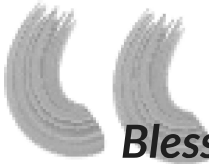


# **CHAPTER 2**

## Looking at Ourselves





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

- Matthew

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

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

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

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

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

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

## OUR VIEW OF OURSELVES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## OUR CARING ACTS

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

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

## SELF-ASSESSMENT

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

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

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

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

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

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

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

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

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

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



# SELF-ASSESSMENT OF THE CAREGIVER



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

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

**1. CLOSE                      1                      2                      3                      4                      DISTANT**

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

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

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

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

**Check any that apply:**

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

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

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

**Check any that apply:**

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

**2. WARMTH      1                      2                      3                      4                      COLDNESS**

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

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

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

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

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

**Check any factors that apply:**

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

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

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

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

**Check any factors that apply:**

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

- Use of physical restraint

### 3. HEART

1

2

3

4

### HEAD

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

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

#### Check any that apply:

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

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

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

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

**Check any that apply:**

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

**4. LISTENING                    1                    2                    3                    4                    TALK**

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

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

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

**Check any that apply:**

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

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

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

**Check any that apply:**

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

**5. WARM PROTECTION      1      2      3      4      RESTRAINT**

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



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

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

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

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

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

**Check any that apply:**

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

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

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

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

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

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

### Check any that apply:

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

## 6. DEEP INSIGHT    1    2    3    4    SHALLOW AWARENESS

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

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

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

**Check any that apply:**

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

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

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

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

**Check any that apply:**

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

**7. UNCONDITIONAL LOVE 1 2 3 4 EARNED REWARD**

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

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

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

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

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

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

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

**Check any that apply:**

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

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

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

**Check any that apply:**

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

**8. ELICITATION      1            2            3            4            NO INTEREST**

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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



support as your friends

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

## 9. COMPANIONSHIP      1      2      3      4      CLIENTSHIP

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

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

### Check any that apply:

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

linger with you

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

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

**Check any that apply:**

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

**10. ENGAGEMENT      1      2      3      4      DISENGAGEMENT**

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

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

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

**Check any that apply:**

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

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

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

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

**Check any that apply:**

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

**11. EMPOWERMENT 1 2 3 4 DISEMPOWERMENT**

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

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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

## 12. TEACHING FEELINGS 1 2 3 4 MODIFYING BEHAVIORS

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

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

### Check any that apply:

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

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

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

**Check any that apply:**

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

**13. WARMLY HELPING    1    2    3    4    COLDLY HELPING**

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

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

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

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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



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

**14. FLEXIBILITY**            1            2            3            4            **RIGIDITY**

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

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

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

**Check any that apply:**

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

your companionship with them

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

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

**Check any that apply:**

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

**15. AUTHENTICITY    1       2       3       4       PHONINESS**

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

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

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

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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

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

**16. THE OTHER                    1                    2                    3                    4                    THE SELF**

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

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

**Check any that apply:**

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

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

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

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

**Check any that apply:**

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

**17. NEW MEMORIES      1      2      3      4      OLD MEMORIES**

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

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

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

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

**Check any that apply:**

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

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

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

**Check any that apply:**

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

**18. HARMONY            1            2            3            4            DISHARMONY**

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

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

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

**Check any that apply:**

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

becomes

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

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

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

**Check any that apply:**

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

**19. STRONG DIRECTION    1    2    3    4    WEAK DIRECTION**

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

**Check any that apply:**

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



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

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

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

**Check any that apply:**

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

**20. DIALOGUE            1            2            3            4            MONOLOGUE**

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

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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

## 21. CONCRETE      1      2      3      4      ABSTRACT

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

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

### Check any that apply:

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

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

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

### Check any that apply:

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

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

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

## 22. SPIRITEDNESS      1      2      3      4      ALOOFNESS

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

### Check any that apply:

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

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

### Check any that apply:

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

preventing them

## 23. CIRCLE OF FRIENDS 1 2 3 4 DOMINATION

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

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

### Check any that apply:

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

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

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

**Check any that apply:**

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

**24. CONGRUENCE    1    2    3    4    INCONSISTENCY**

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

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

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

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

**Check any that apply:**

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

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

**Check any that apply:**

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

## EXERCISE

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

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

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

## THE CENTRAL QUESTION

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

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

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



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

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

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

## NOTES



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