theology of liberation
So very simple and logical:
I can do what I want. I have rights. I
can smoke and drink. Those are my
rights! My rights!*

The spirit that we bring to our collective efforts is critical—tough minded in our pursuit of creating companionship and community; tenderhearted in basing what we do on unconditional love. Besides having the teaching skills to bring these feelings about in individuals and in groups, we have to have tools to deepen and broaden our sense of companionship and community. As we focus on individuals, we must also be concerned with each person in a community context. A basic tool for doing this is through community-centered celebrations.

WHAT ARE COMMUNITY-BASED CELEBRATIONS?

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Community-centered celebrations are an on-going process of deepening and broadening a spirit of companionship and community between supported persons and their circle of friends. These celebrations are our option to the traditional planning sessions that professionals are accustomed to use. It is a collective vision more than a plan.

The person is at the center of dialogue, but the effort is collective. The marginalized person is an active participant, but his/her circle of friends also participate in a supportive manner. Community-centered celebrations occur when they are needed. They are a time to honor individuals within communities that we support, to reflect on our journey toward companionship and community, and to dream of what is yet to come. Each celebration honors a supported person. The person's circle of friends joins together to dream about what is yet to come. They are for the individual who is part of the community. The centerpiece is to come together and talk about everyone's dreams for the individual and the community and what might unfold in the future to help the person feel more deeply a sense of companionship and community.

The dreams come out of the needs and longings of the community and the person. They are a collective determination of what is good and just for the celebrated person and community. The circle reflects on its collective thoughts and feelings, all emerging out of how safe the person is to become, how engaged with others, how loved by others, and how loving toward others. Since many cannot speak or communicate with words or signs, the circle of friends plays an even more important role. Yet, whether the supported person communicates or not, the circle of friends enters into a collective decision-making process within a community context.

The process can involve up to eight phases that actually occur throughout the year. The celebrations are the high point, but the process is on going and call for a sense of deep and abiding friendship. The highpoint of the process involves a yearly celebration that asks, "Where do we go from here? How much more deeply can we support the person in community? What are our dreams now? What is the community's dream now for the

person? How can we support the person and the community even more?" Of course, these questions cannot be answered unless the entire circle has entered into an on-going process of being with the person. The celebrations are built on a feeling of companionship and community.

The celebration's phases need to involve the entire circle with each playing different roles, but all united by a sense of companionship and community. The phases are not etched in concrete. The celebration itself is flexible and occurs in the moment-- sometimes more deeply and orderly, sometimes not, sometimes with more participation on the person's part, sometimes not, sometimes all on a singular occasion, sometimes not. Since many supported individuals are not accustomed to being honored or even enjoying themselves or others, the celebrations have to be very flexible.

EIGHT PHASES	PROCESS
1. <i>Getting ready to dream</i>	An on-going process, making sure that the person has a circle of friends with a deep commitment to companionship.
2. <i>Dreaming</i>	Happening during the yearly celebration—imagining the most beautiful future possible.
3. <i>Breaking down the dream</i>	Looking at the possibilities of the dream for the coming year.
4. <i>Grounding in the here-and-now</i>	Taking the year's dream and seeing what we can do right now.
5. <i>Expanding the circle of support</i>	Enrolling other individuals to help the circle of friends.
6. <i>Strengthening the circle of friends</i>	Making sure that the circle deepens its sense of community and dedication to the person.
7. <i>Taking the first steps toward the collective dream</i>	Describing what each member of the circle commits her/himself to in the near future.
8. <i>Ending the celebration and moving on</i>	Having a way to end the celebration in a joyful way and to ensure continuity and the fulfillment of all promises

Community-centered celebrations are like circles. The person is in the center. The person's best friends are in the next circle. There are other friends in the next circle. The person is there at the center to participate as actively as possible. The friends are there to celebrate, facilitate, support, and offer as much guidance as might be needed.

Decisions are made collectively, not just by the person. The more marginalized the person, the more collective decisions gain importance. All are equal for all are companions. Some can talk, and this makes the celebration easier; others cannot and this makes sharing more difficult. Some have other troubles that can make even a celebration hard. Some are sad and withdrawn; others are nervous and antsy. Whatever the person's condition, the celebrations are for all and to find ways to make dreams come true.

Community-centered celebrations are based on what each person needs, not what each person wants. Needs are focused on feeling safe, loved, loving, and engaged. Wants are focused on the "niceties" of life. These might be good things, but they have to arise out of companionship and community. The celebrations are a time of joy, not recrimination. There is no room for coming down on anyone, nor for making anyone feel bossed. The person's circle of friends has to avoid several typical ways of doing things:

AVOID...

- Any sense of a typical meeting. Things might have to be done and reported, but not in the celebration.
- Professionalizing the gathering. The celebrations are for friends. They are a gathering of friends and are centered on helping a marginalized person who is a friend.
- Having program books, data, and evaluations around. The focus is on companionship and community, not programming.
- Directing the celebration and conversation toward the invited guests instead of the person-- no talking about the person, always directing everything toward the person.
- Sitting distant from the Community. Have the celebration arranged in such a way as to bring everyone physically and emotionally close.
- Letting the Community flounder. Have someone with whom the person feels safe next to the person and giving attention. If the person wanders away, someone should accompany him/her and continue to share the gist of the celebration.
- Not having the supported person's favorite people there. Be sure to have family members, boy/girlfriend, and direct caregivers at the celebration.
- Thinking that professionals have the best ideas. The opposite is true—those who most love the person likely have the clearest dreams.

CULTURAL IMPACT



Different cultures silently demand ways-of-looking at things. Industrialized countries often ask us to focus on each person's independence, self-reliance, and self-determination. These are not necessarily "bad" traits, but caregivers have to see them as secondary and make sure that they do not interfere with a marginalized person feeling safe and loved. They are secondary because the foundation of all decision-making has to be based on feeling safe, loved, and engaged. Without this foundation, there is nothing. Independence is empty without others. Self-determination cannot be just left to the self; it needs community to have meaning. Self-reliance will cave into loneliness without others to lean upon, celebrate, and share joys as well as sorrows.

CULTURAL IMPACT

- Independence has to be based on a sense of human interdependence
- Self-reliance has to be based on a fulfillment of our need to be with others and do things with them
- Self-determination has to be based on our connectedness with others
- Decisions are made for the common good, not just for individual good

These celebrations ask us to break away from the shallowness and selfishness of individualism and the loneliness of self-determination. They call on us to build companionship and community.

AN EXAMPLE OF A CELEBRATION'S FEELING

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Elaine is in her living room, seated on the floor, her head resting lovingly on the legs of her favorite caregiver, the caregiver's hands stroking her hair as a mother would do to calm a loved one. Elaine looks around the room at her friends. They are all seated around her like a rainbow showering warmth on the land. It is a time to talk about Elaine-- her joys, her sorrows, her dreams, and how to get there. Elaine does not talk with words. Her eyes and sounds speak books filled with "Yes, that is right!" or "No, I do not feel that way!" They speak of self-esteem, happiness, problems, and worries. Her circle of friends quickly become used to talking with her instead of about her. A good friend leads the circle with questions that draw out concrete pictures of Elaine and her future. Elaine looks with curiosity, agreement, or disagreement just like everyone in the circle. Slowly, a picture forms on the paper hanging on the living room wall. Her mother and father listen, share, and caution. The picture says, over the next year, Elaine will have more friends. She and her house-mate will learn to love one another-- doing things together. Sharing together, hugging and kissing one another, going into the community together, eating together. Elaine will feel better about her self-- lifting her head up with pride and a feeling of I am somebody!" Someone slips into an old habit--"What about data? What about the service plan?" And, another says, "This is a time for celebration and friendship. We do not worry about what others want. We will figure this out some other time. This is a time for and about Elaine."

Community-centered-celebrations are a time to rejoice about the gifts and hopes of our friends, their dreams, and the ways that each person's circle of friends can offer support. A community-centered-celebration is a feast for honoring the individual and moving more closely toward shared dreams.

It is only for those who love the person and are willing to deepen their friendship through concrete actions. It is a time to talk and share. It is for those to whom we want to show our love. It is a collective effort, sometimes easy and fun, sometimes hard and probing, but always a celebration among friends.

Community-centered-celebrations are not bureaucratic meetings, nor professional team meetings. They are not a time for reports, or for data. They are not for those who do not wish to be there, nor for those whom the person has not invited. They have nothing to do with the dry goals and objectives of days gone by. They are not about things like money management or self-medication programs. They are about companionship and the deeper and broader formation of a sense of community.

The professional's role can be important, but it is secondary to a feeling of companionship and community. This is not to downplay the need for professionals' insight in their particular discipline. However, any such insight has to be filtered through the light of the person's life-story and a desire to deepen the person's sense of feeling safer and more loved. The psychiatrist could share the fears of the person that make his/her feeling safe more difficult and offer ways to overcome this. The speech therapist could share ways to help the person share feelings of loving others. The job coach could share her dreams about engaging the person more with fellow workers. All has to be channeled through the pillars of feeling safe, engaged, loved, and loving.

OUR WAY OF FEELING

Companionship and community are different values than many are used to. The popular thing is talk about independence, skills, self-reliance, self-determination, and individual choice, and individual decision-making. Or, many focus on the accumulation of material goods-- a better house, more money, and other such things. These values are fine, but secondary in community-centered celebrations. They do not energize the lost, abandoned, and lonely. They fail to free those whose hearts are broken. Those values do not mend broken hearts. They do not feel human emptiness. They might distract the person for a while, but fear and meaninglessness still linger at the bottom of the heart.

Community-centered-celebrations are based on shared beliefs and these revolve around companionship and community. These are the fresh blood that can revive broken hearts. They center on finding ways to ensure that those whom we support feel personally and collectively safe, engaged, loved, and loving. The dreams that are shared in these celebrations arise out of these values, and everything that is shared is looked at through these. Indeed, independence itself cannot come to pass until companionship and

community are well established. Self-determination and even decision-making depend upon these feelings.

Companionship and community swirl around this rainbow of key values-- safe, engaged, loved, and loving. All has to be discussed through these four feelings. A facilitator in the circle of friends has to find ways to keep and deepen this focus. This is a difficult task because of how we have been trained to think and feel-- individualism, independence, programs, activities, behavior problems, physical management, and drugs. These have little to do with the formation of companionship and community.

Our focus is quite different. The circle's responsibility to is reflect on these new and even strange feelings, dream about them with the person, and then find ways to move toward them.

CORE FEELING	WHAT THE FEELING MEANS
Safe	I feel safe in my world... I feel comfortable with my supportive caregivers at home and school/work... I feel relaxed and open to them... I respect my body, my emotions, and my thoughts... I can cry when I am sad and know that my circle will nurture me... I can go to anyone in my circle of friends and seek comfort when I am sad or a hug when I am happy... I can stay with my friends even when I am scared about something or come to them when I am terrified... I feel good being with my housemates, schoolmates, or work mates...
Loved	I feel loved by my supportive caregivers, my family living and dead, my house and work mates... I have two or three best friends... I like being with many people because they make me feel good, proud, and full of life...
Loving	I smile at and reach out to my friends. I feel for others when they are hurting... I share what I have... I show acts of kindness toward others... I appreciate being helped when I need it and show it with a smile..

Engaged

I have enough favorite people in my life. I like to go to school or work. I look forward to seeing my caregivers and friends. At home, I can do my chores, play games, and just be with my community... I enjoy doing things together and helping others... I am eager to be with my classmates, work mates, and housemates... I like sharing time with them, having fun together, and just being with them... I like to be helped when there are things that I cannot do by myself...

These four feelings are the rainbow that hovers over community-centered celebrations. They are the bright colors that shower upon the person's circle of friends. They are the light that helps the circle dream about the person's future. They are the energy that nurtures dreams and the force that helps the circle move toward that dream for/with the Community. They are about making dreams come true through friends talking with friends.

A facilitator in the circle helps make concrete pictures of the circle's dreams of where the person will move toward a year from now and then dream about the steps that the circle will walk through to arrive at the dream's fulfillment.

THE FACILITATOR IS...

- Someone the circle of friends respects and feels safe with and loving towards.
- Someone able to bring together diverse individuals and make them be and feel community.
- Someone who enables the circle to go through the celebration's phases.
- Someone who helps professionals in the circle do their clinical duties outside the celebration and without detracting from a sense of companionship and community.
- Someone who is always expanding the circle with members from the broader community.
- Someone who helps the circle participate fully in the phases and keeps the focus on companionship and community.
- Someone who is not afraid of physical contact and can generate joy and contentment.
- Someone who ensures that the supported person is the focus.
- Someone who bases care-giving on the formation of companionship and community

This sounds easy, but problems abound because we have many old habits to deal with and many new ones to develop.

OLD HABITS DIE HARD

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One issue that needs to be dealt with is what to do about those who do not wish to celebrate as part of a circle of friends, but still want to participate. The first and central invitations come from the person being honored. This is often done with the help of her/his friends. Those who feel left out or even professionally miffed have to try harder to develop a sense of companionship with the person. In the meantime, they might have to do their “professional obligations” on their own-- outside the celebration. The celebration’s facilitator, however, needs to make sure that minimal conflicts arise. This is a time for celebration. Those who seem to be left out need to be helped to feel safe and loved as well.

The celebrations themselves can easily fall into old habits unless we have a strong awareness of these and are willing to change. Because we are creatures of habit, we have a tendency to talk about problems and ways to settle them. Some might want to flaunt their professionalism. Some might become overly excited and even driven by data. Others might want to be clinical and aloof. We have many habits that we have to overcome:

OUR OLD HABITS

OUR NEW HABITS

Professionalism

- Professional obligations are done somewhere else. Community-centered celebrations are not a time for reports and data, but a time for rejoicing and dreaming
- We come as friends to share, to discuss the future, and to focus on the community of caring-- not a client, not a problem, and not a consumer.
- We are relaxed and friendly toward all in the circle. We show our respect and affection to everyone.
- We put away our professional attire, attitude, and note books so we can be together as friends

Goals, Objectives and Data

- These celebrations are about dreams and dedication. If we have to summarize or translate our celebration for agency or governmental officials, we do it elsewhere. This stuff does not intrude into the celebration.

Psycho-Babble

- We talk as friends talk. We break the habit of using words like client or consumer, programs and activities, behaviors and treatment plans. Our language has to be the language of friendship.

Aloofness

- We come as friends. We want to speak of and show warmth and love. We want to dream and plan for a deeper sense of companionship and community.

Even more important than our habits are our attitudes and values. Many hidden ways of thinking can make our celebrations just another meeting. Our attitudes and values are powerful forces in how we see ourselves and others as well as what we do. Community-centered-celebrations have to come out of very clear and shared values about companionship and community. These are more basic than any other values. Yet, we often just want to talk about independence and self-determination, "Stand on your own two feet... You make the decision... People learn by consequences...

He has to learn a lesson... She has to choose..." Community-centered-celebrations are about the person and his/her circle of friends. They are not about individualism, but about interdependence.

They are a process in which friends come together to talk about and share thoughts and feelings about deepening companionship and community. These motivate everyone. And, everyone realizes that independence, self-determination, and choice are built on these. So, the celebrations are a process of dialogue and discernment. They are a process that involves collective decisions. They uplift and highlight the supported person's dreams and hopes, but do not stop there.

COLLECTIVE DECISION-MAKING



One issue that is hard to deal with is collective decision-making-- a process that honors and holds the supported person at the center, but involves a process of collective analysis, discernment, and action. The supported person is at the center just as the sun is at the center of our universe. Yet, the sun without its planets is empty. The person is at the center like a newborn infant is at the center of a family. Yet, the infant is no one without a circle of loving ones. Community-centered-celebrations are about the supported person and with the supported person. But, they are not about self-determination or independence. They are about the formation of community.

They are a collective process that starts with the person and those closest to him/her-- not those who are over the person, but the most loved by the person and most loving toward the person. In many instances, this means that the caregivers who spend day-in and day-out with the person are the closest. Of course, the person's family is also centrally involved.

Collective discernment and decision-making is a serious duty of the person and his/her friends. The collective group has to generate the moral authority in itself to reflect on and move toward wise decisions. We assume that with the circle there is an abundance of goodness, talent, creativity, and skills. The shared sense of companionship and community is the foundation and energy for this. If based on these values, we then assume that the collective circle of friend has an abundance of gifts and insights. The collective answers in the search for the fulfillment of each person's dreams are within the group.

CENTERING COMMUNITY-CELEBRATIONS AROUND...

- *Companionship*—deepening and broadening the person's interdependence with and among others, firming up feelings of being safe and loved in an ever-expanding circle in the home, at work or school, in the neighborhood, and in the community.
- *Community*—deepening and broadening the person's sense of being in and of the community, someone valued and valuing, loved and loving, the circle spiraling outward from home to community.
- *A Collective Decision-Making Process*-- coming together to dream about the person's future, celebrate their present, and feel for their past. The answers to the person's dreams arise out of the group.
- *The Person* – honoring and respecting the person at the center, encouraging and enabling personal choice, collectively discerning what is needed to help the person feel safe, loved, loving, and engaged

PHASE ONE - GETTING READY TO DREAM



Anyone who is invited to come to the celebration has to be regarded as a friend-- someone who really knows the person and shows love, someone who visits with the person throughout the year as a friend, and someone who is willing to go the extra mile to support the person. Those who are invited should have to be ready to deepen their sense of companionship with the person and his/her supportive caregivers.

The circle of friends consists of those whom the person invites to the celebration. It should include those whom the person truly likes and who really like the person-- family members, neighbors, caregivers, professionals dedicated to companionship with the person, and other friends. The circle's facilitator or other members of the circle have to deal gently with the thorny issue of those who want to or insist on coming even though they are not really a part of the supported person's circle of friends. The best strategy is to bring them into the circle long before the celebration by helping them get to know the person and to feel companionship with the person.

GETTING READY...

- Each circle needs a facilitator
- Prior to the celebration, each member of the circle needs to visit with the person and supportive caregivers as a friend several times.
- There should be written invitations to all who are invited with a personal touch added if the supported person cannot write-- a picture, a design, and any personalized way.
- The invitations should tell the guests what to expect and how to prepare.
- Select one or two members of the circle to be closest to the person to make sure she/he feels safe. Prepare them.
- A small group should have a short meeting a few days beforehand to make sure that the celebration will go well and will focus on companionship and community.

