

GENTLE TEACHING IN FLANDERS - LOOKING FORWARD TO THE 21ST CENTURY

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1. Societal and historical context

In the early 1990's, Flanders was introduced to Gentle Teaching via its founder John McGee. Fifteen years later, it is appropriate to take stock of its impact among caregivers and people with disabilities.

Gentle Teaching is based on universal values that are not constrained by geographical or cultural boundaries. At the same time, contacts with colleagues all over the world who put Gentle Teaching into practice reveal regional variations in its implementation. Accents vary and are influenced by societal and cultural-historical factors. As such, socio-historical parameters have affected the way Gentle Teaching has been put into practice in Flanders. In the past fifteen years, it has become apparent that Gentle Teaching has sometimes struggled to take root in organized care in Flanders. Not surprisingly, this can be attributed in larger part to the specific Flemish societal context.

1.1. The impact of Catholicism on mental health care in Flanders

The cultural-historical impact of Catholicism in Flanders cannot be underestimated and is noticeable in all segments of society (education, politics, unions, health care organizations). Examples of this reality are the parallel existence of Catholic schools alongside public schools, Catholic institutions alongside pluralistic ones, Catholic and free universities, etc. This deep-rooted Catholicism has had a profound impact on Flemish youth for many generations. Today, most adults do not object to those Christian values *per se*, but they do struggle with how those values were historically imposed through the educational system.

Gentle Teaching is based on human values that can be found in Christianity as well as many other religions. Concepts such as unconditional valuing, tolerance, and solidarity are similar to the messages that have been delivered from the priest in many Flemish Catholic churches for generations. Two responses to this reality are common. In a number of Catholic organizations for people with disabilities, Gentle Teaching is perceived as old ... in new clothes. People who feel Catholic dogmas were forced upon them often have a more negative reaction. They fear Gentle Teaching will impose those same dogmas, and, as a result, they may distance themselves from Gentle Teaching.



1.2. Professionalization of care

A second important societal component is the professionalization of care for people with disabilities. The development of new pedagogical and psychological insights in the last century has led to the creation of numerous professional training programs. As a result, the social sector is now staffed with professionally trained personnel. This reality has created an environment in which every psychological and pedagogical school of thought has to prove itself and deliver results. This scrutiny also applies to Gentle Teaching. The Flemish health care worker will only embrace Gentle Teaching after having seen proof that this approach *really works*.

1.3. Gentle Teaching Flemish style: focus on effectiveness, topped with a methodological sauce

The Flemish version of Gentle Teaching is characterized by a focus on methodological teaching of a feeling of safety and companionship. At the same time, the link between Gentle Teaching and developmental psychology models (i.e. theories about attachment) and psychotherapy is important. The Flemish caregiver looks for a framework in which he can integrate his attitude and modus operandi. Gentle Teaching has to address this need when first introduced.

Besides the need for methodological support, the Flemish caregiver looks for evidence that Gentle Teaching is efficient in addressing behavioral and other problems. Gentle Teaching must convince him/her that it is a solid – if not more humane – alternative for existing traditional behavioristic therapies.

To measure the effectiveness of Gentle Teaching only in terms of behavioral results is misguided. The transformation not only occurs in the patient, but also within the caregiver, and in his/her relationship with the individual. A deepened sense of safety and companionship is experienced when the caregiver-patient relationship develops on the base of an unconditional attitude. Over time, this results in a reduction of behavioral and other problems.

The question whether Gentle Teaching is effective can also be asked of the traditional behavioristic approaches. How efficient is decades of electroshock therapy to treat self-injurious behavior, or prolonged and violent isolation to modify aggressive behavior? Behavioristic techniques are focusing on observable behavior and may appear to work in the short term. However, a particular symptom may well be replaced by a different one as a result of such a treatment.

In what follows, we will try to illustrate that Gentle Teaching is not only a solid methodology, but also a valuable alternative to the other established behavioristic approaches within the social-historical context discussed above.



2. Gentle Teaching: philosophy, psychology and pedagogy

In response to the question whether an intervention is worth it, a surgeon, facing the daunting task of separating Siamese twins who were connected at the head, once said: “*The fact that they are with us, that they exist, gives them a dignity that should not be measured.*” Every human being is of equal worth, independent of his or her vulnerabilities. If performed at all, diagnosis or tests are best performed in terms of ‘difference’ rather than “more or less”.

