


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

- Physical needs
- Emotional needs
- Personality
- Lack of life-meaning
- Lack of skills

EXTERNAL THREATS

- 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

- Sees Self as Different
- Societal Prejudice
- Seeming to Know Better
- Poor Self-esteem
- Concrete Language

SEVERE

- 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

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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	1	2	3	4	5	6
Takes pride in self	1	2	3	4	5	6	1	2	3	4	5	6
Expresses talents	1	2	3	4	5	6	1	2	3	4	5	6
Appears proud	1	2	3	4	5	6	1	2	3	4	5	6
Respects self	1	2	3	4	5	6	1	2	3	4	5	6

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

THREATS TO LIFE-STRUCTURE



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	1	2	3	4	5	6
Sense of family	1	2	3	4	5	6	1	2	3	4	5	6
Sense of community	1	2	3	4	5	6	1	2	3	4	5	6
Being loved	1	2	3	4	5	6	1	2	3	4	5	6
Loving others	1	2	3	4	5	6	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**

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**

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

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

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

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**

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**

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**

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 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

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

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**

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