Every celebration needs a safe, warm place. There are many options. For those who live in fear, the home or parent's home is often the best place. There should be enough room for the guests to be comfortable. The physically closer the guests are and the more comfortable they are, the better. Many celebrations have guests seated in a circle or semi-circle with some on chairs and others seated on the floor. Other places include backyards, porches, parks, private rooms in restaurants, family homes, and meeting rooms.

Always remember that these events are celebrations, not meetings as we are accustomed to. Part of the place's warmth might involve special decorations, sharing food, and soft music. The place should be well arranged to bring people closely together. And, the friend who is going to facilitate the celebration with/for the person should have everything set up beforehand.

The facilitator is a crucial part of the circle. She/he has to envision how things are going to flow and make sure that everything runs smoothly.

THE FACILITATOR MAKES SURE THAT...

- Invitations are sent to friends.
- The circle of friends is prepared.
- Key members of the circle talk about and plan for the celebration beforehand.
- Non-invited professional fulfill their roles outside of the celebration.
- If any professional attends out of perceived necessity, he/she is treated as a friend and is helped to respond as one.
- The room is warm, friendly, and set up for companionship
- The supported person has one or two “best” friends nearby to ensure comfort.
- Newsprint, paper, and pens are available for recording.
- Some one will be ready to help out in the facilitation process.

Some things have to be avoided. The facilitator has to have enough assertiveness to guarantee that the celebration does not spiral downward into a typical meeting. The facilitator is a peacemaker and has to deal with a variety of realities, from very supportive to uncaring. He/she has to help all feel safe and loved in the process.

THE FACILITATOR HELPS AVOID....

- Any professional aura, report giving, reading prepared statements,
- Any focusing on the behaviors, data, reports instead of the person, her/his dreams, or a feeling of companionship and community,
- The use of “program books”, data, professional language, giving of assessments,
- Dress that does not make the person and caregivers feel equal, and
- A them-us attitude-- pitting professionals against caregivers or everyone against the supported person.

WHO ARE FRIENDS



Many marginalized people have no or very few friends. In the initiation of circles of friends, friendships often have to be defined by a servant-leader—maybe a parent, a caregiver, a teacher, and an advocate. As time goes on, the circles take on a more ordinary definition of friendship—close and intimate people who form an on-going circle of support around the marginalized person. As more time goes on, many people then begin to form their own circles in less stilted and more natural ways.

WHO ARE FRIENDS?

1. First step: Those who care for and about the person. These will often involve persons who are in supportive capacities—a parent or family member, a teacher, a teacher aide, a direct caregiver, a “professional involved in the person’s life
2. Second step: An expansion of those who would “normally” make up what we call friends
3. Third step: A normalization of the circle of friends—family members, neighbors, community members

The more a culture is materialistic, the harder it is to enter this process since so many people live parallel lives and things take precedence over people. The initial circle has to advocate strongly for the inclusion of normal friendships. This will take time.

ABOUT PROFESSIONAL STUFF



In different places and cultures government and agencies require certain kinds of reporting, information, and formats for purposes of funding and monitoring. These things are fine, but should not intrude on community-centered celebrations, or on the life of the person. This stuff should be handled before or after the celebration. Even then, professionals have to look at everything through the lens of companionship and community. Perhaps a particular person has to have a special diet due to a diabetic condition. This information has to be dealt with through the prism of ensuring that the person deepens his/her sense of feeling safe and loved. The circle has to know the difference between being safe and feeling safe, being loved and feeling loved.

The facilitator plays a key role in what goes on before, during, and after the celebration. This is the hardest part, keeping the focus on the celebration, while also making sure that all governmental and agency bases are covered. Much of her/his work is behind the scenes-- managing conflicts, gaining trust from those who look at things differently, finding creative ways to make reports, and making and enlisting new friends.

THE FACILITATOR HELPS AVOID....

- *Non-participation*—When the marginalized person does not want to be part of a circle, the circle needs to still come together and find ways to help the person learn to feel safe and learned with circle members. If the person attends, but does not participate, the circle speaks for the person.
- *Violence*—“Do we not have to be trained in physical management?” The simple answer is “No!”, the circle of friends has to move quickly into a deepened sense of companionship with the person.” The circle has to enlist a psychologist who is a friend or deal with violence behind the scenes. The central issue with violence is to prevent it. Part of the celebration could involve a dialogue about what everyone will do accommodate the person instead of provoking violence of any sort.
- *Prescribed Drugs*—Make sure the person has a true mental illness and that any drugs are for this, not for behaviors. The circle has to insist on dignity for the person-- no drooling, no shaking, no messed up gait. The circle has to enlist a psychiatrist who is a friend or deal with this behind the scenes. As with any other tool, the circle of friends has to always balance the need for drugs and their positive and negative effects.
- *Diets*—First ask if they are necessary or just middle-class impositions. If necessary deal with these questions so that the person feels safe and loved. If someone has diabetes and must not eat sweets, then the circle moves quickly to make sure that the person feels deeply safe and loved, increasing the probability that the person will do what his/her friend asks. The circle has to talk about options such as non-sweetened foods and drinks and make these readily available. The circle has to enlist a dietician who is a friend or deal with the problem behind the scenes. Also, recognize that the person’s house is her/his home, even if it is a shelter. There is no room for whimsical denial of food, drink, or smoking. The central question is to help the person be and feel safe. These issues will resolve themselves if companionship exists.
- *Physical Illness*—The circle should only look at physical ailments from the perspective of how safe and loved the person is and feels. Issues like stomach cramps, poor posture, lack of teeth, and constipation are very personal and should be handled privately by professionals just like anyone else does. The circle of friends simply has to have a collective understanding of how issues like these can twist a person’s spirit and find ways to make the person be and feel safe. If a physician or nurse is a friend, he/she should participate in

the circle—not to report medical problems, but to offer support in terms of companionship and community.

- *Communication Needs*—The circle should care deeply about supporting the person’s communication needs, especially focusing on describing how the person can express feeling safe, engaged, loved, and loving, or their opposites. Those who do not speak English should be helped to learn it.
- *School or Work*—The circle has to look beyond the home. Teachers and caregivers from school and work should be part of the circle. When others do not quite fit into a spirit of celebration, the circle has to guide them gently in the dream-process.

Some friends might want to lord it over the circle with a mental health culture-- talking about diets, violence, drugs, segregated work, compliance, and other professional attitudes that distance the supported person from friendship. Any of these topics might have to be discussed, but not at the community-centered-celebration. The facilitator has to clue in participants beforehand and ensure that the celebration stays focused on companionship and community. If a special diet were necessary for a particular person due to health reasons, the facilitator has to guide the one concerned about this to look at the situation from the perspective of feeling safe and being safe. If a psychologist or psychiatrist is worried about drugs or behavioral challenges, they have to look at these questions from the perspective of feeling safe and loved. Everything has to converge into the circle’s discussion with feelings of companionship and community.

REPORTS AND DATA

Supportive services have been dictated and formed by rules and regulations for years upon years. Many rules and regulations had their origin in goodness-- protecting people from harm and ensuring growth. Many individuals responsible for monitoring have managed to transcend an authoritarian approach, but some have gotten swallowed up in it. Over the years many rules have become means of control and dehumanization because they did not focus on the person. They focused on agencies and money. The person got lost in the paper.

The same holds true with data. Many homes display “program books” on shelves in the living room. Instead of a fireplace or a cozy kitchen table, we are immediately struck by the “data books.” Caregivers are bent over kitchen tables doing their reports and filling in “X’s” and “O’s” just like in old time nurses stations. Many professionals are still enthralled by the “scientific data” that they feel is so necessary for excellence and validation.”

Community-centered-celebrations have no room for this stuff. The circle has to be creative and bold. It is their wisdom that has to form the person's future. Whatever reports and data that have to be done should be done to honor and uplift the person and the circle -of friends. This means that the facilitator has to do some things behind the scenes--filling out this form or that form. The facilitator will have to educate surveyors and other monitors in the circle's values and direction. More importantly, the facilitator has to nurture creativity in the circle and free up caregivers to give care rather than looking like the Nurse Ratchet's of years gone by,

Data and reporting can be fair and just. The question is how do we support the person, free up caregivers, and still meet the requirements of outsiders. Nothing says how we have to validate the goodness of what we do. We have a responsibility to assure government that what we are doing is good and just. The circle has to and has the power to come up with creative, discrete, and efficient ways to do this.

DOING DATA AND REPORTS

- *Be discrete.* Avoid the physical presence of data and program books in the house, classroom, or work place. These items are for guidance purposes, not for control.
- *Break old habits.* Avoid doing what has always been done. Write reports as a mother would write about her person, not as a hospital nurse would write about her patient. Create new forms and formats that fit the person instead of the agency.
- *Work in solidarity.* Unite the circle of friends before and after the celebration to make sure that all funding and regulatory bases are covered.
- *Educate.* Explain to outsiders what you are doing and why. Keep the focus on companionship and community. Do not expect that outsiders will understand. Explain, explain, and explain!
- *Be creative.* Come up with new and simple ways to validate that you are doing what you promised. Look at issues like doing simple checks weekly or monthly, keeping a daily journal, using video tape, taking pictures, monthly interviews of the circle about progress, quarterly summary journals.
- *Keep paper work out of the setting.* The circle should look for ways to eliminate the need for caregivers to take data.
- *Companionship and community.* Keep the focus on safe, engaged, loved, and loving.

PHASE TWO - DREAMING

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Community-centered celebrations are about collective dreams, and then breaking these down into the possible. They are a moment in time when friends come together with a friend in need in a spirit of openness and discernment-- not to look at problems, but to dream about the future. At each celebration, those who love the person help him/her describe where he/she wants to be in the future-- dreams about feeling safer in the world, more engaged with a broader circle of friends, more loved by more people, and more loving toward others.

Dreams are made of the circle of friends coming together, sitting in a circle in a place that is safe and comfortable for the person, and, with the help of a good friend, picturing the future.

PICTURING THE FUTURE

- Picture the person feeling safer with caregivers, neighbors, work/school mates, people in the community, and family
- Pictures should revolve around four key words - safe, engaged, loved, and loving
- Pictures of feeling safe might look like, "I see Elaine running toward her three favorite caregivers when she comes home from work... I see her sitting with her housemate eating supper... I see her smiling when she comes home from her family's home..."
- Pictures of feeling engaged might look like "I see her playing games with her housemate... and serving her at meal time... I see her and her housemate cleaning the dishes together... I see her in supported work with a favorite caregiver..."

TIPS ON HOW TO DREAM-MAKE

- The facilitator asks each person to close his/her eyes and make a mental picture of where each sees the supported person a year or so from the present.
- The facilitator is always near the supported person and directing all conversation toward the supported person. If he/she cannot communicate, the facilitator is her/his voice.
- The facilitator keeps summarizing the dialogue as a way to engrave the evolving dreams in everyone's heart.
- The facilitator keeps delving more deeply and more concretely into what each person's dream-picture looks like.
- The facilitator makes sure that thoughts and feelings are not left in vague and abstract words, but always presses for snapshots of what this or that means in relation to the person.

PICTURING THE FUTURE

- Pictures of feeling loved and loving might look like “I see Elaine with her head held high, with a smile on her face, and slow movements... I see her kissing her caregivers, housemate, mother and father...”
- Dreams are pictures. When anyone actually dreams, we see concrete expressions of joy or fear, happiness or sorrow. We see faces, hands, and eyes. We feel movement. We hear voices. We can describe these when we awaken.
- Our dream-making has to be like our most joyful actual hopes. “What do you see and hear?” should be the facilitator’s most common question.

TIPS ON HOW TO DREAM-MAKE

- The facilitator makes sure no one worries about “Yes, but...” The dreams have to focus on what the circle of friends imagines as a safer, more engaged, and more loving world.
- The facilitator makes sure that there is no talk about behaviors or problems at this point. The idea is to dream.
- The facilitator keeps pushing for concrete dreams, “Tell me what you see Elaine doing?”
- The facilitator summarizes each dream-picture in writing and/or pictures.

Dream-making is a no-holds-barred process. There is no room for an attitude of “That is impossible!” There is no place for complaining or criticizing. There is only room for looking into the future as a person would gaze at a rainbow and wish for...

PROBING THE DREAM AND GOING DEEPER

The collective group has to go as deeply and yet as concretely as possible. This is perhaps the hardest part of the celebration-- not just accepting words and phrases, but probing deeply for concrete meanings. We are burdened with professional language that distances us from people and cuts off a sense of companionship and community. Our words are not necessarily incorrect, but distancing. They separate us from feelings and go toward “programs”, not hearts. We need to conquer the person’s heart instead of worrying about managing nice and neat systems.

Probing more deeply is critical. When someone says, “She needs more activities!”, this is program-talk. It may be true, but is not deep. Plus, it misleads the group to stay in program-talk. The facilitator has to keep

pushing everyone to go deeper, “What do you see the person doing in these activities? Whom is she with? What is she saying? What do her eyes look like? What is she doing with her hands?” The probing leads the group to picture the person and the collective dream in action. It forces concreteness and makes the dream real and personal.

PHASE THREE - LOOKING AT THE DREAM FOR THIS YEAR



The dream is the circle’s collective hopes for and with the person. After this, the group (not an I-Team, but a We-Team) focuses on the possible over the next year. The possible things are goals that the circle determines that it can help happen over a year’s time. The goals are not the agency’s, but the collective group’s. They come from the circle and are the circle’s collective commitment to the person.

The good friend who is facilitating the process quickly jumps into the rainbow and pulls out from the circle “What do we think is possible this year?”, always probing, challenging, and drawing out concrete pictures from the circle. The goals are what the circle imagines it will see a year from now. The facilitator has to help the circle enter into the concrete future, asking questions like, “OK, we have a vision of where we want to go. Now let us see what the person’s reality will look like a year or so from now!” It is important to keep the circle in the future with an attitude of “We are not here today, but we are here a year from now and looking back over the past year!” The circle is not seated on the floor and sofa right now, but is gathered together a year from now. And, the key question is, “What have we seen and felt in the last year?” It is back to the future time!

We are the future, be in it, and picture it. This takes a vivid imagination, an imagination that arises out of our moral beliefs about companionship and community. Our pictures of the person a year from now are a description of our moral imagination.

PICTURING THE FUTURE THROUGH OUR COLLECTIVE IMAGINATION

QUESTIONS TO ASK:

- We are here in this same place a year from now.
- What do we see?
- What do we hear?
- What do we feel?
- Where do we see the person living, working, or going to school?
- Who are the main people in the person's life?
- How do we see in the person?
- "You say friendship. Tell me what that is. Who do you see? What do you see?"
- "You say happiness. Tell me what that is. What do you see?"
- "You say liking her caregivers. Tell me what that is. What do you see?"
- "You say no hitting. Tell me what the person is doing instead. What do you see?"
- "You say not feeling miserable. Tell me what you see that says she does not feel like crap."
- "You say independent. Tell me how this makes the person feel safer and more loved!"
- "You say making money and working. Tell me how that will make the person feel more engaged!"

PHASE FOUR - GROUNDING IN THE HERE-AND-NOW



We have been to the future. Now we return to the present. The present is filled with questions, frustrations, problems, challenges, and even cynicism. We now go through another step in our process that looks at where we are at and what we can do to move toward the dream. We need to look around and see the person's reality, especially what roadblocks stand in the way of our journey toward our dream.

We are going to take a journey toward a rainbow, but we have to know where we are starting at and what issues we have to resolve to start moving, including resources, additional supports, and rules and regulations that might go contrary to the dream. The facilitator has to ground the circle of friends. The best place to start is for the facilitator to summarize with the circle what the roadblocks are.

TALKING ABOUT GEARING UP FOR THE JOURNEY...

- "Elaine hates her house mate!"
- "She cries every time she comes back from her family's home!"
- "She chooses to be a loner and just deal with staff!"
- "She wants to eat alone!"
- "Agency policies make this journey impossible!"

QUESTIONING ABOUT GEARING UP FOR THE JOURNEY...

- "Tell me what you see! Who can we enlist to make her feel companionship?"
- "Tell me how we can start to make her feel safe and loved in both places. Who can help right now?"
- "What does that mean in terms of companionship and community?"
- "Who can help her feel safe eating supper with her house mate?"
- "Who can help review and interpret those policies so that they do not get in our way?"

We have to be realistic as well as dreamers. We know that there are many barriers toward companionship and community. The facilitator has to probe the circle with questions that acknowledge reality, but move the circle toward moving beyond it.

PHASE FIVE - EXPANDING THE CIRCLE OF SUPPORT



Once grounded in reality, but also energized by the possible future, the facilitator helps the circle reflect on who can help the person move toward the dream from the here-and-now. The place to start is with the circle of friends-- the supported person her/himself and the circle, people already dedicated to supporting the community. The facilitator draws out of the group personal and shared commitments, and then probes for others who might be enlisted in the circle.

The facilitator questions each member of the circle about how they will dedicate themselves to the dream's fulfillment--caregivers, family members, neighbors, schoolteachers, supportive workers and community members. The theme is "I will do this..." Yet, often more support is needed. Others likely will have to be enlisted. This part involves broadening the circle. The circle of friends has to identify and enlist a circle of support. This might include a psychiatrist, physician, minister and an acquaintance. Now there are two circles. The first is a circle of friends; the second is a circle of support that will be enrolled.

CIRCLE OF FRIENDS AND CIRCLE OF SUPPORT

- *The circle of friends*—those who help the community feel safe and loved and dedicate themselves to personal commitments.
- *The circle of support*—those who are enrolled to support moving beyond the present. They are new individuals who are asked to make personal commitments over the next few months.
- *The supportive circle* is enrolled to help overcome barriers-- the psychiatrist who regulates medications, the therapist who makes sure that the person is comfortable in her wheel chair, communicates with his language board, the nurse who monitors medications, the psychologist who promises to help caregivers help the person feel safe and loved, the minister who promises to visit with the person once a week and talk about grief, the dentist who makes dentures.
- *Sometimes the circle of friends is the same as those who support.* Sometimes it is outsiders who are enrolled for a specific purpose. Sometimes the supportive people become friends, sometimes not. The important thing is to mobilize the needed help.

PHASE SIX- STRENGTHENING THE CIRCLE OF FRIENDS



To deepen their friendship with the person and among themselves, the circle of friends has to look at how they can make themselves stronger. The facilitator asks the group for ideas on what it needs to stay strong and become even stronger. The caregivers might need help in becoming better at teaching the person to feel safe, engaged, loved, and loving. The psychologist might volunteer to visit the home and share the skills and values needed to do this. The support coordinator might need help in making sure that she/he can do the behind the scenes paper work. Another person might volunteer to do this. Someone might say, "Our psychiatrist hardly ever sees the supported person and, when he does, he just snobs him with drugs." The psychologist might offer to help caregivers meet with the psychiatrist two or three times so that the right information is shared. The group or part of the circle likely needs to set up times to come together to celebrate small breakthroughs or to make sure that everyone stays focused. Thought has to be given to the skills that are needed, the values that need to be deepened, and the seeking of necessary support.