This observation lies at the heart of Gentle Teaching’s philosophy. McGee starts from a belief in the fundamental equality of all human beings, including people who suffer from past traumas or mental or physical disease. Autism, psychosis, borderline disorder, etc. are all different expressions of **the human condition** (*‘human condition’*, McGee 1990). As an example, autism makes it very difficult for a person to feel safe and loved in the incomprehensible maze of human relations. However, this does not mean that there is less of a need for love and safety, to the contrary. Slowly, and with a deep understanding of the challenges brought about by autism, the caregiver will be able to provide a sense of safety by offering unconditional affection and help to the person.

2.1. Interdependence: *I am because we are*

John McGee talks about Gentle Teaching as the **psychology of interdependence**. The concept of interdependence is both a starting point and a goal of Gentle Teaching. A person’s quality of life is in large part determined by his/her relationship with the social environment. Personal development is impossible without the love, warmth and security offered by the surrounding community. In other words, *I am only a person through others*. This is true for all of us, but in particular for those who live at the fringes of society and those who appear to want to distance themselves from us through their behavior.

Interdependence as a psychological starting point in the caregiver-client relationship is fragile. The need for support creates a relationship with the caregiver in which the client’s dependence is significant. As a result, a power structure that lacks balance may develop. The tendency for the caregiver to play a dominant role – often with the best intentions – is nearly always present. In a way, all behavioristic approaches are the embodiment of that dominance. John McGee calls this kind of behaviorism ‘capitalism of the soul’. In such cases, the caregiver becomes independent of, or even worse, unreachable to the client. As a consequence, the dependence, or worse, the subordination of the client increases over time.

Gentle Teaching stresses the importance of interdependence in every relationship, particularly in a relationship of care. As long as we as caregivers fail to act from an unconditional and egalitarian attitude, our clients will experience anxiety and insecurity, two conditions we want to avoid at all cost. If we as caregivers want to continue to experience satisfaction in our jobs, we too are in need of respect, appreciation and affection on behalf of our clients. Interdependence as basic premise of the caregiver-client relationships benefits both parties.



2.2. *Gentle Teaching: kind teaching*

When attempting to define Gentle Teaching, it is helpful to envision Gentle Teaching as a process, focused on the teaching that the human presence is valuable and not frightening. A universal characteristic of all marginalized people is their inability to build close relationships because of their condition, limitations, or experiences. Hence, a primary goal of caregiving should be the teaching of a feeling of companionship. The description of this learning process ties in to the pedagogical component on Gentle Teaching.

3. **The central issue is unconditionality**

In Gentle Teaching, the basic assumption is made that all interactions start from, focus on and lead to unconditional valuing.

Tim is a 4 year old boy who is developmentally disabled. Experts predict he will grow up to become an adult with severe mental disabilities. Since birth, he has struggled to survive: he was diagnosed with severe medical problems, underwent several heart surgeries, is epileptic, and has spent one and a half years in the hospital. Right now, Tim's health is relatively stable, and there are no acute medical problems. In contrast, his behavior is quite problematic: he is motorically very active – some say hyperactive – and he struggles with imposed boundaries.

Tim's parents enjoyed going to the movies until their son was born, but they have not been to the theatre in the last four years. Caring for Tim has exhausted them. Bruno, a family friend, had offered to look after Tim so that Mom and Dad could go to the movies. The parents accepted the kind offer after much hesitation and insisting on Bruno's part. While Mom and Dad are at the theatre, the cell phone at hand, the following situation develops at the house.

Tim and Bruno are having a good time playing with little cars on the rug. Tim expects Bruno to be an active participant, but at first all is going well. Suddenly, for no apparent reason, Tim slaps Bruno in the cheek. While doing so, Tim does not appear to be upset; in fact, he is laughing. It appears Tim is experimenting to see how Bruno will respond. Bruno, on the other hand, does not think this is funny, particularly because Tim is hitting him harder each time. Bruno can respond to the situation in two very different ways. He can slap Tim on the hand to make clear that he does not enjoy being hit. Bruno thus displays a negative reaction, a reaction that is unpleasant for Tim, hoping that the negative experience will teach Tim that it is not appropriate to hit someone.

