

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

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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	1	2	3	4	5
Lacking in skills	1	2	3	4	5	1	2	3	4	5
Like this is just a job	1	2	3	4	5	1	2	3	4	5
Unsupported	1	2	3	4	5	1	2	3	4	5
Devalued	1	2	3	4	5	1	2	3	4	5
Name one more of your own:										
1. _____	1	2	3	4	5	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

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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 resolve 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:

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.