MAKING OURSELVES SMARTER AND STRONGER...

- Talk about and list out what skills and change strategies the group needs to fulfill the dream
- Talk about what the circle needs to do to ensure that the circle of support does what needs to be done.
- Talk about ways to periodically celebrate moving toward the dream.

PHASE SEVEN - FIRST TINY STEPS



Mighty oaks from tiny acorns do grow! Let us get real now! What are we going to do over the next three months? What will make the journey begin? Think about where the circle has dreamed for a second, and then plot a course for the first steps. The dreams are what government people would call goals; the first steps are what they would call objectives, but what we call a commitment, "I/we will do this by such-an-such a date..." In this phase, we tell who is going to do what and when it will be done. These are commitments that the circle makes to the person.

These commitments are the proof in the pudding about companionship. They move us from talk to action. They validate friendship. They go way beyond what is ordinarily expected of professionals. We no longer talk about agency obligations, but personal commitments to an individual.

ABOUT THE FIRST TINY STEPS...

- The facilitator asks for commitments from each member of the circle for the next three months.
- These commitments might involve members of the circle or individuals in the supportive circle.
- She/he keeps reminding the circle of the dream.
- All commitments are based on the dream.
- The facilitator questions about anything or anyone who might block these first steps.
- The circle discusses ways to overcome these roadblocks.
- Personal commitments are listed with dates of completion.
- The facilitator tracks these.

PHASE EIGHT - ENDING THE CELEBRATION



Within a few days everyone in the circle should have a copy of the community-centered celebration's outline--from the dream to the first steps. It should be written in plain language and should also be presented to the person in a way that the person can understand and treasure. Since many individuals cannot read, it is important for caregivers to have a clear and concrete summary of what the plan involves and review this often with the person. The facilitator has to help the circle be creative. Written words might be part of the outline, but it should not become stuck in this mode. Think about drawings, graphics, poems, and songs as a way to picture the outline.

Closing the community-centered celebration should involve a down-to-earth summary of what has been celebrated and each member of the circle should be asked to give a picture-phrase of where the person will be a year from now. At the end, the facilitator should ask each individual to reach out and thank all in the group. Also, the circle should not leave until it knows when and where it will meet again to review its progress.

COMMUNITY-CENTERED CELEBRATION CHECKLIST



Each celebration will be a unique event. There is no one way to celebrate. Each individual and circle of friends are so different. Each reality is so unique. Three basic events have to happen to make a community-centered-celebration work well-- touching base beforehand, the celebration itself, and what goes on afterwards.

BEFORE

- ☐ Dedicated members of the circle need to spend time with the person off and on throughout the year
- ☐ Encourage family attendance
- ☐ Make and send out personalized invitations
- ☐ Help the person buy a new outfit for the day
- ☐ Explain to the individual what will happen and why
- ☐ Make sure caregivers are present
- ☐ Have a place where the person feels safe and make it festive
- ☐ Have food and drink available
- ☐ De-professionalize the gathering-- dress and attitudes
- ☐ Invite only those who are friends
- ☐ Review and discuss any necessary or relevant reports before the celebration
- ☐ Prepare the person's favorite friends to be with the person
- ☐ Have a supportive option ready, if the person wants to roam around or wander off

DURING

- ☐ Arrange seating around the person
- ☐ Have the person's favorite individuals sit nearest to make him/her feel safe and loved
- ☐ Touch the person a lot
- ☐ Talk to the person, not about the person
- ☐ Keep the atmosphere peaceful
- ☐ Honor the person a lot
- ☐ Come to the meeting only as a friend—empty-handed and with a warm heart
- ☐ Keep the focus on safe, engaged, loved, and loving
- ☐ Use a logical process such as-- the dream, defining these in goals, grounding in the present, identifying people to enlist, finding ways to strengthen the circle, what to do over the next three months, what we will do right now, and commitments for the first steps

AFTER

- ☐ Write personalized thank you notes to all who participated
- ☐ The facilitator makes sure that everyone stays on track-- phone calls, e-mail, small meetings, written journal
- ☐ The facilitator sends out a 3-month review of progress and barriers
- ☐ Various professionals translate the community-centered plan into the language and format that will satisfy outsiders
- ☐ Everything should revolve around safe, engaged, loved, and loving

The facilitator plays a key role throughout the process. The celebration itself is the high point of the process. The real work goes on before and after the celebration. Each member of the circle is a mentor, a leader, and an advocate. There are many bends in the road. The tasks are difficult. Members have to be skilled at negotiation and conflict resolution. The central focus is always the supported person.

WHAT A COMMUNITY-CENTERED PLAN LOOKS LIKE

The following is an example of what the written results of a community-centered-celebration look like. It is simple and to the point. It involves what a circle of friends' dreams consist of and what will be done right now. It is the result of a circle coming together to celebrate. Read it. Reflect on it.

Cecil's Life-Story

Cecil is a young who has had a difficult life, but who now lives with companions in an apartment. He holds a job as a night watchman. He is in the process of learning companionship and community.

Cecil-- a young man, appearing to be proud of himself, with many skills, burdened by faint memories of his early personhood, separation from his brother at the time of their adoptions, and further weighed down with the heavy memory of his brother's death in a distant place. He is a young man with a loving and dedicated mother and father who participate in his life and worry about his happiness and his feeling of self-worth and hopeful of his one day sensing that he is deeply loved by them and others.

Cecil-- a talkative man who tries hard to fit in, takes pride in a new found job as a night watchman, who dreams of having his own pick-up truck, and getting married. He is a young man whose wishes can outpace his

present possibilities and who even talks about his dreams as if they were a current reality. He is articulate, humorous, and pleasant to be with.

Cecil-- who recently thought about and tried to hurt himself in a suicidal call for help, a cry for his yearning to be somebody, to feel "I am somebody", and to end his life-confusion. He is a young man struck by his perception of himself as "different", yet tries to be somebody, to the point of making up a better reality through fantasy-stories. He enjoys his caregivers and regards them as friends. He has known the street life in search of that elusive feeling of wanting to be somebody.

Cecil-- a confused, but very lovable, young man who in his innocence and through his early years of abandonment and abuse actually astutely poses several insightful questions of existence in often unspoken words: 1) **Life-Meaning**: "Who am I? And, if I do not fit into what I see as a good reality of others my age who are leaving home, going to school, going steady, having a job, and having children, then I will create my own reality!" 2) **Aloneness**: "Although I have a very loving mother and father, I was abandoned as a small person and I lost my brother to distant and remote heaven. I feel lost in this world. I am trying hard to do everything that everyone wants, but I still feel alone." 3) **Choicelessness**: "You all say that I should make decisions and I do, but I have no choice over the fact that I am scared!" 4) **Death**: "I feel death, especially that of my brother. I have warned you that I want to die to end my confusion Please love me!" 5) **Oppression**: "What you want of me I will try to do, but I am still empty in my heart. You might call what I do behavior problems. You are missing the point. I am empty and need to be filled with your love. You have to make me feel safe. You have to make me feel loving. Do what my mom said. Teach me to feel loved!"

Cecil-- a young man whose early life-story of neglect, multiple foster homes, and the eventual death of his younger brother have left him anguished, confused, and without identity. He has shown anger in the past, a sense of panic, explosiveness, and depression, and even a desire to kill himself. These feelings have led him to seek refuge in alcohol and street drugs. He is seeking to define who he is in the best way that he can. This search for identity has resulted in him making up his own reality, what people called telling tales. These tales are not so much lies, but a wished for definition of himself, a search for an elusive meaning in his life and being, and somewhere between fantasy (the realm of a person) and delusion (the realm of meaninglessness and absurdity). His history of aggression toward self or others is an outward expression of this inner turmoil and confusion. Likewise, his past problems with not doing what he should do is an outward expression of not wanting to be controlled or bossed around that arises out of a lack of trust. It is a way of saying, "If I cannot figure out who I am, don't you come down on me."

Cecil-- a young adult who is caught in the middle of trying figuring out who he is, what his role is on this earth, and where he is going. Adolescence is tough enough. For Cecil, it is harder since he does not have the foundation of self-esteem that most adolescents have. His very youth militates against him.

COMMUNITY-CENTERED CELEBRATION FOR CECIL



Cecil and his core caregivers and supportive staff sat in his living room to develop a community-centered plan. Cecil was relaxed and participatory. The group asked him to sketch a picture of his most beautiful dream. He proceeded to draw a picture of a “fishing hole” with himself alone in a boat. When asked what he saw in his picture he said, “Fishing with a favorite friend... someone who is always there...” And, then he said, “I see someone on the other side of the lake... Someone trusted...but then he disappears...”

Cecil described his dream-- someone with him whom he can always trust, yet deeply fearful that loss is always a short distance away. He yearns to have trusted and stable people around, yet is almost certain that they will disappear just as his natural parents did and just like brother did.

The collective group set forth the following goals and objectives with Cecil’s full input and participation: As the dialogue unfolded, Cecil’s dream became more concrete-- how he sees himself 12 month from now-- his own dream:

- Participating in self-advocacy
- Having a steady girl friend
- His caregivers telling him, “You are nice!”

Cecil defined a dream in which he feels loved and loving, a world in which he feels safe, even when fear of loss looms on the nearby horizon. The sense of imminent loss and feeling unloved by himself and others are his two underlying needs. They must be addressed fully and constantly over the next year. His going hunting, fishing, and bowling are good vehicles for his companions to use to establish these feelings which are basically a sense of trust in world that has been untrustworthy. His companions have to spend their time going for his heart. He needs to be sheltered from failure. All his decisions should be win-win. He does not need to be “taught a lesson”-- no words of “You no better than that!” His problems are not in his head, but in his heart. With all his “macho” appearance and ways of interacting, he is utterly terrified and feels little self-esteem.

Collective Commitments from Cecil's Caregivers

The group talked about ways to help Cecil move toward his dream:

CECIL'S CAREGIVERS COMMITMENTS

- We won't let him get into trouble. We will make sure that we are with him. We will cut him a little slack for his sense of freedom and self-esteem, but will be ready to support him before he is about to "fail" or get into trouble. He does not need to learn from the "school of hard knocks". His problems relate to sense of self esteem, feeling safe in the world, and feeling loved.
- We won't let him feel that he has failed in anything-- from cleaning his room to hanging out. For example, his room is dirty. The issue is not "He likes it that way!" or "He refuses to clean it!" The challenge is for us to do things, like cleaning his room, with him. These daily chores become good excuses to talk to him about how proud everyone is of him so as to continuously uplift him.
- We will sit down with him many times for a few moments every day and talk about the good and beautiful things that he has done. In many ways, he is a baby in his feelings. He has never really connected to significant others due to his early personal loses. Like a mother would whisper words of love and praise to her infant a 1,000 times a day so too will we, Cecil's caregivers, uplift him a 1,000 times a day. Of course, he is a man and should be treated as one, but we need to understand that our real task is to make him feel like a loved and loving brother, no more, no less.
- What if he gets into trouble? We will ask, "Why did I not prevent this?" We will get better at prevention. We will not spend much time or energy reviewing with Cecil the errors of his ways. We will spend time with him talking about how good he is.
- What if he refuses to do something? We will do it for him if necessary. If possible, we will do it with him. Remember we are teaching him that it is good to be with us. Through this sense of engagement, we are strengthening his love of self and love of others.
- We will do the things he likes to do such as bowling, fishing, hunting, and hanging out. We will use these special times to deepen his love of us, others, and self.
- We will stretch him a little bit. When it would be good for him to do something, but he doesn't want to, we will go ahead and start doing it. Then, we will find a way to entice him into being with us, not doing the particular thing, but being with us.

- If he gets sad or talks about killing himself, we will be exceptionally nurturing. We will keep telling him how good he is, hug him, and assure him that we are with him. There is no way to convince anyone to not kill self. There is only hope to give. And hope is in our relationship.

Community-centered-celebrations are not for the faint hearted. They call on us to see the person as a true friend and advocate for the fulfillment of the basic needs of life. They often start with the unilateral formation of a circle of friends who recognize the person's life-story and tolerate the person's distancing or total lack of willingness to open up to friendship. They call on us to give of ourselves and help bring others into the person's life. They move from an imposed and invented circle to one that is normal and part of the person's life-project. They center on what a person needs, not just what a person wants.

NOTES



CHAPTER 6

Community Formation





"There is loneliness in this world so great that you can see it in the slow movement of the hands of a clock..."

-Charles Bukowski

*Debora,
The queen of solitude
Alone and sadly bowed
Distances herself and is distanced
From all others,
Those who should be her brother.*

*The queen of solitude
Alone, bent, and so sadly bowed,
Looks and waits,
Watches and warns,
"Away from me!"*

*Alone, bent and bowed
In the shadow of her throne
Of wood and straps, where alone
She rules her lonely land
Disconnected from the loving hand
Of her brothers and sisters
May her kingdom come!*

*Alone in the shadow of despair,
Curled as if in a womb,
Yet distanced and alone in a room
Not with others, just a chair,
Not just a chair,
But a cage,
A teacher of rage,
A concrete symbol of the land of
despair.
May her kingdom come!
In her eyes is emptiness.
In her hands is fear.
In her heart is loneliness.*

*Laces of affection
Not yet woven,
Seeds of love
Not yet sewn,
Embraces not yet given,
Except the cruel embrace of straps.
Those straps of rejection,
Cutting away any possible affection.
May her kingdom come!*

OUR ROLE IN BUILDING COMMUNITY

.....

We are builders of community. This new kingdom is a place where Debora can learn to feel safe and loved. It is a place where she learn to reach out to others and become an active participant in her life-project.

Our way to say "no" to pervasive fear and terror is to teach companionship and community. As we bring about feelings of companionship through our face-to-face relationships, our simultaneous task is to form a sense of community-- first among those whom we serve and then in the broader community. Community is much more than the physical act of people living together or being together. It is the accumulation of caregivers and those whom they serve sharing a mutual feeling of companionship, feeling safe

among one another, enjoying being, and showing love toward each other. Community is the coming together of gifts to be shared generously.

As we have seen, this takes a different set of values than we are used to-- not based on individualism and self-reliance, but on a feeling of community and collectivity; not based on regulations and oversight, but on our initiatives at the base community. Both tasks are exceptionally challenging and both require the utmost care and responsibility.

Every community needs to take a democratic posture, and each needs to form its own leadership. Leaders have a special duty to focus on community formation through their example and working shoulder to shoulder with direct caregivers. An initial task in community formation is to have a sense of what is "good"-- to be nonviolent, to give to others, to encourage people to come together, and to provide stability and constancy in relationships.

As caregivers, we are asked to develop a moral imagination that goes far beyond what we are often expected to do. Although daily chores have to be done, the central aspect of giving care revolves around the quality of our relationships with those whom we serve. In many ways we are their surrogate parents, brothers, and sisters. Our role is very special. This calls on us to be very special. We have to continually transform the very culture of the place where we give care.

The formation of community goes on from the very start since, as we teach companionship, we are also constructing the foundation for community. So, now we will examine the process of bringing together ourselves and those whom we serve.

COMMUNITIES OF CARING



The establishment of community starts with the development of a collective sense among caregivers of their shared values, purposes, and strategies. Caregivers become servant-leaders, facilitate this process, and set up mechanisms for it. The overall purpose is to create a process that deepens and broadens a sense of responsibility for community life that spreads from caregivers to those served, and beyond.

The care giving community, thus, enters into a process of a new morality-- one not based on consequences and control, but on response and care. This is a critical difference from typical practices in which behavior control and skill acquisition predominate, and relationships are secondary. In this culture the priority is reversed.

A COMMUNITY OF RESPONSE AND CARE

- Caregivers are connected to those whom they serve as servant-leaders
- Caregivers use a morality of care that is based on response to needs
- Behavior problems are seen as moral questions
- The purpose of the community is to promote, maintain, and deepen connections among one another
- Care giving is evaluated by how well and how deeply relationships are maintained, restored, or deepened

Our challenge is to move toward a community of care and response-- one that gives hope, encourages relationships, responds lovingly to needs, and promotes human interdependence. We often do a myriad of things that, without even thinking, can be interpreted by someone who is fragile, vulnerable, and without strong attachments as destructive and domineering. Many of the ordinary things we do are fine under ordinary circumstances; but, for someone who has a sorrowful life-story, they add up to a feeling of oppression and fear. In community formation the guiding rule is unconditional love, and the ongoing task of the care giving community is to promote and deepen it.

SERVANT-LEADERS



In the beginning, we are servant-leaders in the circles. A servant-leader is someone who responds to the needs of others, helps organize circles of friends, encourages a process of awareness based on companionship and community, initially facilitates the change process, and hands over leadership as the community feels safe. Our responsibility is to enable the eventual formation of true friendships within the context of community. We are no above or below anyone.

We are with all. Our purpose is to nurture circles of friends. Servant-leaders need to see their role as creating, maintaining, and promoting a culture of life. Its center is the establishment of warm and authentic relationships among all involved. But, then it spreads beyond the initial relationship to others.

GUIDING SERVANT LEADERSHIP PRINCIPLES

- Being militant, but make everyone feel safe
- Ensuring that all need to feel a sense of community
- Facilitating the expression of self through dialog
- Making sure that the community feels safe, loved, loving, and engaged
- Teaching the moral rules of companionship and community
- Enabling and facilitating the process
- Holding frequent kitchen table dialogs

Servant-leaders at the direct care level need to use a range of skills that focus on community formation. Their role is crucial. It is like the glue that binds the community together-- giving example, setting standards, showing how to create companionship and community, meeting frequently at the kitchen table to dialog, encourage, analyze, and plan. Their primary task is to reveal the reality of the community, get the community to judge its gifts and vulnerabilities, and then enable plans to continuously transform its reality.

Look at the table below and think about how close you come to these characteristics of care giving leadership. Like everything else that we have discussed, these take time to unfold.