Bruno can opt for a completely different approach. He can look at Tim as a child of four, but without the intellectual, communicative and emotional skills of a four year old. Moreover, he can also take into consideration Tim's life experience, the numerous experiences of pain, the fact that this is his first time away from his parents,...



Bruno does not only consider the behaviour, but Tim's entire personality and life experience. Bruno decides to protect himself when Tim tries to hit him. He takes Tim's hand and guides it over his unshaven cheek to let Tim experience how it feels to caress. Tim giggles as he feels the tickle of rubbing an unshaven cheek. Bruno is trying to teach Tim that caressing is equally – if not more – pleasant than hitting.

In the above stated example Bruno has the choice between an unconditional and conditional attitude. The actions of the therapist are inspired by behaviorism and every intervention takes place “on condition that...”. The caregiver responds positively to the clients' desired behavior by giving a reward or another kind of reinforcement. If the behavior is undesired, the caregiver will oppose those negative behaviors with techniques such as punishment, negation, or a time out. This approach is a natural consequence of the culture we live in, a culture in which good behavior is rewarded and bad behavior is punished. John McGee talks about a morality of consequence (“Morality of consequence”, McGee, 1990). Our western society is built on an “*if ... , then...*” morality. *If* you are sweet, you'll get a sweet. *If* you study well, you'll get a degree. *If* you do something illegal, you'll be punished or be fined. Behavioral therapy is nothing more than a logical consequence of this morality. The question is whether this therapeutic approach is the most human and effective way to support vulnerable, marginalized people?

4. The trauma of conditionality

4.1. Acquired helplessness

Many mentally disabled adults suffer from a trauma called conditionality. This is specially true for those who have been institutionalized for a long time. The opportunity to develop the potential talents of those people has been restricted by a way of caregiving that is based on conditionality. “*Why should you make the effort of helping yourself to a meal when there is always a caregiver reprimanding you or telling you to watch your weight? Why would you go out of your way to do the dishes an extra time knowing you're not going to receive a reward in doing so and knowing you would get a reward for doing some other tasks?*” After years of conditional treatment a lot of people acquire a sense of helplessness. “*Why would I learn to tie my shoelaces if there's always someone to do it for me?*” This attitude is clearly recognizable for many caregivers in a client's practical skills. But this helplessness also situates itself on the relational and moral level. Historically, permanent behavioristic and conditional treatment has prohibited optimal social and moral development. *Why should I show respect for other people, if I've never felt treated respectfully myself? Why should I not use violence, if I was put in time out in a violent way a hundred times? Why should I do what the caregiver asks if there's no extra reward or pocket money?*



4.2. Attachment disorders

From experience we know that it can take years before people can throw off the yoke of conditionality and build up enough safety and trust to develop an unconditional relationship. Persons suffering from attachment disorder are so damaged because of neglect or other forms of abuse that they will never feel safe enough to be approached in an unconditional manner. How will a baby ever learn a feeling of basic safety, when he was at one time caressed and at other times beaten in the cradle. And still for these vulnerable people Gentle Teaching offers the much needed alternative. As caregiver it is our duty to approach them with a lot of love even if it doesn't change much in their behavior in the short term.

Nele is 30 years old and recently moved into 'sheltered living' after having lived in an institution. At the institution, conflicts with other residents and staff were commonplace. Intellectually, Nele has significant capabilities, and she does not have physical limitations. Consequently, Nele appears to be an excellent candidate for sheltered living. However, her socio-emotional development is problematic: expressions of anger and joy follow each other with little time in between. Moreover, she expresses her feelings in a rather childish manner. If one could hear Nele at such times without seeing her, one would think she is 4 years old. Her use of language differs from a 4-year old because she has the intellectual capacities of a 12-year old. This is one of the big challenges for anyone who interacts with Nele. She tends to talk like an adult but lacks emotional maturity. She leaves the impression that she is able to converse and make choices and decisions like a 30-year old woman, but she does not have the emotional insights to live by those decisions and choices.

