

# **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**

- 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

### **ATTACHMENT**

- 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



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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

- Focused on the individual
- Based on consequences and control
- Leading to self-reliance

### OUR VIEW

- 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:

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

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.

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