SERVANT-LEADERSHIP CHARACTERISTICS

- Working side by side with direct caregivers
- Setting a nonviolent example
- Gathering caregivers together on a daily basis
- Offering on-going praise and support
- Using the kitchen table to dialog
- Showing how to prevent or diminish violence
- Assessing those served based on companionship
- Assessing the culture of the service together
- Writing personalized plans together
- Advocating for their community
- Ensuring a focus on community formation
- Dealing with support staff and agency administrators

Community formation requires a feeling of connectedness among the caregivers and those whom they serve, and their shared values. Caregivers need to establish a morality in themselves that focuses on response to everyone's needs, fears, vulnerabilities, gifts, and dreams. The community needs to constantly question how its actions impact on feelings of connectedness and how to enhance or restore these. Every community has its leaders, and their roles are critical to the assurance of this questioning and transforming process.

There is an initial paradox in the initiation of a culture of life. Our acts of caring and response seem to be meaningless. We are surrounded by storms of violence-- screaming, hitting, biting, and cursing. We continue to express warmth. This paradox soon diminishes as the community begins to feel more safe, engaged, loved, and loving. So, we have to remain steadfast with our values and recognize the fullness of the "other" and their innate longing for solidarity and justice.

ACTIVITIES OF CARING

- Expressions of warmth
- Expressions of affection
- Nonviolence
- Mutual respect
- Sharing
- Doing things together
- Dialog together
- Gathering at the kitchen table
- Empathy
- Celebration of gifts
- Supporting one another's vulnerabilities
- Instilling hope

Servant-leaders need to nurture these characteristics and activities in the caregivers. This includes a emphasis on expression of warmth and authenticity based on the quest for belonging, the increasing ability to deflect distancing or violent interactions in any group members, the total acceptance of each individual in spite of disharmony, the teaching of new meanings based on caring relationships and interactions based on the assumption that there is an inherent longing for union, and the constant use of unconditional love as the underlying care giving strategy.

INITIAL ROLE OF THOSE SERVED



In the beginning, those served will often play a passive role since there is no reason to interact with caregivers. Feelings of companionship are just being formed and, until these are established, active participation in community formation will be minimal. But, passive participation is a necessary start-- being with or even near the caregivers, sitting at the kitchen table with them, roaming around, or even participating in a disengaged and unloving way. In these moments caregivers can begin to see the expression of fear and disconnectedness and discern the emotional obstacles to companionship. As time draws on, those served then begin to become more active-- occasionally moving closer, gazing, speaking words or even making sounds that express feelings of oneness, reaching out consistently, sharing ideas and wishes, and eventually advocating for self and others in the context of the group.

Caregivers are the initial creators of community. They have the majority of contact with those served. Their daily interactions form the central relationships among those served. Their smiles or frowns determine to a great extent each person's well-being. Their warm touches or cold grabs send messages of hope or nothingness. It is not a nevernever land that requires nothing but goodwill and positive intentions. These communities require diligent and arduous efforts on the part of the caregivers to bring everyone closer, to teach all that they are safe, to bring about human engagement, and even to teach everyone that they are loved and can give love to others. These groups do not just arise on their own. Nor is it a safe bet that all, or even most, caregivers want to create community. Some caregivers have been shoved down to the bottom rung of the ladder and feel as oppressed as those they serve. Many are young and are still forming their own identity. Some have become cynical. Most are ill-paid. Some are authoritarian by nature and others are in pain themselves. Yet, within any given reality there are caregivers with hope and kindness and who are naturally born companions. These individuals are the ones who will build community and change cynicism to hope, oppression to freedom, and harshness to kindness.

Within this reality mechanisms have to be set up to enable caregivers to question their reality, to judge how they might best express themselves in the care giving role, and to act as creators of community. They need to see themselves and be seen as the most critical factor in this process.

KITCHEN TABLE DIALOG



The kitchen table is the symbol of these communities. We have looked at several kitchen table tools. Each of these is an instrument that we can use to help promote the community building process. Conversations need

to occur around the table as frequently as possible, even if for just a few minutes a day. Everyone should be aware that this process takes time and much effort. Take your time. Community formation is a slow process. Plant the seeds for change and, before you know it, the tiny buds of community will begin to appear. These life-giving buds will hardly be recognized at first-- quietness will replace loudness, smiles will emerge where there had been expressionless faces, meaningless and rushed movements will turn into a desire for engagement, and hands will begin to reach out to show affection.

KITCHEN TABLE DIALOG

- A gathering together frequently
- Using kitchen table tools to provoke discussions
- Sharing what is important in our own lives
- Informal and non-threatening
- Focused on who we are becoming
- The center of the community

We need to sit down and discuss community needs, assess the situation from the perspective of basic life values, and communicate with one another what is needed to enhance our community. We need to find ways that are within our direct power to bring about change and not wait for others to find solutions or resources for us. We have to begin to imagine what would we like to happen to us if we were marginalized, how would we like to be treated, and how would we like to feel if we had needs that required others' caring for us. This empathy calls on us to develop a moral imagination-- putting ourselves in the others' shoes and being guided by that sentiment.

We have looked at several kitchen table tools that should help us dialog about ourselves, those we serve, and the community we are building. Now, we will look at some other community-building tools. These are designed to bring the majority of decision-making to the direct caregivers.

Leaders need to afford informal times and caregivers have to create informal moments when they can probe their own selves. Some conversations might deal with what caregivers feel they do best as individuals, others with themes such as vulnerabilities, talents, assessing needs, assessing caregivers, fears, and any other topics relevant to community formation. We need ongoing discussions about who we are and why we are giving care. These initial dialogues are healing and community-building. They create a foundation for the evolving community.

A way to facilitate this process is to structure the first kitchen table meetings around a theme. Each theme can be helped by a kitchen table tool. Besides the tools we have shared so far, some other examples follow.

OUR TALENTS

We have to see our own talents. The kitchen table tool below can be used to help reveal these and share them. Our talents are everything that we bring to the community. For some, it might be extreme patience or tolerance. For others, it might be a special gift like the ability to sing or tell stories. It could have something to do with our very presence, life experiences, or personal interests. It could be our experiences in raising a family or being a good and kind son or daughter. There are no limits to our personal gifts. Nor are any too small or insignificant. Try not to be timid about yourself. We cannot see the gifts of others and celebrate them until we have an awareness of our own.

So, step back for a moment and think about the good things you have and do. These are your gifts and no one else's. You bring these to the care-giving act. They represent your authenticity and your special way of being. These cannot be mandated to exist. They are in your heart and expressed in your presence.

Circle the number that seems to best fit and then add three personal items. Your personal items might be talents that the group is unaware of. When you are finished listing your own special gifts, share them with your community! Then, listen to those of the others in the group. These gifts are what make your community special. As you are doing this, also include those whom you are serving at the kitchen table and help them define their gifts. Community is a gathering of gifts. A good place to start is right now.

I AM GOOD AT	A LITTLE			A LOT	
Responding to others	1	2	3	4	5
Care giving skills	1	2	3	4	5
Organizing	1	2	3	4	5
Being patient	1	2	3	4	5
My religious beliefs	1	2	3	4	5
My musical ability	1	2	3	4	5
Name three personal ones:					
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

This tool serves as a way for caregivers to see themselves as talented and gifted, to share their likes and dislikes, and to dialogue about themselves and the gifts they bring to the group. We bring our gifts to the community we are forming. Recognize and celebrate them-- your own and others'. In the community that we are forming these are the talents that we use with our hands, face, and words. They are part of our very presence and make us genuine and authentic in our interactions.

OUR VULNERABILITIES

The development of mutual valuing within the care giving group is a critical part of the formation of community. It is also important that the group recognizes and discusses its own vulnerabilities to the extent that each feels comfortable. Just as each has gifts, each also has needs. By revealing these, the group can learn to recognize its individual weaknesses and become more interdependent.

Read the list below and circle the rating scale as it applies. As in the previous tool, each member circles the number that best fits her/his feelings and then shares them.

I FEEL...	AGREE			DISAGREE	
Scared working here	1	2	3	4	5
Lacking in skills	1	2	3	4	5
Like this is just a job	1	2	3	4	5
Unsupported	1	2	3	4	5
Devalued	1	2	3	4	5
Name one more of your own:					
1. _____	1	2	3	4	5

It might be difficult for some caregivers to reveal their inner feelings and others might be tempted to dominate the discussion with their own complaints. Discussion of this sort should not degenerate into gripe sessions, but should serve as a way for the collective group to share its feelings and come to a resolution how the group might reach out to one another and overcome its own vulnerabilities.

In the development of this feeling of community caregivers need to acknowledge their individual and collective needs and gifts as a prelude to understanding human interdependence. Yet, we must also recognize that in the initial stages of group formation there will be hesitation. Until we can see and share our own gifts and needs, we will not be able to have empathy

for those whom we serve.

OUR PRIORITIES



Another community exercise involves a broader theme, "I feel strongly about . . ." The instrument that follows serves as a foundation for discussing shared values, not only as they relate to work, but in the general context of life. Rate yourself on each item and then jot down why you need the item you feel most strongly about. What is important for you is important for the community. Like our talents, no life-priority is too small or too big. These are our personal priorities. We bring them to the kitchen table just like we bring our talents and vulnerabilities.

WHAT IS IMPORTANT TO ME	A LITTLE					ALOT
My family	1	2	3	4	5	
My religious beliefs	1	2	3	4	5	
My work	1	2	3	4	5	
My friends	1	2	3	4	5	
My car	1	2	3	4	5	
My house	1	2	3	4	5	

Jot down why you need the item
you feel strongest about:

These questions go to the root of our shared values and serve as their day-to-day expression. The insight from these ratings is intended to link our dreams and hopes to the dreams and hopes of those whom we serve. Remember, we are in the process of forming community. We need to have a sense of this in our own lives before we can create it for others. We cannot give gifts that we do not have.

OUR DISLIKES



Another important theme is the age-old one of "What I hate most about this job!" It is healthy that the group begins to discuss its likes and dislikes about their work. The primary idea is to get these feelings out into the open and develop a common spirit of struggle, but always within the context of creating a community of caring. This theme is not meant to bring about "solutions," but to enable caregivers to see their commonality and to assume as much responsibility as possible for change.

It is natural for a group to have dislikes-- some barriers to community formation and others just every day gripes. It is good to put all of these on the kitchen table-- talk about them, laugh at ourselves, encourage one another, find ways to get around some, and work to resolves the most serious. Remember, companionship and community are the two major reasons for our work. There will be things that we dislike that are just part of life. The key here is to focus on those things that are real barriers to coming together. Read the tool that follows and circle your own "dislikes" and then choose one that is a major barrier to community formation. Talk about the ones that are obstacles to this and come up with ideas within your power to cause change. Do not forget, we are a patient people, looking for change, but willing to persevere.

I REALLY DISLIKE...	A LITTLE					ALOT
Menial tasks	1	2	3	4	5	
Mix of people	1	2	3	4	5	
Staff turnover	1	2	3	4	5	
Lack of activities	1	2	3	4	5	
Paper work	1	2	3	4	5	
My biggest dislike is...						
Write one of these or one of your own:						
<hr/>						
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IMAGINING A CULTURE OF LIFE

.....

The best change starts at the grassroots-- the house in the neighborhood that we are making into a home, the classroom in the schoolhouse where we are teaching all children to learn to live together, the work place in the factor where we are shoulder to shoulder with our co-workers. We need to find ways to take control of our own community. We are like yeast in dough-- a little speck of yeast soon lifts up the mass.

A culture of life is one in which nonviolence is the focus of everyone and gentleness is seen as an act of justice. It recognizes that all change is mutual and is a life-project. It sees caregivers as servant-leaders. It looks for change in the smallest of things.

Let us take a few moments and see what things are within our power to change. They might look small and insignificant; but, if we can begin to generate change, more will come. We need to move toward deeper change-- starting with ourselves.

EXERCISE: IMAGINING A CULTURE OF LIFE

.....

OUR COMMUNITY: _____ **DATE:** _____

PURPOSE: 1) To examine the culture you have responsibility for (e.g., the group home, work site, classroom); 2) ask yourselves what is within our power to change right now; and 3) develop a plan to bring about this change.

INSTRUCTIONS: 1) Sit together as a community. 2) Read, discuss, and score these variables.

1. COLD	1	2	3	4	WARM
---------	---	---	---	---	------

COLD: A cold culture is one that separates caregivers from those served. Although individual caregivers might bring a sense of companionship, there is no real feeling of community. Most caregivers are seen as apart from the people served. There tends to be two groups--the "staff" and the "clients." There are insurmountable walls placed between the two groups. The "staff" form into cliques with some being friends and others being enemies. Those who are served lack a collective feeling and exist as parallel beings who are individually dependent on "staff." A cold culture gives no sense that caregivers are servant-leaders. It places them over those cared for. "Staff" are present to control and gain compliance. Those served are there to be controlled, managed, modified, and made compliant.

Your collective interactions do not seem to be kind and loving toward those served. Outsiders would think that you do not care a whole lot. You hear little affectionate talk, see little warm touch or smiles, and feel much distance between caregivers and those served. The place is a “facility,” not a home, a “special ed” room, not a school, a “baby-sitting” function, not real work or creative activities. Remember that coldness relates to the culture of your setting. You might personally be very warm, but if the setting has an aura of coldness, then individual efforts are not enough.

Check any that apply to your reality:

- ☐ Talking about people as if they did not exist
- ☐ A sharp distinction between “staff” clients”
- ☐ Making fun of people
- ☐ Just letting people sit or roam aimlessly
- ☐ Grabbing people
- ☐ Ordering them to do activities
- ☐ Using any form of restraint for any length of time
- ☐ Using punishment
- ☐ Using behavior plans
- ☐ Walking by people and not acknowledging them
- ☐ Not eating meals together
- ☐ Yelling at people
- ☐ Scolding people
- ☐ Little warm physical contact
- ☐ Little warm talk
- ☐ Rushed movements
- ☐ Few smiles
- ☐ Seldom doing things together
- ☐ Little discussion of companionship and community
- ☐ Dirty or tattered carpet, rugs, or floors
- ☐ Strong odors in the setting
- ☐ Dirty or soiled clothing
- ☐ Dirty furniture
- ☐ Blinds, curtains, or windows broken
- ☐ Few personalized furnishings, decorations, photos
- ☐ Rules posted in public view, diets on the wall

- ☐ Program books in view
- ☐ Age inappropriate objects in view
- ☐ Doors with loud and incessant buzzers
- ☐ Ill-kept lawns and interiors
- ☐ Staff office evident as a place of power and control
- ☐ Little privacy or modesty
- ☐ Different rules for caregivers, e.g., smoking, eating
- ☐ Baby-like games for adults
- ☐ Institutional clothing and grooming

WARM: A warm culture is one in which there is a sense of emergent mutual companionship and community. Caregivers play an authentic role of servant leader by focusing on companionship and community. This emerging community is seen in the warmth of caregivers' interactions during good times and bad. Unconditional love is evident.

Your collective interactions are seen as kind and loving. You see yourselves as brothers and sisters, as equals, and as sensitive human beings. You give a feeling of family. A stranger walking into your setting would feel, "My goodness, this place is loving!" Warmth is felt in what we see, hear, smell, and feel. It might be beautiful music, soothing light, serene talking, and a sense that troubled people are nurtured.

Check any that apply to your reality:

- ☐ Strangers are welcomed
- ☐ Sounds are soft
- ☐ Scents are inviting
- ☐ Faces are relaxed and peaceful
- ☐ Caregivers react calmly to violence
- ☐ Caregivers react with nurturing to violence, sadness, sorrow, and frustration
- ☐ The setting feels "at home"
- ☐ People do things together
- ☐ High degree of loving physical contact
- ☐ Movements are calming
- ☐ There is a sense of purpose
- ☐ The setting is organized, comfortable, and home-like, school-like, or work-like

- ☐ The setting gives a feeling of pride and mutual respect
- ☐ The setting gives a message of "We are somebody! We are proud of our world!"

2. LOUD

1

2

3

4

SOFT

LOUD: Loudness is a sign of chaos. It means that we fail to understand the initial fragile nature of those whom we serve. It overly excites people and makes those who are nervous even more driven. It takes the focus away from relationships. In your setting, collective interactions are quiet, soft, and calming. You speak loudly and do not seem concerned about a chaotic setting. You hear gruff or demanding tones and do not hear the expression of a high level of loving comments. It also applies to the environment: loud music played, loud kitchen utensils, loud games, TV blaring. The chaos of loudness is felt all around—driven pacing, incessant complaining, stomping feet, doors slamming, buzzers blaring, caregivers barking orders, and little space or time for intimacy.

You might not be able to calm down those served, but the collective care-giving group fails to slow itself down and quiet down. Your voices are not soft and slow. You pay no attention to environmental noise and even encourage it by your example. You speak loudly and even shout. You drag things around and slam doors. You joke among yourselves and make loud laughter.

Check any that apply to your reality:

- ☐ Loud and fast music
- ☐ Loud television
- ☐ TV on, but no one watching it
- ☐ Caregivers shouting
- ☐ Loud utensils and equipment
- ☐ Door locks, alarms or buzzers
- ☐ Loud speakers
- ☐ When disruption occurs, caregivers become loud and demanding

SOFT: A soft culture emanates from the caregivers. It means that the collective group of caregivers is very sensitive to the fragile nature of those served and slows down and softens the care-giving environment. Collective sounds are soft, slow, and calming. You speak in a relaxed and friendly tone. You are aware of the impact that loudness has on behaviors and regulate your tone based on the community's needs. When speaking, you give a

feeling of patience, tolerance, and affection.

Check any that apply to your reality:

- ☐ Music is soft and soothing
- ☐ Caregiver voices are hushed and welcoming
- ☐ Caregiver conversations are focused on nurturing
- ☐ All sounds are geared to sooth and welcome

3. IGNORING INTERACTIONS 1 2 3 4 LOVING ONES

IGNORING INTERACTIONS: There is a collective disregard the people's presence and wholeness. You walk by them, talk about them behind their back and make fun of them. You seem to not view them as brothers and sisters, but as objects to be controlled. Smiles and warm words are few and far between. Even one individual left out of warm interactions makes all interactions less powerful.

Check any that apply to your reality:

- ☐ Rare greetings or farewells
- ☐ Rare sharing of the community's feelings
- ☐ Rare sharing of snacks
- ☐ Open criticism
- ☐ Use of dehumanizing language
- ☐ Focus on behavior plans and programs
- ☐ Use of restraint or physical force
- ☐ Little encouragement of renewing family connections

LOVING ONES: There is a collective feeling of mutual love and respect. You express kind and nurturing interactions throughout the day and even at the most difficult moments you try hard to uplift and unconditionally love. You frequently greet each person and talk softly to them. You touch a lot. The best measure of loving interactions is when the most troubled individual receives the most love and affection. Caregivers are not worried about giving in or manipulated. They focus on companionship and community.