Nele suffers from a borderline personality disorder. Nele grew up in an uncaring environment and was the victim of psychological abuse. She resided in several different institutions, and her relationship with her parents was always problematic. When Nele behaved well in the institution during the week, she was allowed to visit her family on weekends. When things did not go well, her parents threatened to move her to a stricter institution. And sometimes those threats became reality.

At 30, Nele is determined to make her dream of moving to a group home come true. The caregivers who have interacted with her over the years are all very supportive of the idea. She has been begging her parents to allow her to move, but they strongly oppose the idea. The parents threaten to disown her and cut off all contact with her. In fact, that's what they have done to one of her two brothers. Nele now lives more independently, and she has not been in touch with her relatives for several years.

Gentle Teaching is a key component in supporting Nele in her choice *and* the consequences of her choice. As caregivers, we have an ethical obligation to unconditionally accept Nele and take her entire life history in consideration. We need to put aside any conditionality and appreciate Nele for who she is, not for what she does. Only an unconditional approach has a chance to help build a certain level of psycho-emotional stability. In practical terms, this means that we have to avoid rejecting Nele at all cost when we interact with her.



And knowing that she can be verbally aggressive, that she will ignore scheduled appointments that took a lot of energy to agree to in the first place, that she can ignore you for hours, or that she may injure herself physically by refusing to eat for days on end, makes this unconditional approach extremely difficult. As a specific example, we were well into the month of February before I was able to give her a happy new year hug. Although we saw each other two dozen times before that, I waited until she was emotionally available. Until then, I accept her sturn demeanor and wish her a pleasant day every day I saw her. Eventually, when she is ready, I give her the biggest hug to wish her a happy new year. Nele's fundamental anxiety will only diminish when we approach her consistently with an unconditional attitude.

4.3. *Distance – closeness*

When interacting with people with attachment disorders, Gentle Teaching requires us to try to satisfy the client's infinite needs with warmth, affection and love and to respond to his cry for security with unconditional valuing. Often the question arises how to deal with persons with ambivalent attachment disorder. Persons with ambivalent attachment disorder have extreme difficulties to find a balance between distance and closeness in their relationships. The example of Maya illustrates this struggle well.

Kim is an enthusiastic 23-year old caregiver who has been working in Maya's home for a while. From the moment they first met, Kim and Maya connected and both fell they have a special bond. Besides having the same age, Maya is particularly attracted to her new caregiver, and she becomes very interested in Kim's personal life. Kim is very pleased to have developed a personal relationship with one of the residents in such a short time.

As a baby, Maya was abandoned and she has never known her biological parents. Growing up, she spent time in numerous institutions and she has a foster mom with whom she has a turbulent relationship. Times when she is received with open arms when she returns home, are followed by periods of heavy arguing, resulting in months of no contact. A couple of days ago, Maya had a serious falling-out with her foster mom and told her she never wanted to see her again. In recent days, Maya looked for and found support from Kim. Other caregivers can barely interact with Maya, and she looks for Kim for the answers to all her questions and concerns.

The next weekend, Kim works on Saturday. She casually shares with Maya that she and her friends are going to a party in the neighbourhood that night. When Maya asks if she can join, Kim does not object, reasoning that Maya would probably enjoy the distraction. Moreover, going out together would only strengthen their relationship. Maya has a good time, and all seems well.

The next day, Kim has off and her colleague Tom is on duty. By noon time, Maya is still in bed, and Tom decides to check on her. Maya makes clear that she is not getting up until Kim arrives. Tom kindly points out to Maya that Kim is not working that day, and Maya explodes. She starts hitting herself and demands Kim's private phone number. Tom reluctantly gives her the phone number, hoping that Maya will calm down.



Maya begs Kim to come over immediately, explaining that she can't talk to Tom about the conflict with her foster mom. Kim, not sure what to do and somewhat annoyed, tells Maya that she cannot stop by at this very moment. Maya becomes hysterical and runs away, feeling abandoned by everybody, including Kim...

The example of Maya may sound familiar. Maya is the prototypical person with attachment disorder who literally clings onto another person. However, once that person comes close, this becomes so threatening, that she ends the relationship abruptly. In dealing with such a person, the caregiver has to find the proper balance between distance and closeness. Many wonder if the Gentle Teaching approach doesn't put too much emphasis on getting close. Gentle Teaching advocates a balance between cautious and setting clear boundaries. Although well-intended, Kim doesn't set the appropriate boundaries and becomes too closely involved with Maya. Gentle Teaching recommends that the caregiver sets the limits not higher than the commitment he wants to agree to in the relationship. If not, injustice is done to the client.

In his book "Being with others" (1990) John McGee defines marginalized people as people who can't stand up for themselves, who are behind because they are disabled, who are confused by mental illness, who are weighed down by the misery of poverty and lack of opportunities to develop their talents. Their background or the manifestation of their marginality may vary, but marginalized people have, more than others, a stronger need for affection and companionship.

Inspired by the insights of Vygotsky, Bowlby, Stern, Ainsworth, ... McGee talks about the attachment-stage in moral development of a human being. This stage occurs in very early childhood when a child learns to feel safe and loved. Everybody is familiar with the "Peek-a-boo" game. By showing your face, you let the child know you haven't left. The child feels safe and is relieved and happy when he sees your face again and you are back and. This natural response is not necessarily the case with many marginalized persons, and our presence may trigger anxiety. Approaching an autistic person with a lot of love, may be terrifying when we come too close.

Through our unconditional attitude we try to create what Bowlby defines as "new memories and mental representations". How we go about creating this will be totally different with an adult with deep mental retardation versus an intelligent juvenile delinquent. But both need to learn a feeling of companionship. This learning process runs through several stages and leads us to Gentle Teaching as a methodology.



5. From safety over engagement towards valuing.

Putting Gentle Teaching into practice requires lots of discipline and resilience. There are four different stages in the learning process towards a feeling of companionship. This can be illustrated by means of the therapy session from John McGee with Anita, a severe mentally disabled woman with autism. Before the session she lives a very isolated life in a large institution. She is so isolated that she permanently stays in her room and refuses visits. She wears clothes that can resist her tearing behavior and she frequently mutilates herself. At that moment John starts the therapy sessions.

5.1. *To be with...*

In the beginning John teaches Anita that his presence isn't necessarily threatening. This process takes weeks and starts with waving at her gently from behind the window, then trying to stand in the doorway for a moment, and at least spending a few minutes together in her room. John wants to make it clear that his presence is predictably valuing, and thus safe. Comforting words, gestures, touches and his complete tolerance, even in the face of rejection, characterize his attitude. Notwithstanding the fact that Anita attacks him several times and tries to bite, John does not change his attitude and he continues to approach her in the same gentle way.

What is totally new for Anita is that her aggressive behavior doesn't affect John's response. Normally, a person's attitude changes after being attacked. Most caregivers show anger, become afraid and stay away. Occasionally, caregivers in white coats come in and give her a shot that makes her very drowsy... With John, things are different. The distance between John and Anita becomes smaller, literally and metaphorically. Anita's astonishment about the unexpected and ongoing lovingly approach may become a catalyst for an intense and long-lasting learning process. The 'aha-erlebnis' that not everyone abandons her behind when she struggles may result in less fear and more security.

So, in this stage there is complete tolerance and it is impossible for Anita to do anything wrong. Whatever she does, John stays positive and continues to value her, even his own safety is threatened. He protects himself but never rejects or condemns.

5.2. *To do something with each other...*

Once Anita has learned that John's presence isn't threatening anymore, he takes a step further. Now, he starts to work on the engagement in their relationship. John tries *to do* something with Anita. They start sorting spoons, knives and forks into a cutlery tray. The focus is not on learning the skill. John is probing whether Anita wants to do something together with him. At this stage it is considered a significant success that she joins John at the same table. John is sorting the cutlery by himself and is talking gently. If she does something with the cutlery that's ok, if she doesn't that is fine too. Clearly the task in itself is not important. This technique is called errorless teaching, in other words, it is impossible to make mistakes.



5.3. *To do something for the other...*

In the third stage John starts to engage Anita and asks her to do the sorting for him. Compared to the previous stage, the engagement isn't limited to doing things in the presence of somebody. The step to engagement where something is done for somebody is taken here. John puts the first forks in the basket and then literally guides her hands to arrive at the point where she does it by herself.