Check any that apply to your reality:

- ☐ All receive a deep sense of being safe and loved
- ☐ The most troubled person receives the most love and affection

- ☐ Caregivers have trusting relationship with those served
- ☐ Caregivers bring those served together in a spirit of companionship and community
- ☐ Where there is hatred, caregivers teach friendship

4. SELF 1 2 3 4 COMMUNITY

SELF: Caregivers have a collective feeling that they should just focus on individual needs, not community needs. You consider self-reliance and compliance as the driving force of the setting. You use phrases like "He knows better" or "She is manipulating." You give a higher value to persons "lifting themselves up by their bootstraps" than to feelings of community. Your "programs" focus on getting rid of negative behaviors or teaching individual skills.

Check any that apply to your reality:

- ☐ A lot of talk about choice
- ☐ Little talk about companionship and community
- ☐ A lot of emphasis on compliance
- ☐ A lot of emphasis on "Do as I say!"
- ☐ Rare opportunities for group dialogue
- ☐ Seldom teaching people to do things together
- ☐ Programs that are based on self-reliance and compliance
- ☐ People who are served seldom learn together
- ☐ People who are served seldom do chores or activities together
- ☐ The collective group is seldom brought together to focus on community

COMMUNITY: The care-giving group sees itself as forming a community with the people served and dedicate themselves to teaching each to honor and respect one another. Plans highlight the need to teach such moral-emotional skills as friendship, sharing, and kindness. Community is essentially a collective feeling that all members are mutually safe, loved, loving, and engaged. The true measure of community is how safe and loved the most troubled individual feels.

Check any that apply to your reality:

- ☐ Many tasks, chores, activities are done together as a community

- ☐ Daily dialogues with all involved in the home, classroom, or work place
- ☐ Caregivers teach a collective sense of being safe, loved, loving, and engaged
- ☐ Caregivers ensure that each person served has a circle of friends
- ☐ Special attention is given to the most trouble individual

As you consider areas of possible change, go a little deeper. Think some more about your community, what it looks like, and what it feels like. Add three other variables to what you just did.

NOW: 1) Add two variables of your own to imagining a culture of life. These should come out of your group dialogue at the kitchen table. Each variable should indicate a way that is in your hands over the next three months to move more deeply into a culture of life. 2) Define each variable. 3) Rate each of them.

5. _____	1	2	3	4	_____
6. _____	1	2	3	4	_____

Look over all your responses. Talk about them and then select ones that you feel are within your grasp to change. When you have done this, it is time to turn to thinking about ways to change the culture you participate in.

Remember this is your community. The way it feels depends on you. Make certain that what you have selected is within your grasp to deal with. Do not worry about big change. Focus on small, even subtle, change. We have two rules for change. First, we are like yeast in dough-- a small amount of change will lift the mass. And, the slower we go, the faster change will come about. Go step by step! Do the next exercise. We have come a long way in our reflections. We have discussed the nature and meaning of companionship and community, and have examined our role within these processes. We have seen that both take more than a lot of hard work. They require deep insight in to ourselves and others. They require working together and sharing common values.

We have many tools in our hands now-- for looking at ourselves and those whom we serve, for planning personal and cultural change. Teaching is like farming. These tools are our hoes and shovels. We have to stoop down and begin the hard toil. Our labor will bear much fruit for those whom we care for and about. Like farming, we have to first till the soil and then plant the seeds. It will take time for these seeds to take root and give their harvest.

NOTES



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CHAPTER 7

Mentoring a Spirit of Gentleness





We need a way in which we can enter into frightening spaces and bring the gift of gentleness, nonviolence and justice.

Children without names,
Christ, atop the highest hill,
Looks upon the city,
Arms of stone opened
Toward the housed and the fed,
Eyes fixed firmly
On the land of the living.

The sun shines on His face,
Casting a cascading shadow
Behind and down the darkened
hillside,
Impacting on the white
tombstones,
Each rising from the ground
Like rectangular scars.

At the bottom,
The Street of Tears
Embraces the dark, pocked hill.
Beyond the shadows of death,
On the opposite side of the Street
of Tears,
On the darkened plain,
The earth has opened up,
Pushing out a tomb for the
abandoned,
For twenty-seven children
Frozen between life and death,
Chilled by the lengthening
shadow,
Forgotten by the fattened city
dwellers
On the other side of the hill.

A cemetery of the living,
Its guarded iron gate
Opens its arms,
Footsteps echoing a requiem.

And a few steps beyond
Lies the tomb of the living,
Of the twenty-seven abandoned
ones,
Who once having entered
Were named,
Were gowned,
Were left
Moving slowly, roaming ghostly,
looking deathly,
Each blue gown stamped with
Pediatrics,
Each child named by the city's
Committee of Beneficence,
Those who dwell on the other
side of the hill,
Naming, not numbering,
Entombing, not embracing,
Charity's deed having been done.

Child Salvador,
Body black,
Arms outstretched,
Approaches
Sucking a red plastic cord,
His lips never having touched
A mother's breast,
His blackness imprinted on the
whitened walls.

Juan Luis,
Pale face,
Eyes moving from side to side
Like rounded ice,
Stands alone
Frozen in time,
An infant child
Gazing at what he has never seen.

*Claudia,
Child of the Andes,
Sits on a wooden stool,
Lips moving,
Whispering, crying,
"Come, come, come!",
Words not answered,*

*Panchito,
Head cast downward,
Rocks himself,
His blinded eyes fixed
On his tiny strapped arms
Listening to an unsung song.*

*And at his feet
Squats the Garbage Dump Boy
Having been nurtured in the
city's sunned garbage,
But gathered up one day and left
To rot on the cold tile floor
Of the city's children's pavilion,
A cousin of the municipal dump,
Now searching for scraps of life
Where hunger rules.*

*And twenty-two others
Are twisted images of these five.
Though named,
They remain nameless.
Though gowned,
They are naked.
Though living,
They are dead
In this tomb of nothingness,
Of bodies, of ghosts, of shadows.
Finally, I leave
The guarded gate opens its iron arms.
Footsteps echo again on the
cobble stones
Until I reach
The Street of Tears,
The tomb-pocked hill,
Christ's back,
And the darkness of the night
On the other side of the hill.*

How can we teach others a spirit of gentleness among caregivers? We need to go to the other side of the hill. We need to be strong in our convictions, have a clear mind, and a pure heart. We need to have the courage to bring gentleness where it is absent, hope where there is despair, and love where there is emptiness.

We have looked at ourselves and those whom we serve. We have reflected on non-violence, companionship, and community. We know that the pursuit of non-violence and justice is a life-project. We also need to assume responsibility for deepening and spreading this spirit of gentleness through our on-going example and our sharing. We have to recognize that it is a life-project for us and for others. Around the world caregivers are challenged to serve children and adults whose lives are filled with fear and meaningless lives. We need a way to help teach others about gentle care giving, to enter their space just as we have reflected on entering the space of marginalized people, and teach them to teach others to feel safe and loved. Mentoring is our approach to do this. It is our way of sharing with others a spirit of gentleness and justice.

We have to feel secure as mentors. Our role is to define the empty and

violent spaces that exist between caregivers and marginalized individuals in institutions, shelters, homes, prisons, nursing homes, schools, and wherever we happen to serve. These places have to be filled up with the caregivers' laces of affection-- their loving touch, warm words, and kind gazes. Caregivers need to stop and reflect on the formation of companionship and community and the role of helping individuals feel safe, engaged, loved, and loving. From this foundation, caregivers can then create communities of caring. Mentoring is our process for teaching caregivers to establish companionship and community. Mentoring a spirit of gentleness among caregivers is an on-going project based on trust between mentors and caregivers. There are no fixed answers. The very process of mentoring is our response to empowering caregivers and those whom they serve to discern non-violent responses to violence and to form community.

MENTORING

Mentoring is an ever-deepening task that calls for the development of trust among caregivers and the formation of a sense of companionship and community. This trust starts by the mentor entering into the caregiver's space with a deep sense of humility and justice and helping each caregiver feel safe and respected. It is the informal coming together of the mentor and caregiver around the kitchen table and the sharing of the meaning of companionship and community. It is working together and finding ways to teach marginalized people these feelings.

MENTORING IS...

- An on-going process and a life-project
- Bringing a spirit of gentleness into homes and day programs to caregivers and those whom they serve
- Developing trusting relationships with care givers
- Experiencing hands-on interactions with troubled individuals, sharing ideas with caregivers around the kitchen table
- Developing and carrying out community-centered celebrations that lead to companionship and community

A mentor is someone who is dedicated to spreading a spirit of gentleness, provides leadership, and facilitates change in his/her unique manner. The common ingredients of mentoring are frequent visitations to the most troubled individuals and their caregivers, the formation of trust with caregivers, hands-on experiences, and sharing ideas and values with care givers. The mentor comes in a spirit of gentleness and confronts violence and chaos with peace and discernment. The mentor sees goodness of all involved, points out the beauty of care giving, sets a gentle example, and

helps create a culture of life. The end results of the mentoring process are:

GOALS

- To improve the well-being of troubled individuals through the formation of companionship and community
- To establish a sense of companionship with caregivers
- To teach a spirit of gentleness to caregivers through example and coaching
- To develop with caregivers prevention strategies-- reducing all forms of violence and evoking a sense of peace

Mentoring is no easy task. Mentors have to define their own safe-zone, both with the caregivers and those served. The mentors' values and experiences play a role in the unfolding of the process. Some will feel quite comfortable with any and all caregivers, while others will be more hesitant and less confident. Some will be bold in terms of hands-on experiences with troubled individuals, while others will be more reluctant and less assertive. The mentor should not feel rushed, but confident that the very process of coming together will uncover a spirit of gentleness.

There is no firm answer as to what to do in any given situation. However, all mentors are expected to move within the same broad framework with both caregivers and the vulnerable people they serve. The primary marks of mentoring are to ensure that all learn to feel safe, engaged, loved, and loving. The mentoring process is an unfolding one. The more experiences, the better equipped the mentor will be to teach companionship to caregivers and troubled individuals. Each mentor has to make a moment-to-moment definition of his/her safe zone and slowly expand it. It does not matter where you start, but how far you can go in terms of deepening a sense of gentleness in yourself, in the caregivers whom you will encounter, and in the troubled individuals whom you wish to help. The mentor has to recognize that he/she enters into a complex space that involves both the caregiver and the marginalized person. The general rule of mentoring is twofold and applies to both troubled individuals as well as their caregivers. We need to prevent any form of violence and evoke a deep and abiding sense of peace.

THE MENTOR AS AUTHENTIC

The first secret of mentoring is to be authentic. But, authenticity has to be tempered with a deep understanding of our values. A mentor's purpose is to focus on the creation of companionship and community. Whether visiting with caregivers or troubled individuals, the mentor has to discover her/his own mentoring style-- tone of voice, way of carrying oneself, way of

explaining and teaching, way of showing others how to deal with violence, way of encouraging and valuing caregivers. Each mentor brings her/his unique gifts, life-experiences, and depth of feelings. Mentors are walking in the same direction, but each has to create his/her own path. The direction is mapped out.

MENTOR'S DIRECTION

- See your role as centering around caregivers
- Create a trusting relationship among caregivers
- Teach caregivers how to make vulnerable people feel safe and loved
- Help caregivers form companionship and community
- Teach them to use their teaching tools (their words, their hands, and their eyes) in their own way
- Enable them to transcend their own desires and ordinary ways of interacting in order to strengthen and deepen their teaching message

A mentor is more than a caregiver. He/she is a teacher of other caregivers. This requires experience and humility. Teaching calls on us to identify, clarify, and convey complex messages about the meaning of care giving, its purpose, ways of helping very troubled individuals, and creating a culture of life. Nothing is more complex than teaching others to feel safe and loved. The mentor has to be able to bring a spirit of gentleness to care givers for non-violence to take root by making caregivers feel safe and loved.

Mentors have to be steady in their own values and share these with other caregivers.

BASIC VALUES OF MENTORING

- Interdependence being more basic to the human condition than independence
- Nurturing replacing control
- Unconditional love being more powerful and essential than reward or punishment
- Collective decision-making being more basic than self-determination
- Nonviolence and dialogue are more powerful than confrontation and violence

Some caregivers will present a multitude of "Yes, but..." situations. A mentor does not argue, show pride, arrogance, or anger. A mentor should listen and gradually place the focus on helping the care-giving community feel trusting and safe. This is the gift that mentors need to give caregivers so that they then might share it with those served. A mentor is not bossy or authoritarian. A mentor centers her/himself on seeing reality, listening, and slowly evoking peace. A mentor realizes that caregivers do not often recognize the deep fears of those whom they serve and that some caregivers continue old practices that have failed for years. A mentor understands that many caregivers are trained to control rather than evoke peace. Mentors bring a new way of dealing with these controlling realities, and this takes time.

GAINING TRUST WITH CAREGIVERS

The first process in mentoring is to develop a sense of trust with caregivers. Trust is a feeling in which a person listens, participates, contributes, and questions because he/she feels safe. It is based on the mentors bringing a spirit of encouragement, praise, and serenity to the situation, even in the midst of chaos. It involves a dynamic process that starts with the mentors in their first encounters with caregivers:

FIRST ENCOUNTERS

- Make caregivers feel safe and loved by coming as a friend and companion
- Keep your focus on the creation of companionship and community, not on behavior problems, physical management, or griping
- Avoid arguments by listening closely and translating concerns from the perspective of feeling safe and loved

Trust evolves over time. A mentor has to be committed to forming trusting relationships with caregivers through frequent visits and sharing. A mentor takes his/her time. There should be no sense of being rushed. Mentoring is much more than giving information about non-violence. Its first purpose is to build trust with caregivers. The mentor's presence should convey a strong message of companionship. This evolving trust starts with the mentor's going to where the caregiver is at, spending time with the caregiver, and working hand in hand with each caregiver. As a mentor enters into a care giving reality, he/she has to come as a servant-leader and be seen as humble, ready to listen, and able to help. A mentor has to avoid a sense of attacking or a know-it-all attitude, and generate a process of equality and mutual change. The purposes of the mentor's first encounters with caregivers are:

MENTOR'S FIRST ENCOUNTERS

- To develop an initial sense of the degree to which a spirit of gentleness is or is not present in the situation
- To plant the first seedlings of trust between the caregivers and mentor
- To plant the first seedlings of trust between the mentor and a vulnerable person through hands-on experience
- To state and then elicit from the caregivers statements about the goodness of what they are doing

The mentor's initial steps start as he/she enters the care giving reality. The first purpose is to develop a sense of trust. It involves the same process as teaching a feeling of companionship. The mentor's task is to establish a healing relationship with the caregivers based on trust. Each caregiver has to feel safe with the mentor. The mentor comes as a brother or sister, not as a boss, regulator, or inspector. Although the mentor might see sad and ugly things, the first step is to create a sense of trust and mutuality-looking for small good things to focus on, sitting with the caregivers and discussing a spirit of gentleness, getting to know the caregivers, and expressing warmth toward them.

In this process, we center our interactions on what we want the caregivers to become, not what we want to get rid of. As a mentor, the primary "client" is the community of caregivers. And, our first task is to help them feel safe with us by avoiding any perceptions of being domineering. The mentor should present her/himself as authoritative rather than authoritarian-- giving a sense of equality as well as knowing what direction to go in-- the establishment of companionship and community through a sharp focus on teaching all to feel safe and loved. The mentor might not know exactly what to do, but knows the right direction to go in. The mentor is not expected to know everything, but to facilitate change based on companionship and community. The mentor needs to be well grounded in this direction.

The mentor's road posts are to move the caregivers to understand the need to teach companionship and community. Each individual needs to feel safe, engaged, loved, and loving, and this sense has to lead to a community of caring in which the caregivers and those served are connected with one another. The process starts with the mentor-caregiver relationship. What we want to do is to begin a process of each caregiver accepting us as equals and as individuals who have an authentic desire to be with them, share, and be open. This begins with the mentors' first interactions. Simple things are important:

SOME SIMPLE TIPS AS STARTERS

- Introducing self to each and every person
- Showing care and concern toward all
- Shaking hands—coming into personal and equal contact with all involved
- Being relaxed, natural, and brotherly/sisterly-- seeing self and all involved as equals
- Speaking words of encouragement and praise, even in the midst of chaos
- Gravitating toward the most troubled individual—showing trust in self and others

In some situations, the mentor will be shocked and scandalized by the overall situation. It might be the screams that echo down the corridors of a locked psychiatric unit, the use of restraint in a home for men and women with Alzheimer's disease, the moans and sorrow of babies in an orphanage, the boredom and meaninglessness of a community home, or the cold sternness of a school. Unless it is an obvious instance of abuse or neglect, it is better to focus on the caregivers' trust-- holding one's tongue regarding the negative and looking for instances of goodness. The mentor might see and feel chaos-caregivers with loud voices, ignoring the needy, and grabbing. The mentor has to cut through this sadness and look for acts of kindness-the care who pats someone on the back, says a good word, and smiles. These simple acts have to be lifted out of the chaotic reality and made the focus of the beginning of trust and understanding.

Remember, we are asking caregivers to do what most others cannot do-- dealing with extreme forms of violence, self-isolation, obsessions, and mania. We are asking caregivers to ponder the depths of human fear and meaninglessness. Caregivers deserve our respect and support. The mentoring process should be an on-going supportive process in which we learn as much as the caregivers.

First visits are a mix of listening to and guiding the caregivers along with hands-on, "show-and-tell" experiences with troubled individuals. We have to make the caregivers feel safe with us from the very first meeting. Even the appearance of the mentor is important. Avoid any look of haughtiness or superiority. The mentor's presence is to be one with the caregivers and to spend time hands-on with troubled individuals. When the mentor sits down with caregivers, the first questions often revolve around, "What do you do about the hitting, biting, cussing, and a host of other behavior problems. The mentor does not come to discuss what to rid a person of, but to focus on who the person might become and what the

culture of the setting might become. It is critical to avoid focusing on what to get rid of. Tell the caregivers that whatever they are doing now is fine and obviously the best they can presently do. Keep your focus on safe and loved.

Center yourself and your involvement on peace making. Look for acts of kindness—a smile, a warm touch, and a kind word. Use these small acts as part of your teaching by highlighting them. It does no good to argue with or come down on caregivers. Help the caregivers feel comfortable with you. The mentor's visitation approach with the caregivers is important. Search for the good and focus on it. Try not to argue and focus on what you are helping the caregiver to become. Be humble and see yourself as a brother-sister.