The first three stages in this learning process are taking place in the face-to-face encounter between caregiver and client. The caregiver is expected to be very flexible. McGee talks about 'stretching'. This means as caregiver you have to determine from second to second what stage your client is in. The caregiver has to react as a yo-yo going from one stage to another and reverse if necessary.

At a some point, Anita spits in Johns' face. It is a signal that he took a step too fast. He then takes a step backwards in a positive way and he shows more engagement from his side.

5.4. *To do something for the others*

By teaching Anita the meaning of unconditional valuing John wants her to teach her how she can feel valued by and value other people. John wants to extend the acquired feeling of companionship to more people. McGee talks about forming 'communities of caring' in which relatives, cohabitants and caregivers play an active role.



6. Our hands, mouth and face as tools

*“Do we touch people? Yes, often.
Do we need touch? Yes, all the time.” (John McGee)*

Dialogue is the central strategy to bring marginalized people closer to us. With dialogue we mean complete communication, not only through words, but also through touch, facial expressions and gestures. The tools we have at our disposal are our hands, mouth and face. The value of these instruments in teaching the feeling of companionship is apparent in the way parents interact with their small children. The numerous times a baby is hugged and kissed are the most direct and concrete message he can feel safe. Without understanding a single word, mom and dad constantly talk to their newborn baby. Not the meaning of the words, but the warmth and familiarity of their voice is comforting. When a baby is crying the mother will whisper and try to calm her child down with a soft voice. On the other hand, when a child is ill and bed ridden, his parents will try to cheer him up by making funny faces and silly noises.

Body language is a big part of Gentle Teaching. Our body is a complete toolbox. From a moral and emotional development perspective, many people are like small children, and gentle physical and verbal ‘touch’ is very important to them. With our touches and hugs we communicate the clearest message to a person with severe mental retardation. To a slightly retarded juvenile delinquent a high-five, a pat on the back or our loving words may be sufficient. The way we communicate can differ, but every interaction that expresses valuing, prevents violence and encourages solidarity, is valuable and useful.



7. Gentle Teaching in a crisis situation

Pol loses it.

Pol is a strong 30 year old fellow. He and his 11 house mates share a home and are all mentally disabled. Pol's life history is particularly sad. He barely knew his alcoholic father and his mother was soon unable to care for him and his mentally disabled older sister. As a result, Pol ended up in a number of institutions. Pol is very close to his older sister, so close that there are strong indications that they have had an incestual relationship. In the past year and a half, Pol's mother passed away after a prolonged illness, and his pregnant sister was found dead in her apartment. All who know Pol, feel for him and are very concerned how he will be able to move on. Surprisingly, the first couple of months Pol shows few signs of sadness. To the contrary, he is often in a very good mood. When he talks about his mother and sister, he often points out the furniture and household goods are now his only.

One evening before dinner time, Pol goes crazy. He came home from work and was very aggressive to everyone and everything around him. Anja was the only caregiver present at the time. She knew that Pol could be edgy at times, but things seemed different this time. While hiding she is afraid, she tries to talk to Pol and convince him to go to his room. At first, she is not successful. About 10 house mates were also present in the living room when the incident started. Most were scared and had left already, and Anja asks the others to also leave the room. She physically stands in between Pol and other residents. Pol grabs a vase and throws it to pieces. Anja focuses on her own safety and the safety of the other residents. She continues to talk to Pol in a calm and warm voice, and she tries to approach him gently, prepared to protect herself. She applies a 'stretching' approach, attempting to get closer to him when possible, and ready to retreat when needed. Although she is scared herself, she continues to avoid negative language, tone of voice and intonation. After about 10 min, she feels close enough to Pol to ask him to go to his room. Pol is somewhat more approachable by now, and he agrees, not with objection though. Aware of the possible danger, she touches him gently, puts her arm over his shoulder and caresses his cheek. While doing so, she continues to tell him that everything will be all right. Anja stays for another 10 minutes with Pol in his room, all the time displaying a positive and warm attitude. Pol cannot stop crying and tells Anja how much he misses his mother and sister. After Pol has calmed down considerably, Anja suggests that he puts on his favorite cd. She makes clear that the other residents need her, and that she will bring his dinner to his room.