This approach involves a risk. Our cultural tendency is to come down on people and tell them what is bad and demand change. The mentor's approach has to be authoritative without being authoritarian. Authoritative means that we are well grounded on the need to bring about companionship and community. We will not focus on what to get rid of even though most caregivers will be driven to get a "What do you do when....?" response. Mentors have to keep the focus on becoming, not getting rid of behaviors. The authoritative mentor helps caregivers reflect on strategies to prevent or water down presenting problems. More importantly, the mentor elicits new perspectives on the need for companionship and community. Avoid visiting homes and entering into a dialogue about "How do we get rid of the aggression...!". Enter the home, listen, and talk about the prevention of problems and the teaching of companionship.

Since many caregivers are used to "fix-it" approaches, they will likely insist on "What do you do when he hits!" A good mentoring strategy is to focus on prevention. This will probably raise questions about control. Control is quite often the hidden and unrecognized source of violence. The mentor has to talk about teaching others to safe and loved, giving in to avoid violence, and demonstrating how to teach these feelings.

AN OUNCE OF PREVENTION...

- Help caregivers deal with problems through prevention
- Giving in while teaching the person companionship
- Focusing on the individual learning to find loving meaning in the caregivers
- Making a list of things the person likes
- Making a list of things the person does not like
- Giving the person what he/she likes and avoiding dislikes
- Calming the environment down
- Changing the culture of the place from control to companionship
- Developing and carrying out a strategy to teach the person companionship

The hands-on aspect of mentoring should be a simple process. Its purpose, in the beginning, is not to find an answer about what to do, but to set a non-violent example. It might involve just being near someone, touching them softly, drinking coffee or having a snack, or cleaning a person with soiled clothing. While doing this, the mentor has to start thinking about ways to prevent violence or diminishing it and later share these strategies with caregivers. Prevention plans are a good tool to develop. Instead of having everyone wonder about getting rid of behaviors, help them focus on their prevention. The mentor should develop prevention plans with the caregivers around the kitchen table once a basic sense of trust has been established. They should be in the caregiver's words and be as concrete as possible.

Remember that many caregivers have trouble giving people what they want. Most often, giving in resolves violence. Many causes of violence are simple things. A good rule is to give in without giving up. It might be as simple as giving someone a cigarette, cup of coffee, or cookie. It is better to give than provoke violence. The mentor has to teach caregivers, if violence is avoided, it is much easier to teach people to feel safe and loved. Giving in gives caregivers time to teach these feelings. Many people have nothing else in their lives than these material things. A central mentoring role is to teach companionship. By giving in, the person can learn a deep sense of companionship and community.

FIRST KITCHEN TABLE DIALOGS



The initial visits with caregivers can be the toughest. They will want to focus on the negative or will simply ignore the mentor. Focusing on getting rid of behaviors is part of our culture. Quick fixes are always sought.

Compliance is a ruling attitude. The mentor has to nurture trust through valuing each caregivers, spending time with them, and looking for the good in them. After introductions and initial observations, the mentor should call as many caregivers as possible to sit around the kitchen table and very informally discuss what a spirit of gentleness is about. The main points in these first dialogs are:

WHAT TO TALK ABOUT...

- Companionship-- finding ways to deepen the sense of trust between caregivers and those served
- Feeling safe-- based on the perceptions of the vulnerable individual about us
- Feeling engaged-- encouraging the desire of the person to be with us
- Feeling loved-- pouring unconditional love on the troubled person
- Feeling loving-- drawing out smiles, hugs, warm gazes, and hugs

WHY?

- Everyone hungers for a feeling of being-at-home or connectedness
- This need is basic to the human condition and is the foundation for all learning
- Feeling safe means that each person has to learn to see the caregivers has a fountain of security
- Teaching that being with us and contact with us is good
- Teaching that doing things with us is good
- Teaching that the troubled person is loved by us
- Teaching the troubled person to express love toward us

The concept of companionship will be strange to many since the typical focus is on getting rid of behaviors and compliance. Companionship is a different perspective. Define its importance in the caregivers' language, but also introduce a new vocabulary of care giving. If companionship and community are the central dimensions of care giving, then our language has to bring this flavor.

The mentor should introduce as many of these ideas as possible, but within the context of the presenting reality. If there seems to be significant disinterest, understanding that this means the trust-level is near zero, do not become frustrated. Recognize that you have to start in the basement. This tiny step then means that the mentor does not push his/her agenda, but retreats to a position of, "Well, let's see what happens when I am

with so-and-so..." The idea is to not push the caregivers, but to show that you are willing to roll your sleeves up, take a few licks, and feel the deep frustration of care giving. The companionship dialogue can then occur after your hands-on engagement.

ENGAGING WITH THE TROUBLED PERSON

When the mentor feels safe, he/she should begin some type of engagement with the most troubled individual. A prelude to this should be discrete observation of the individual, looking for his/her range of troubling behaviors, ways to bring a spirit of serenity, strategies for being-with the individual, touching him/her, and talking to him/her. Also, keep your eyes open for those caregivers who seem open and responsive. In this initial encounter avoid any focus on controlling others or getting rid of behaviors. The mentor should not worry about doing anything except being with or even near the troubled person. Generally, years have been spent trying to get rid of behaviors. The mentor's concentration has to be on teaching new modes of interacting based on companionship. The quieter and slower the mentor approaches and stays with the individual, the better. Do not worry about changing the person, just be satisfied with being with the person. The first steps in engagement are:

STARTING OUT...

- Approach the person slowly, quietly, and warmly
- Get as close to the person as possible without provoking violence
- If the person is extremely scared, slow down and quiet down even more
- If the person moves away, screams, or shows any other signs of rejection, say nothing except something like, "Shh! I am not going to hurt you or make you do anything!"
- Stay as close to the person as possible without provoking violence
- When the moment seems opportune, say a loving word or two, reach your hand toward the person, and, if possible, touch him/her
- Stay with or near the person for as long as possible
- If you are not sure of what to do or you sense the evocation of any form of violence, back off, and just be near the person

As you approach the person, center yourself. Take a deep breath and relax. Reflect on your desire to simply be with the person without violence and in a spirit of gentleness. Have very simple expectations-being with or just near the person, talking softly, perhaps lightly touching, and staying with the person. The mentor's first three cardinal rules related to the mentor's engagement with the troubled person are:

CARDINAL RULES OF MENTORING

- Avoid provoking violence by giving in and staying calming
- Concentrate on evoking peace through your focus on nurturing
- Re-center your expectations and increase your hope

The mentor has to dig deep into his/her heart and concentrate on peace and serenity. At the start, everything should be in slow motion, cautious, and loving. Do not worry about proving anything, nor showing that you can deal with the situation. Keep your whole focus on the troubled person and evoke the best in the person by bringing out the best in yourself. The mentor's presence has to be calm, peaceful, and loving. Only get as close as you feel safe with. Speak in a hushed tone and let the person know that you are asking for nothing, except being there. If this provokes violence, move away slightly, become even more hushed, and focus on your own peace and its transmission to the person.

The mentor's tools are his/her hands, words, and eyes. Use these to evoke peace:

MENTORING TOOLS

- *Our hands*-- Use them softly and lightly
- *Our words*-- Use them hushed and comfortingly
- *Our eyes*-- Use them warmly and in a nurturing way

In the most disturbing or frustrating moments, the mentor's use of these tools has to be attuned to quick change. This involves changes such as decreasing rapidly from whatever degree of being-with the person had been to softer gazes, more hushed conversation, and the lightest touch. The mentor's most challenging role is to become attuned to the person's fears and sense of meaninglessness. We have to read constantly what the person's body is saying. Sense the individual's tenseness when his/her hands tighten or face flushes. Check out the person's eyes and feel the coldness or disconnected appearance. Watch the more driven bodily movements. Look for the slightest flinching when touched or even when moving closer to the person. The mentor then goes quickly in the opposite emotional direction-stopping midway when reaching out so as to not increase the fear, looking down somewhat so that even our gaze does not provoke fear, and softening our voice.

It might seem odd, but all of our tools can equate with violence, even when used in the most loving way. It is as if the person feels that not just our hands are going to grab, but also our eyes and words. The troubled individual has strong memories of fear and dehumanization and is certain

that our eyes are like daggers and our words like sharp razor blades. The mentor's role is to first be attuned to these feelings and then begin to teach a new meaning, "When you are with me, you are safe!"

SAFE-ZONE

In the attuning process, each mentor has to determine his/her safe-zone--the physical and emotional space that produces calming or, at least, avoids any escalation of any form of fear or violence. The mentor has to feel safe before the individual can feel it. We have to recognize that sometimes our mere presence can provoke fear. So go slowly and avoid any hint of demand. This process might involve any or all of the following:

WHEN IN DOUBT, TRY...

- Stepping back for a moment
- Decreasing any sense of demand
- Moving out of sight
- Averting one's gaze
- Hushing

Once in this safe-zone, which should take a moment to discover, the mentor has to find a way, if possible, to reengage. This is often an ebb and flow process of feeling safe, then feeling scared, both on the mentor's part and that of the fearful person. The ebb and flow might include moving momentarily into the person's presence and then disappearing. Our very presence, our hands, words, and eyes can be like sledgehammers. The key issue is to make sure the person feels no demand. We have to remember that even our presence can be a horrible demand.

KITCHEN TABLE DIALOGUE

When the hands-on encounters are over, the mentor's next task is to try to sit down at the kitchen table and enter into a dialogue with the caregivers--not about how to "change the marginalized person, but about the goodness of the caregivers' work, simple acts of beauty, and the meaning of feeling safe and loved. The mentor has to be very observant and look for small signs of goodness—a smile, a word of encouragement, a pat on the back. It is important to avoid criticism.

As this dialogue evolves, often at the beginning very lop-sided, the mentor should elicit comments from the caregivers that relate to their perception of the beauty of their work. In many ways establishing a trusting relationship with the caregivers is as hard as developing it with the troubled person.

Our hands-on experiences are our vehicle for entering into a care giving dialogue. The mentor could pose "forced response" questions such as:

WHAT TO ASK...

- "Tell me one beautiful thing that you see yourself doing!", or
- "Give me the most important reason why you do this work!", or
- "What is the one thing you are proudest of?"

While engaged in this dialogue, the mentor has to also concentrate on his/her posture toward the caregivers. This takes as much focus and concentration as being with the troubled individual. Always remember that our first purpose is to establish trust with the caregivers. Make sure that your body posture is relaxed and open, your affect is warm and caring, and highlight simple acts of beauty. Be natural. Be warm. Look for ways to praise the caregivers. Show empathy toward them and their work. Care giving is a hard job that is seldom recognized and honored. As the dialogue winds down, the mentor should thank every one, shake their hands, and leave with a date and time for the next encounter.

FUTURE ENCOUNTERS



This procedure and process should be based on the first visitations-- warm, open, friendly, and encouraging. The purposes of these next encounters are:

WHAT ELSE TO DO...

- To deepen the spirit of trust with the caregivers
- To have other hands-on engagements with the troubled person
- To engage one or two caregivers in the hands-on experiences, if possible
- To focus on what feeling safe means
- To define the care giving tools

Before these experiences, the mentor should come prepared with a kitchen table dialogue and sit at the table with the caregivers and give an informal mini-lesson on what companionship means, emphasizing feeling safe once again, plus our care giving tools—our presence, hands, words, and eyes. Use your own language, and keep it simple and concrete. Teaching is a dialogue. Avoid telling caregivers what to do. Weave your hands-on experiences with the troubled person in with the caregivers' experiences. Try to always base the dialogue on reality and on what everyone is seeing. Point out that the individual is filled with fear, not because of the caregivers,

but due to the inherent nature of the disability and the person's life-story. It is difficult to dialogue about how an individual is filled with deep fear without alienating the caregivers, basically giving them a guilt trip. This has to be avoided. Emphasize the nature of the disability and life-story in clear, concrete, and down-to-earth language, essentially creating an empathy-producing story about why the person behaves as he/she does.

Ask the caregivers things that they see that indicate fear. In the beginning, make this dialogue simple and nonthreatening. Avoid a paper and pencil "test" assessment and just ask clear questions such as on a scale of 1 to 10 where does the person fall when 1 is extremely fearful and 10 is extremely joyful. What does the person do when the caregiver:

THINGS TO OBSERVE ABOUT THE TROUBLED PERSON...

- Moves toward the person?
- Touches?
- Speaks?
- Looks at?
- Tries to do an activity?

At the same time, look for examples of even minute "safe" responses that the troubled individual shows toward the caregivers-- perhaps moving toward a caregiver, looking, making sweet sounds, accepting some minimal touch, or staying momentarily with a caregiver. In another dialogue, the mentor should discuss the caregivers' attitudes about companionship and community. This is hard since it can be threatening. The main areas to explore are our feelings about the person and how we use the care giving tools. The mentor could use a scale like the one about the troubled person. Questions should revolve around areas such as:

THINGS TO OBSERVE ABOUT CAREGIVERS...

- Do we see the person as our sister/brother?
- Is our touch soft and loving?
- Are our words comforting and uplifting?
- Is our gaze warm?
- Do we sense our authenticity?
- Can we engage the person in a smooth flow?
- Is it possible to bring the person into engagement with others?
- Do we elicit loving responses from the person?

OTHER HANDS-ON EXPERIENCES AS A WAY TO START COACHING



After this brief dialogue, the mentor should initiate a hands-on encounter as way to teach the meaning of good caregiver interactions. However, this time the mentor has to try to bring one of the caregivers into the experience. The mentor should look for a caregiver who seems relaxed, warm, and open. As you are spending time with a troubled person, look for someone who seems ready and open to be with you. Invite that caregiver to be near you and nudge him/her into participation with you.

The engagement during this encounter should be better than the first one, if only in the faintest way. The mentor, building on the first experience, has to enter into a stretching process-- getting slightly more than the first time in terms of touch, gazes, reaching out, and staying power. The mentor has a twofold task -- engaging the client and coaching the caregiver. The primary one is the engagement of the caregiver in the hands-on experience with a sharp focus on the use of the caregiver's hands, words, and eyes as the tools to teach the troubled person to feel safe

These experiences should unfold somewhat like the initial ones, but with a faint increase in the person's feeling safe. Look for indicators of how the person feels safe-unsafe such as the warmth-coldness of the gaze, shying away from accepting touch, head cast downward-upward, moving away-reaching out. The coaching aspect might be impossible due to caregiver reluctance. If so, do not worry, this means that the trust between the mentor and the caregivers has not yet taken sufficient root. Go ahead and engage in the hands-on experience alone as a way of building the elusive trust.

This elicitation generally requires the mentor to ask a question and give the answer so that the caregivers do not become embarrassed or frustrated: "Tell me one way we were trying to help the person feel safe with us... Well, for example, we must have touched him/her dozens of times, and, as the session wore on, the person began to let us linger longer and longer on his hand..." Gradually, build up the caregivers' responses. Keep citing real-life examples and focus on the good things you saw. End the session with personal thanks, a date for the next encounter, praise to the group, and bidding farewell to each with a warm handshake.

THE ON-GOING MENTORING PROCESS



The mentoring process has to be on going-- the tougher the troubled person or the caregivers, the more intense the process. Some signs of the need for more intense mentor involvement are:

HOW TO DECIDE HOW MUCH TIME MENTORING WILL TAKE...

- The presence of physical management or intervention
- Harsh grabbing and leading people around
- Yelling at those served
- Chaotic management
- High caregiver turn over
- High frequency aggression, self-isolation, or self-injury

At the same time, if there is little or no administrative support or if the policies and practices of the administrators are contrary to gentleness, then the mentor has to do some spadework at the system's level. Yet, the key is to keep the focus on the small community of caregivers and make change occur from the bottom up. Each visitation should follow the steps outlined in the initial sessions with a different theme or teaching objective. The entire process could involve the following moral themes as the center of the kitchen table dialogue over a year's time:

HOW TO DECIDE HOW MUCH TIME MENTORING WILL TAKE...

- Feeling safe
- Care giving tools
- Feeling engaged, loved, and loving
- Assessment of the companion
- Assessment of the caregivers
- Culture of life assessment of the home or day program
- Person-centered planning process
- The gifts of the person
- Description of companionship needs
- Where the person "would like to be" in a year's time-- the person's dreams
- What the caregivers, related staff, friends, and person will do to get there
- Defining community and making community
- Community-centered-celebrations

Each of these of these moral themes has a set of competencies that the mentor should evolve over the year's time. The major outcomes might be:

OUTCOMES OF MENTORING...

- Increases in the amount and quality of physical contact and expression of warmth
- Increases in the amount and quality of time spent with troubled individuals
- Increases in caregivers working together and job stability
- Increases in the amount of time that caregivers sit and dialogue with the mentor
- Improvements in the culture of the home—quietude, slowness, softness, appearance
- A community-centered celebration written by the circle of friends in a step-by-step fashion
- Stabilization of staffing patterns
- Decreases in acts of violence—aggression, self-injury, self-isolation, property destruction and the use of punishment and physical management (reported and unreported)

PROFILES OF TROUBLED AND VULNERABLE PEOPLE

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An important mentoring role is to help caregivers feel empathy regarding the vulnerability and life-stories of troubled individuals. Mentors need to weave this into the dialogue process. In many ways, the mentor is a storyteller, but stories that are reality-based and lead to deeper understanding of each individual's fears and vulnerabilities. A spirit of gentleness is aimed at the heart, not the head. Caregivers have to feel deeply about the emotional life of the people whom they serve.

Perhaps the scariest aspect of mentoring, at least in the beginning, revolves around the mentor's hands-on experiences with troubled individuals. The general rules for this engagement are:

TIPS FOR DEALING WITH VERY TROUBLING MOMENTS...

- The slower you go, the faster you will get there
- Evoke peace
- Avoid provoking violence
- Give in as much as you can

Do not feel rushed. Feel safe. Remember a primary mentoring role is to set a peace-making example. There are no fixed answers as to what to do when. Do not worry about fixing the person, focus on being with the person. Caregivers often want to focus on "the behavior". Mentors have to humanize the situation and direct the focus to the whole person. A central aspect of this is a clear understanding of the fears and meaninglessness that envelops so many individuals. A key mentoring value has to be empathy toward the person. Mentors have to describe underlying feelings and this requires mature interpretation of each troubled person's needs.