The next day, Anja and Pol talk about what happened the day before. Anja is not afraid to share the feeling of fear that overcame her and the other residents. Pol talks a lot about his mother and sister, and the other residents share how they feared for him. Both Pol and Anja feel closer to each other than they felt before. But some of the house mates felt some kind of punishment for Pol was justified...



We run through the situation and the way we can approach it from a behavioristic point of view and compare it with Anja's working method, which is based on Gentle Teaching. Whereas behaviorists would label the behavior as acting-out, Anja looks at Pol as a person and considers his past and recent history. Behaviorists would call the confinement to his room 'time-out'. The purpose of the time-out is to create safety. Moreover, this confinement has to take place in a bare unpleasant time-out room in order to 'teach' Pol that aggression has unpleasant consequences. In contrast, Anja recognizes that Pol needs her warmth and presence now more than ever, regardless the fact that he lashes out at everything and everybody. Besides creating a safe environment by bringing him to his room, she wants Pol to know that, whatever happened, she will remain close to him.

A very important long-term consequence of Anja's approach is important outcome is that, in the long run, the relation between Pol and his caregivers improves significantly. 'Surviving' a crisis situation together results in more trust and less distance between Pol and Anja. The day after she came to work more confident, even proud, because she has earned the trust of a resident, especially in troubled times. If Anja had chosen for a violent time-out assisted by a couple physically strong male colleagues, everyone would have lost. Pol would be left with an enormous feeling of guilt and in fear of the consequences. For Anja, feelings of powerlessness and failure would dominate.

The example of Pol and Anja provides a powerful example of the effectiveness of Gentle Teaching. Since the death of his mother and sister, Pol lives with a sense of extreme loneliness. At this time, he needs is our infinitive understanding and our unconditional support more than ever. Moreover, our consistent unconditional attitude in the difficult coming years will diminish his profound fear of being on his own. From a behavioral perspective, this approach will likely help him to find less violent ways of expressing his feelings when he is struggling the most. In difficult times, Anja and his other caregivers won't be the bull's eye, but rather sources of support to Pol.

Cross-border behavior: are Gentle Teaching and behavior therapy then really irreconcilable?

At first glance, Gentle Teaching and behavior therapy appear to be irreconcilable. Whereas behavior therapy stands for conditionality and conditioning, Gentle Teaching embodies unconditionality. Behaviorism has solid scientific basis, and it would be too simplistic to discard the behavioristic therapeutic approach. In some specific situations such as about the support of juvenile delinquents, it seems appropriate to let behavior therapy and Gentle Teaching join hand in hand. Brit's story serves as a good illustration.

Brit is a 30 year old woman who recently found a home in a sheltered living environment situation. Since her teenage years, she has gone back and forth between being homeless and extended periods in a psychiatric hospital. Most of her stays in the hospital were an attempt to keep her off the street rather than for psychiatric care.



Living on the streets and in bars has obviously effected her look on life and her personal values. Years of abuse by male predators have severally damaged Brit's self-image. This negative view of herself translates itself functionally in a deep lack of trust of everyone, including herself. Brit is a sweet person who wants to be loved by everybody, and she will do everything to be loved. If a guy in a bar asks her trade sex for a teddy bear, she'll oblige without hesitation.

Very soon after she settles in sheltered living, it becomes clear that is extremely difficult to make agreements with Brit. If it is not made clear to her when she is supposed to be home at night, she won't come home. As a result, everybody worries about her. When a specific time is set, she ignores it. On one hand, Brit can't live without agreements and specific rules, on the other hand she asks for rules so that she can break them.

In the project of sheltered living the new team of caregivers has chosen Gentle Teaching as guiding paradigm. The starting point is to reach out to Brit in an unconditional way, to accept her the way she is, including her pattern of standards and values. This is not an easy starting because her caregivers, fellow residents, their network, and the institution have completely different values. The team wants to build a relationship based on mutual trust, respect, authenticity, engagement and responsibility. The eventual goal is to let limits and rules fade away and go from there. Experience shows that Brit doesn't know the values from which the caregivers want to work. At times when Brit is doing well and you think that you have gained her trust, she can break this trust in the rudest manner.