DEFINING THE WHOLE PERSON...

- *Meaninglessness*—years of institutionalization, neglect, and abuse
- *Aloneness*—a sense of being all alone on this earth, controlled by others, and unable to reach out for friendship
- *Choicelessness*—being placed wherever and with whomever, seeing caregivers come and go
- *Death*—feeling death inside and striking out or giving up
- *Oppression*—an on-going sense of being pushed from here to there with no purpose in life other than being "programmed"

These feelings are what drive what we lightly call "behaviors". We only look at the surface. The mentor has to help caregivers dig more deeply and develop a sense of these existential feelings. Look for small, concrete examples of this anguish-flinching when touched, head down, empty facial expression, crying, withdrawing, crying, arms wrapped inside one's shirt, screaming, hitting self or others, exploitation of others, and fetal position. It is impossible to describe the range of problems that will be encountered in the hands-on sessions. There is an infinite range of possible situations. And, more importantly, each person is so unique that broad descriptions do no individual justice. Yet, it might be helpful for mentors to have a feel for some basic situations they will likely encounter. When we look at all the possible situations that we encounter, there are some basic types of individuals for whom we will be asked to offer help. These types are described below.

INDIVIDUALS WHOSE LIFE-RULES ARE HARMFUL

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Individuals with these needs are quite deceptive in terms of how terrified they are. They are regarded as "high functioning", knowing better, and manipulative. Caregivers, then, get into power struggles with them and end up in a lose-lose situation. Ironically, individuals with these needs feel totally unsafe in the world and distrustful of loving relationships. They lead caregivers into a focus on individualism instead of companionship. This type

of person is quite difficult to teach a sense of companionship since their relatively high level of skills is deceptive, hiding their vulnerabilities and disorienting caregivers from companionship to control. Ironically, beneath the facade of "knowing better", individuals with this history are as in need of feeling safe as the most obviously terrified individuals. How to teach this becomes harder because we do not want the person to feel any thought of being put down.

Typically, persons with these needs have horrendous life-stories that go back to early infancy and patterns of grotesque abuse and neglect.

AVOID

- Any sense of control
- Yet, assume responsibility for the person's well-being
- Treating like a baby
- A sense of having rights denied
- A sense of putting down

FOCUS ON

- Pride in the person
- Focus on moral themes related to safe, engaged, loved, and loving
- Guiding decision-making toward the four pillars
- Giving a lot to get a little
- Building trust through subtle forms of physical contact within the context of esteem-raising dialogue, e.g., sneaking in handshakes as the person cites things he/she is proud of, but turning the conversation toward what you are proud of. Avoid lose-lose conversations related to "I want to do this...", "No you can't..."

TIPS

- "He/she knows better."-- In fact this is true but irrelevant. These individuals have learned a different set of moral rules, and abide by them. Our task is to gradually teach them new rules based on companionship and community
- "Let him/her choose, and suffer the consequences..."—They have done this their entire lives and consequences have had little or no impact. They need to learn the power of unconditional love. "He/she has the right to decide..."—Decision-making that leads to harm should be avoided. The focus has to center on feelings of being safe.

The trick is to walk the tight rope between a sense of respect for the individual and the need to teach the person to feel safe. Mentors need to focus on: Mentors need to take their time, gain insight into the individual's life-story, and translate a companionship assessment into this "high functioning" reality. It is difficult to share with caregivers what the person's needs are since they are cloaked by the facade of "high functionality". Giving insight about anti-social personality disorders to the caregivers is critical. Be careful to not put the individual down, but also be truthful and concrete.

INDIVIDUALS WHO MOLEST CHILDREN OR OTHER DEFENSELESS PEOPLE

Pedophilia is a form of personality disorder and deserves special attention since it can be so devastating to the community, especially children. When entering into a helping relationship with an individual with pedophilia, a crucial mentoring role is to educate caregivers on its significance and make sure that the proper protections are built into the person's life. An initial task is to differentiate between two sub-types: 1) those who have engaged in these behaviors out of naivety and 2) those in whom it is a fixed personality construct.

The mentor's posture awareness of the devastating significance of person molestation is critical. While many will want to talk about the person's high level of skills and his/her right to choose and suffer the consequences, the mentor has to remain steadfast in the protection of the community. In those with person molestation as a fixed personality construct, the mentors have to guide the caregivers in ensuring community protection every moment of the day. The person should have as much freedom as he/she is capable of, but under the watchful eyes of caregivers. These caregivers have to learn to build a sense of companionship, but also protect the community. Those with a fixed personality construct generally have a life-story marked by: The second group has a less fixed personality construct. Many "experimented" with sexuality with defenseless individuals in institutional settings. They are marked more by naivety than by pedophilia. Their molestation was characterized more by its sexual nature than by aggression and cruelty. If caregivers enter into a helping relationship with them fairly early in their lives, say before the mid-20's, there is hope that they can learn new sexual patterns, but the person will require life-long support and protection.

AVOID

- Any freedom that might lead to harm
- Any focus on “He/she has to learn by consequences”
- Any focus on “He/she has the right to...”

FOCUS ON

- Teaching a new moral memory of what it means to respect self and others
- Understanding that this is an extremely long term process
- Understanding that the younger the more possible it is to teach companionship and community.
- Teaching caregivers their dual role: 1) to teach this new moral memory and 2) to ensure that no harm comes to the community

TIPS

- Always give absolute assurance that harm will come to no one
- Give nonviolent, companionship-centered caregiver 24-hours per day, 7-days per week
- Prevent any harmful sexual encounters
- Make a pleasant home, but supervised constantly
- Give supervised opportunities for the development of just relationships

INDIVIDUALS WHO HEAR VOICES OR THINK THEY ARE ANOTHER PERSON



Individuals with schizophrenia generally present a history of institutionalization, years of punishment and restraint, a life based on token economies to earn cigarettes and coffee, and a deceptively high level of skills. They are tormented by mean hallucinations that caregivers often misinterpret as mere self-talk. Mentors need to realize and discuss with caregivers the deep fears and confusion in persons with schizophrenia. Some tips are:

AVOID

- Blaming the person
- Interpreting what the person does as deliberate
- Focusing on “knowing better”
- Giving any sense of fear
- Any focus on independence or self-reliance when the person is troubled
- Any focus on choice or decision-making when the person is troubled
- Any focus on compliance

EXPLAIN

- Describe hallucinations as horrible nightmares while the person is wide awake
- Point out that delusions are driven and frightening ways of being and a search for meaning in the absurd
- Describe how to talk lovingly to the person while he/she is engaged in driven thoughts and conversations—breaking in when the person gasps for breath, using soothing and non-demanding words and tones
- Explain how the person floats in and out of hallucinations and drivenness and that caregivers should not be judgmental with “He knows better...”
- Help caregivers write out a list of symptoms for psychiatric consultations instead of talking about behaviors
- Talk about the horrible impact of years of psychiatric incarceration and the effects of years of token economies, restraint, and isolation.

TIPS

- Understand that the person will have good moments and bad ones
- Deepen the feeling of safe and loved during the good moments
- During bad moments, use your hands, words, and eyes softly and slowly
- During bad moments, eliminate all demands
- Talk about feeling safe and loved
- Be very nurturing
- When the person’s speech is driven or jumping from one topic to another, slow down, be hushed, and enter with your dialogue as the person catches his/her breath

INDIVIDUALS WITH AUTISM

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Individuals with these needs tend to be very unresponsive to the caregiver's presence, push caregivers away, flee from warm contact, and often become aggressive toward self or others. Each develops his/her own pattern of distorted life-meaning-- withdrawing, pacing, hoarding, hitting, biting, throwing objects, and refusing to participate.

Individuals with these needs call on mentors to emphasize feeling safe and engaged. Caregivers have to understand the nature of disconnectedness and the central role of nurturing. Within this, the primary tool is loving physical contact, even though the person refuses it. It is not a question of wanting or not wanting such contact; it is a question of not knowing that unconditional love is good.

The mentor should gradually explain the meaning of autism:

AVOID

- Sudden physical contact
- Loud noises or conversation
- Making the person look at you
- Chaotic settings
- Grabbing the person
- Hand over hand "help"
- Rigid schedules
- Any focus on self-isolating activities
- Any hyper-focus on skills that set the person apart and isolate him/her
- Avoid any hyper-focus on skill acquisition

EXPLAIN

- Tactile defensiveness—arising out of an inherent fear of touch due to sensory processing problems as well as years of physical management
- The need for sameness-- arising out of a need to feel safe, making everything predictable
- Gaze aversion—arising out of an inherent sensory processing disorder as well as an emotional sense of disconnectedness
- Disengagement—arising out of an inherent need to be alone as well as a memory of being forced to be compliant

- It is also helpful to discuss two developmental points about autism that highlight the need to teach the person to feel safe and engaged:
- Detachment—pointing out the need to teach companionship
- Self-centeredness—pointing out the need to teach engagement

TIPS

- Move slowly
- Talk softly
- Talk warmly and soothingly
- At the start, touch very lightly
- Find a place where the person fears touch the least
- Focus on acceptance of touch
- Focus on reaching out
- Focus on having the person do things with you
- Look at the person's eyes softly and slowly
- Gradually include others in this feeling of being safe and loved



Since many persons with autism strongly prefer to push others away and do their own thing, mentors have to be good at finding a safe-zone that does not frighten the person, but, at the same time allows for a gradual insertion into the person's world.

INDIVIDUALS WHO TRY TO HURT THEMSELVES



The paradox with this type of situation is to protect without giving a sense of control. Caregivers have a tendency to over-use physical management (grabbing) to protect or to guide and, thereby, increase unwittingly the person's fear. The person does not see this a helping, but as mean domination. The challenge is to protect while teaching a feeling of being safe with the caregivers. As this occurs, caregivers have to slowly break up the individual's self-centeredness by teaching engagement.

Strategies for protecting the person from harm center on:

AVOID

- Grabbing the person
- Yelling at the person
- Any form of reprimand
- Any sense that he/she “just wants attention” or is “simply manipulating to get something”

EXPLAIN

- Hurting oneself is a form of utter self-hatred akin to suicide attempts
- Even if it is to get attention, it indicates the person has the
- deepest possible needs related to self-esteem
- How a sense of companionship is central to giving self-worth to the person
- How it is critical the person develop a deep memory of being
- safe and loved
- How the person’s fear of us drives a profound sense of meaninglessness

TIPS

- Watch the person's face and hands and be ready to protect before there is any movement toward harm
- Use your hands and arms to shadow and block hits
- Even while shadowing hits, use your fingers or hands to caress the person
- Be very soothing and nurturing with your voice, touch, and eyes
- Keep reassuring the person that nothing bad is going to happen
- Emphasize to caregivers that the most important moments are when the individual is not trying to hurt self. It is during these times that caregivers need to develop the strongest possible memory that the person is safe with them and loved by them. This memory then gradually kicks in during the bad moments.

INDIVIDUALS WHO ARE VIOLENT OUT OF THE BLUE



Individuals who become aggressive "out of the blue" bring the worst out of caregivers. They often suffer from an underlying, but unrecognized, mental illness or neurological disorder. They are also burdened by a life-story filled with authoritarian caregivers who have come down on them with punishment and restraint.

Mentors need to help caregivers define possible causes of outbursts and find ways to deepen the person's sense of feeling safe and loved. The stronger this memory is, the more caregivers will be able to prevent or, at least, diminish outbursts:

AVOID

- Blaming the person even though the person seems "to know better"
- Blaming the person because "he/she is manipulative"
- Provoking violence
- Any focus on compliance

EXPLAIN

- Look for possible signs of undiagnosed seizure activity
- Look for signs of other physical illnesses
- Help caregivers see outbursts as an extreme call for the need to feel safe and loved
- Need for a deep need for feeling safe and loved with caregivers

TIPS

- Fill the person's day with a deep sense of companionship
- Avoid provoking anger or frustration
- Give in whenever possible
- Focus on a deep feeling of engagement—"It is good for us to be together"
- Show caregivers how to nurture the person instead of controlling the person

INDIVIDUAL WITH PROFOUND INTELLECTUAL DISABILITIES



Profound vulnerabilities often result in a seeming non-responsiveness to feeling safe, engaged, loved, and loving. Individuals with these needs are often in wheel chairs, unable to move their arms or fingers, have trouble with visual tracking, and a host of other sensory and neurological problems. Individuals with these needs can benefit from sensory integration-- a way of using all five senses (tactile, smell, hearing, sight, taste) in the most optimal combination in order to help a person feel connected. It incorporates, first and foremost, the caregiver at the center of interactions-- recognizing that the caregiver's primary tools are his/her hands, gaze, and words. And, these have to be used with sensitivity to help integrate the senses. Along with these, there are a variety of sensory integration tools to help facilitate the process--lighting, sounds, motion, etc.

Sensory integration is especially helpful when normal communication is difficult due to severe-profound mental handicap. Sensory integration strategies are designed to help a person feel safe, engaged, loved, and loving. They should evoke good memories and establish new ones that are peaceful and harmonious. They should be calming and peacemaking.

AVOID

- Any sense of hopelessness
- Any dehumanizing talk
- Any complaints about what the person cannot do
- Any gossip in front of the person

EXPLAIN

- Profound intellectual and sensorial disabilities do not mean the person is any less of a full person
- The very basics of development as learning to feel safe with us, loved by us, loving toward us, and engaged with us
- Define what these mean in their tiniest sense—a brief smile, the slightest glance, the flicking of finger as a hug

TIPS

- Touch softly and lovingly
- Make sure your movements are hushed and slow
- Use a lot of warm physical contact
- Make sure the setting is warm and loving
- Do daily care in a deeply respectful and nurturing manner
- Set up a predictable routine
- Keep each person well-groomed, dressed, and attractive
- Keep the environment very home-like

Sensory integration is very helpful for children and adults with profound intellectual disabilities and allied sensory difficulties. Try to make sure that each individual has a deep feeling of self, others, and community. Sensory integration is by its nature a gentle process that brings caregivers and vulnerable individuals together-- not so much through objects, but through a deep sense of caring. It starts with our touch, our gaze, and our smile.

SENSORY INTEGRATION

Sensory integration is a strong way to help individuals with severe intellectual disabilities learn the meaning of feeling safe and loved as well as to learn to reach out to others and become active participants in family and community life:

Teach the person to experience his/her body as a symbol of existence and liberation:

- Existence-- the use of touch or other physical contact that might remind the person of positive experiences with his/her own body
- Liberation-- the use of touch or other physical contact that de-emphasizes negative experiences or limitations of the body, including experiences of being restrained, isolated, abused, or attacked.

Teach the person to experience existence as a human being, living among others, with a personal life-story and with a personal future:

- Living among others—the use of various stimuli that might connect the person to the place where he/she is and the people around him/her.
- A personal life-story—the use of stimuli that might remind the person of his/her own past: the color of important events, the smell of home or work, etc.
- A personal future-- the use of stimuli that might liberate the person

from negative remembrances and which one might use in the future to lead the person in his/her life.

Teach the person a feeling of belonging, to have others around him/her, who care, and love through:

- The use of stimuli that remind the person of being safe and give a sense of the early years at home
- The use of stimuli that make the person experience caregivers as being safe and loving

Teach the person to experience a structure in life and daily events

- The use specific stimuli before specific events so the person will know what is going to happen next, e.g., turning on soft music before getting the person out of bed

Teach the person a feeling of safety:

- The use of stimuli that remind the person of safe events and persons
- The use of stimuli that help the person predict what will happen, e.g., speaking to a blind person before touching
- Teaching the person the feelings described above is a way of helping him improve his/her quality of life.

Other ways to improve the quality of life are:

- Give the person meaningful daily activities
- Use environmental conditions which the person will recognize and like (repetition of music, video and other sensory activities like a visit to the sensory-room)
- Help the person dealing with emotional or psychological stress
- Use prompts which will distract the person when he/she is stressed and which will bring calming (relaxing music, recognizable and relaxing video's, relaxing, physical contact, calming words, and warm gazes)
- Help the person enlarge his/her world.
- Use recognizable prompts that will connect the person with social events or community based activities (the national hymn, pictures of specific buildings/ places, the color or songs of national holidays and religious events)

INDIVIDUALS WHO ARE DEEPLY SAD AND WITHDRAWN



Many individuals suffer from depression due to the vulnerabilities inherent in vulnerabilities, extreme difficulty in dealing with loss, and life-stories with multiple and ever-changing caregivers.

Individuals with these needs tend to be forgotten since they present no acting out behaviors except when they required to do something such as having to get out of bed. Yet, they are among the most needy. Mentors should:

AVOID

- Any idea that the person chooses to be alone
- Any idea that the person 'just wants attention'
- An attitude of "just leave him/her alone"

EXPLAIN

- Depression is not a choice. It is a complete surrender of the person to meaninglessness and selfworthlessness
- It takes away motivation and gives a feeling that nothing is worthwhile
- It affects the body with poor sleep and poor appetite patterns, sometimes too much, sometimes too little
- It leads to self-isolation and a sense of abandonment

TIPS

- Emphasize the need for face-to-face encounters throughout the day
- Point out the need to re-teach feelings of being safe and loved
- Consider the need for a psychiatric consultation
- The face-to-face encounters should involve:
 - Slowly and peacefully approaching the person
 - Getting as close as possible without provoking violence or irritability
 - Allowing the person to be where he/she is at, but sneaking in subtle touches
 - Highlighting your nurturing--smiles, soft words, gentle touch
 - Gradually "uncovering" or "unraveling" the person and eliciting loving responses

INDIVIDUALS WHO ARE HYPERACTIVE

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Individuals with driven, manic, or hyper behaviors, along with attention deficits present a unique challenge. Typically, they are like humming birds-- flicking their wings and then, swoosh, they are off somewhere else. Individuals with these needs pace back and forth, flee from caregiver contact, and look for the biggest space possible to roam. When caregivers try to do anything with them, they are off and running.

The basic strategy in teaching a sense of companionship to those who will not stay with you is to teach them that it is good to be with you. Caregivers need to learn:

AVOID

- Any focus on compliance
- Rigid schedules or curriculum
- Yelling at the person
- Grabbing the person
- Use of reward or punishment

EXPLAIN

- By nature, ADHD can lead to problems in paying attention such as failing to give close attention to details or making careless mistakes in schoolwork, work, or other activities
- By nature, it can result in hyperactivity: fidgeting with hands or feet or squirms in seat, running around, climbing excessively, often "on the go" or often acts as if "driven by a motor, and often talking excessively
- By nature, it can result in things like: blurting out answers before questions have been completed, difficulty awaiting turn, often interrupts or intrudes on others (e.g., butts into conversations or games)

TIPS

- To stay calm and not fixate on compliance
- To accompany the person
- Avoid yelling or grabbing
- Use of hands to teach the person "It is good to be with you..."
- Avoid being behind the person.
- Stay with him/her

- Move slowly. Talk slowly. Even gaze slowly
- Your physical movements and speech pattern are the person's "moderator"—the slower you go the slower, the person will go

QUESTIONS AND SITUATIONS YOU WILL CONFRONT

As a mentor, you will be confronted with many difficult questions and situations. Many of these relate to our culture, upbringing, and training. They can be challenging to deal with because many individuals have values that seek to control rather than form companionship, seek to produce independence rather than interdependence, and are based on the pursuit of power instead of equality.

The best rule is to not argue, but set an example through your presence and actions, especially with those who are the most vulnerable. However, as the kitchen table dialogues unfold, you will have chances to teach a new meaning about care giving. Some of the questions you will have to deal with are:

WHAT ABOUT CHOICE?

Choice is a valid concept, but most choices are made with others and with a sense of connectedness with the past and future. Programs that use choice as the centerpiece of all that occurs will leave those who are marginalized without any choice. Feeling safe and loved are preludes to choice. Everyone needs to be grounded. Choice has several preludes:

- A world in which one is safe as well as feels safe
- The need for companionship and connectedness
- A memory of the world and those around us that is good, non-exploitative, and just
- In those who are troubled and vulnerable individual choice must be accompanied by the discernment of one's circle of friends

It is not that choice is bad. The issue is that it requires a sense of trust of self and others. It needs a strong foundation of feeling safe and loved so that decisions can be made.

WHAT ABOUT SELF-DETERMINATION?

Self-determination can only occur when the person is well grounded in feelings of being safe and loved in the world. It assumes that the best (or only) decisions are those that we make on our own in a "lift yourself up by your bootstraps" mentality. It negates or ignores that human existence is

based on interdependence.

If you are advocating for self-determination, it is critical that you understand two things: 1) No one exists or makes decisions in a vacuum. 2) All human existence calls for deep feelings of companionship and community.

- Focus on the foundations of human existence—companionship and community
- Create circles of friends around marginalized individuals
- Use these circles as the core decision-makers
- Recognize that each person will participate more actively and fully depending on how safe and loved each feels

We need to look at self-determination as a form of empowerment in which the troubled person becomes an active participant in his/her own life with a circle of friends providing the particular degree of support that each individual needs at any given point in time. The person is at the middle of the circle and his/her friends are around the individual. As the person becomes more grounded, she/he will become more active in decision-making.

WHAT ABOUT "KNOWING BETTER?"

We make a common error in putting the cart before the horse. The center of the human condition is not the mind, but our feelings. If given a chance to discuss violence, most everyone could reply that violence is bad, hurting self is bad, and hurting others is bad. The basic question is not what we know, but what we feel. Most people have had the chance to develop a moral memory of the meaning "being good." However, some individuals do not have a grounded moral memory either due to the nature of a particular disability of their life-story. We have to help caregivers develop a strong empathy for the needs of those whom they serve.

- "Knowing better" denies horrible life-stories, often underlying mental illness, and the very nature of vulnerabilities when linked with life-stories and mental illness.
- Intellectual disabilities or mental illness are major disabilities in and of themselves and often means that the individual recognizes he/she is different, but can do nothing about it.
- This results in exaggerated efforts to "pass" as normal, but the exaggeration leads to a not knowing when enough is enough
- Gentleness goes for the heart, not the head-- feeling safe, engaged, loved, and loving

- If the person is not connected at home, do not expect connectedness on the street

A hallmark of a spirit of gentleness is that it goes for each person's heart. It does not make any difference what a person knows if the individual does not feel safe and loved.

WE HAVE TO USE PHYSICAL MANAGEMENT

The use of physical power to control violence can give caregivers a false, but immediate, sense of being in control. Our culture can lead us to use force since there is a tendency to control others through domination. Our life-story can lead us to use force. If our life is out of control, we can easily try to control others. Some caregivers do not honestly know any option outside of force and control. Sometimes this arises out of an authoritarian posture, other times it is the direct result of training, and at other times it seems that no option is seen as possible. Physical management gives the controlled person a further sense of worthlessness. It is common for anyone confronted with perceived violence to respond with escalating violence. Yet, it gives the controlling person, a sense of power.

- Most violence can and should be prevented. If caregivers focus on a strong and deep feeling of companionship with those who are violent, most of the violence will be prevented. A key tip is to give in to what the person wants so there is time to teach a feeling of being safe and loved.
- Always set a nonviolent example and take the posture that each has to do what each thinks is best, without arguing
- Discuss the major role of prevention and help identify what triggers violence. List these and come up with gentle responses and a prevention plan
- Look into possible seizure activity or underlying mental illness
- Offer to work with the caregivers

The use of physical management often comes out of a need to control others. It is generally not deliberate meanness, but cultural attitudes that lead us to control instead of healing. Avoid arguing about physical management and restraint and focus on teaching people to feel safe and loved.

YOU CAN'T LET THEM HAVE THEIR WAY, CAN YOU?

Many individuals have long histories of token economies, their only happiness in long years of segregation or incarceration. Since they have not learned to see meaning in others, they have found it in things.

- It is better to make peace than provoke violence-- give, give, give
- Refocus attention on teaching the person a feeling of companionship
- Set up a generous schedule of giving what the person wants while caregivers spend time teaching companionship

Most of the issues that swirl around “letting people have their own way” are once again questions of needing to control others instead of teaching companionship and community. Keep the focus on what we want people to become instead of what we want to get rid of. Initially, gentleness calls on us to give in to prevent violence. This gives caregivers the opportunity to teach companionship.

WHAT DO I DO WHEN ONE PERSON HATES ANOTHER?

Many individuals whom we support have little choice. They live where they choose not to live and with people whom they do not care for. They go to school and work in settings not of their determination. This is a reality of caregiving. Our response is to begin to teach people to live peacefully together wherever possible.

- Caregivers must develop a sense of companionship with each
- When this is done, the next step is to begin to teach the individuals to live together by teaching them to feel safe with one another, do things together, and even feel loved and loving
- Use your relationship based on trust to bring enemies together, but make sure that each feels safe with and loved by you

This starts with the care givers' relationship with troubled individuals and then a gradual process of teaching those who hate each other to feel safe and loved with each other.

WHAT IF SOMEONE DOES NOT WANT ATTEND A PARTICULAR PROGRAM?

He/she might be justified. Start looking for an option to large, segregated settings-- inclusive classrooms, supported employment, volunteer activities.

- Visit the place often to observe what is going on
- Use the community-centered-celebration process as a tool to insist

on options

- Advocate for justice and inclusion

Our advocacy for justice will take time. It is a life-project. It is hard to change big social service systems. The best place to start is with mentoring caregivers and make change occur from the bottom up.

WHAT IF STAFF TURNOVER IS SO HIGH COMPANIONSHIP IS IMPOSSIBLE?

Staff turnover is a strong and ugly sign of a culture of death. Marginalized people need consistency, predictability, and stability so that they can learn the meaning of companionship and community. Servant-leaders need to make this a top priority. Gather data and inform your supervisor of the detrimental effects of the situation. Bring it up in the person-centered planning process.

Recognize that the central source of stability, consistency, and predictability rests in the organization of those who are marginalized to generate their own empowerment and not depend on “outsiders.” Yet, in the beginning, caregivers are critical since they are the ones who can raise consciousness about the meaning of companionship and community.

- Have a laser-like focus on companionship and community
- Move quickly from your relationship to the formation of relationships with others
- Create circles of friends
- Gather data and discuss it with your supervisor
- Make it a major topic community-centered celebrations

WHAT ABOUT AUTHORITARIAN ATTITUDES?

“This spirit of gentleness is a pile of manure!” Perhaps the hardest aspect of mentoring is the development of an authoritative posture, especially when the mentor is young and inexperienced. The tendency is to substitute an authoritative (knowing what direction to go in and enabling others to move in that direction) stance with one that is authoritarian (simply using your authority to come down on people). Some of this only comes with time and experience.

- Be well-grounded in a spirit of gentleness
- Be humble and extremely patient
- Set a good example
- Avoid attacking people even those who are attacking you

- Try to win over one caregiver, and then another

WHAT IF A COLLEAGUE INSISTS ON PUNISHMENT OR RESTRAINT?

Your response as a mentor depends on your knowledge, experiences, personality, and values. Since mentors are developing a spirit of trust with caregivers and vulnerable individuals, the mentor's strength rests in his/her presence with those served. The occasional, "What he needs is a swift kick..." from a colleague has little power over the mentor's ongoing companionship with those in the home. Use your position, but also remember that your real power lies in the home.

- Avoid arguing or attacking, but remain steadfast
- Focus on the mentoring the caregivers
- Be well-prepared in person-centered planning meetings
- Try inviting your colleague to work with you

HOW DO I KNOW IF I AM MENTORING WELL?

Mentors have a beautiful set of challenges before them-- to help extremely vulnerable individuals find a sense of companionship and community, to help caregivers deepen a sense of meaning in their calling, and to help themselves grow and develop in a spirit of gentleness. Mentors should help each other effectuate these pursuits through critical questioning. This questioning is important for mentor-growth. Periodic reviews with other mentors can be helpful with questions based on actual mentoring projects:

- I felt safe/unsafe
- I felt calm/frustrated
- I was able/unable to dialogue with caregivers
- I had trouble/no trouble with my vulnerable person
- I could share the person's life-story with ease/without ease
- Caregivers came toward me/shied away from me
- I felt authoritative/authoritarian
- I did well/poorly with my hands-on experience
- I felt good/bad about my coaching
- I want/dread to return
- I felt at ease/nervous dialoguing about companionship and community
- It was easy/hard to coach

Reflect on you mentoring and pick two items to work on during your next

visitation. Remember what you are doing is beautiful and good. The more you do it, the more insight you will develop. And, with this will come a deepened spirit of gentleness.

Notes




A series of horizontal lines for taking notes.

CHAPTER 8

Gentle This Broken Heart





If I shall succeed in leading a person to a specific dream, I will first have to start where the person is at, and just start there. He who cannot do that is cheating himself... To be able to help others I must understand more than the person does, but primarily understand what the person knows... True helpfulness starts with humbleness toward the one you want to help, and that is why I must understand that to help others is not to rule but to serve. If I cannot do this, I cannot help anyone.

-Soren Kierkegaard

We have reflected on many ways to mend broken hearts. The task is not easy and it surely starts with and depends on us. Our first step is to become acutely conscious of our own values and then to find ways to reflect on the reality of those whom we serve. There are no easy answers. I recall one of my earliest experiences seeing reality. Back then, I did not know what to do, but the story still remains etched vividly in my memory.

As the bus zoomed along the ocean front , the city of Salvador loomed before me. Colonial churches, mansions, boulevards with fancy hotels, strutting women, and suited men masked the Brazil I was soon to see.

It was a sight that struck my heart like a sledgehammer. Children were eating garbage. Mothers, nothing more than skin and bones, were trying to breast feed their babies with milk-less breasts. The lame, the blind, the insane were wandering down the streets begging for a penny, a crumb, a drop of water. The underbellies of the bridges were home for thousands. Sewer pipes protected frail, starving bodies squeezed into the city's intestines. The stench of the open sewers was overwhelming, a sweet and sour putrid smell that served as the breath of life for large numbers of children.

I did not know what to say. I did not know what to do. The next day I went for a walk near where I was staying. This brought me close to the reality of suffering. I could see the people's skin filled with pus from unknown infections. I could hear the moans of the babies and the cries of the mothers. The streets echoed with their laments, "For the love of God, give us food!" I knew Portuguese well enough to understand everything, but their empty eyes and bowed heads spoke of empty hearts. Their outstretched hands were like death's hands reaching out for life.

I noticed most passers-by did not even look at these abandoned people. Faces were not seen but were in the background like humid air-- cold,

damp, and clinging.

Then one day I had a chance to know the abandoned ones. I was staying with Tomazinha, my “comadre”, in a small city called Juazeiro-- a desert town, scorched by the sun, filled with abandoned children who made their home the city dump. I tramped through the putrid garbage, whisking away the black cloud of buzzing flies.

Garbage gave life. Stench was the perfume of misery. And abandoned children lived on the leftovers of those who had everything. A gathering of those children was on the far side of the dump. They felt safe there since few would bother to walk through the waste to get to them.

I came close to the group. They looked toward me, but said nothing. They were busy scavenging their daily food. Then I saw a child, perhaps two years old. He was being watched over by pigs. I went over to where the “pig-boy” was. I picked the baby up from a wet piece of cardboard. He was naked. His belly was bloated from worms and hunger. His eyes were caverns-- dark, endless, bottomless. I said nothing, put the baby down, and ran back to Tomazinha's house.

Tomazinha was inside cooking supper. I told her about the baby. She listened and said, “Don't you know that your friend Pedrinho had been abandoned by his mother? So that's why he is now my child.” I was shocked. I remember thinking, “Little Pedrinho could be in the garbage dump, lost, abandoned.” She continued, “And my sister, Dandana, is taking care of two other abandoned children.” She went on in her tired way, “John, that's the way life is here-- the strong care for the weak, and the living care for the dying. That is what we all have to learn.”

I went outside and sat beneath the palm trees and the deep green tropical plants. The desert moon was shining through the finger-like palm leaves. An evening breeze was blowing. But I wondered where the pig-boy was sleeping, whether a gentle breeze was blowing on his baby face.

Then little Pedrinho sat next to me and silently stared at the full moon. Although he said nothing, I knew that he, too, was wondering about the pig-boys of Juazeiro. His face spoke of abandonment as the soft rays of the tropical moon touched him. And a solitary tear glistened on his black cheek.

WHAT WE HAVE TO DO



Our role is to open our arms and hearts to the Pig-Boys. It is time for us to reach out to the most abandoned, the most forgotten, and those whose hearts are the most broken. Now it is the time to make a difference. We are

asking ourselves to do what is different. A spirit of gentleness calls on us to live in the moment and yet have a vision of a world without violence and injustice. It assumes that all people are brothers and sisters and that all long to feel safe and loved. It is a life-project that has to permeate our whole life, not just sometimes, but all the time. It is time for us to bend down and reach out to the Pig-Boy of Juazeiro, to the imprisoned, to those in nursing homes, institutions, and schools.

Gentle caregivers make an option to serve the most marginalized. The guard on death row makes an option to be kind in the midst of despair. The nurse helping the confused woman in the nursing home brings a sense of peace to the moment. The teacher with a macho gang member finds a way to teach him to feel safe and loved in the classroom. The social worker in the shelter for street children makes her moment a time of love for those who do not know its meaning. The caregiver in the asylum cuts through the screams and moans to give a man an embrace. The gentle caregiver starts with the moment.

You have examined yourself and those whom you serve. You have looked at ways to make your care giving more loving and ways to teach a feeling of companionship and community to those whom you serve. You have seen how you can put "companionship" into a plan and how you can begin to change the culture of what you do. You have reflected on the underlying assumptions in care giving, its purposes, its strategies, and how to implement it. You have had opportunities to think about it and, hopefully, to discuss it with others based on your own experiences and hopes.

You should realize that there is no answer to the question, "What do you do when . . . ?" Nor, is there any nice and clean recipe book that will tell you what to do. You know by now that almost everything depends on you--the establishment of a feeling of companionship and the development of community.

Our first question was about our own child, Joseph:

Your teen-age son comes home in the middle of the night—drunk again, yelling, screaming, and cursing. You smell the booze on his breath. Its odor smacks at you like a clenched fist. He staggers and stumbles. You come up to him. You are filled with disappointment. This is the umpteenth time. You think, "Damn, he's done it again! God, what am I going to do! Do I curse him like he's cursing me? Do I yell at him like he's yelling at me? What in God's name do I do?"

You figure it out, but use what we have reflected on in these pages! We know we have to deal with the moment and that our direction is to make him feel safe with us and loved by us. We know that all we have to teach him safe and loved are our hands, words, and eyes. We feel like lashing

out, but our hands reach out to embrace him. We feel like cursing, but our words are soft, quiet, and hushed, “Shh! I am glad you are home!” We feel like looking at him with shame and loathing, but we look into his heart with warmth. Does this sound insane? Try it and the next day try it again, and the next, and the next...

Take your time. Look around you. Use the kitchen table tools we have shared. Try things out yourself, then focus on bringing in your friends. As time goes on, start to focus more on the creation of community by sitting at the kitchen table and discussing issues with your co-caregivers and those whom you serve. Avoid talking about getting rid of things. Whatever is a barrier to a feeling of companionship and community will begin to fade away if you center yourself, your discussions, and your deeds on what you want to create. Whatever you are doing now is the best you can do. If you now question any aspect of your work, those things will change in direct proportion to what create. If you do not want to use restraint, it will decrease over time as you focus on teaching feelings of safety, engagement, and valuing. Start with your own beliefs and values. Become more loving-- kinder, warmer, more authentic.

This book is nothing if it does not touch your own relationships and your own life-project. It should make sense in your work and your own home life. Among your friends begin to develop deeper questioning about what you do and its purpose. The kitchen table tools can serve as a format for growing together. Be honest among yourselves and acknowledge different roles-- some leading, some questioning, some cynical, some more self-centered, and some more other-centered. These roles can vary as time passes. For yourself, keep the focus on what you are becoming, and help others through listening to them and giving unconditional support.

No matter what your official job, you can become a leader. Feelings of friendship and community start with you and those around you. Do not wait for someone to tell you what to do. Go ahead and begin forming deeper relationships and community!

Let us return to where we began—Joseph and his mother.

Your thoughts race like bolts of lightning that pile on each other, huddled, waiting for the thunder, “He knows better! He’ll be dropping out of school. His grades are down. He sleeps all day. He curses and yells at me. He calls me a ‘no good’ and ‘worthless.’” Hope begins to slip out of your heart. Emptiness, sorrow, and anger swell like thunder. In that moment between lightening and thunder, there is moment of quiet stillness. Everything stops. You ask yourself, “My God, what do I do?”

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Words we have read,
Words of hope, words of pain,
Words of Victor and the Pig-Boy
Words of Mary and Joseph
Words of Henry, words about ourselves.

Take your gifts and
The mandate of love.
Gentle your way
Into a broken heart.
And, then,
Mend it
With your laces
Of affection.

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