Over time caregivers even think that Brit needs these limits and rules to feel safe. She forces her caregivers to adopt a behavioristic approach. She is rewarded when she honors agreements and she is punished when she does not honor them. Caregivers are forced into a relationship based on control, supervision and limitation as basic ingredients. When Brit is struggling, this leads in a avalanche of agreements, violations of the rules and punishments for committed violations. Behavior therapy is here in order and is used to determine boundaries and work with them.

In their relationship with Brit her caregivers have gone back and forth between the two approaches. When things are going well they focus on the values embodied by Gentle Teaching. In challenging times they use behavior therapy as framework. It is important to build a behavior therapeutic strategy that is understandable for Brit, but starting from and resulting in the principles of Gentle Teaching. What does this mean for Brit in everyday life?

From now on the caregivers will be working with an "*honesty envelope*". When Brit violates agreements she can make up for those violations by confessing. In other words, honesty will be rewarded. Brit always has an envelope with her with a blank note. When she has done something wrong and wants to be honest about it, she writes down the date on the note and leaves the envelope in her personal assistant's letterbox. The deal, in a real sense, is that by handing in the envelope, followed by a difficult, but franc conversation, she avoids punishment.



During this talk the two parties have different agendas. Brit knows that she should not fear that something unpleasant is about to happen to her or that she will be punished. The caregivers' agenda is a very profound and therapeutic talk about fundamental values such as respect, honesty and mutual trust.

In this case behavior therapy and Gentle Teaching are complimentary. Brit is hurt by life so badly that she can only see the feelings of trust as an instrument. Being friendly to somebody is an instrument to get something or to avoid something unpleasant. We have learned from experience that a discussion with her about trust, respect, etc... are very difficult for her to grasp.

By using the "honesty envelope" we have developed a system that she can understand and that leads to results while honoring the principles of the Gentle Teaching philosophy. When Brit is honest, no punishment will follow. In my opinion, this is the only way to reach our main goal in the long run, which is the development of a relationship based on unconditional trust.



8. Gentle Teaching and emancipation

“If there is no safety and love, there is no choice.” (John McGee)

Everybody in Flanders who works with people with disabilities in one way or another is talking about emancipation, self-determination and other kinds of citizenship models. Some reflect on this in silence while others question openly if “there is an inherent incompatibility between Gentle Teaching and emancipation.” I believe there is not, because Gentle Teaching offers us an alternative model to build an unconditional relationship with our clients. That this is not always evident is illustrated in the following example.

Lunches were often rather unpleasant in one of the homes. Therefore, we decided to give all the residents the choice between eating in the dining room or in the communal kitchen. Every resident was completely free to choose. Every day, they were asked: do you want to eat in the kitchen or by yourself in your own room? It took one of the residents over one year to realize that he was totally free to make his own choice. Every time he would ask if he was being punished and had to eat in his room because he had done something wrong. Every time, we had to make clear to him that he was free to choose where to eat.

The intention the caregiver to build an unconditional relationship is not always understood by the client. Many years and intensive efforts are required to create an environment of equality. In Flanders, the beginning of the 21st century coincides with an increased focus on the citizenship model. We are encouraged to look at people with disabilities as full members of society with duties and rights. And surely professional caregivers try to put this into practice every day. Patronizing, tutoring and overprotection are giving way to coaching, freedom of choice and self-determination.

Practically, this means that we have started to listen more and more to persons with disabilities. We allow them to take the script of their lives in their own hands. In our individual support this is becoming increasingly successful. Fortunately, the days that institutionalized people were recognizable on the street because they all wore the same clothes or had an “institution” haircut lies far behind us.

For a lot of caregivers this (r)evolution is rather confusing. Whereas Gentle Teaching stresses freedom and unconditional valuing, the emancipation model talks about duties and responsibilities. Emancipation assumes a balance between rights and duties. When he bothers a client in a pub, a person with disabilities can just as easily be thrown out by the owner as anybody else.

In spite of the confusion, I believe there is a logical and meaningful relationship between Gentle Teaching and the emancipation model. The parent-child relation is a good metaphor for this relationship.



As a parent, the love for your child is unconditional. Working on attachment between you and your infant and creating a feeling of safety is your first important goal. As the child grows up and becomes a teenager, the ways to reach that goal will change continuously. Kissing, hugging and tickling are tactile ways to connect with our infant or toddler. As your child grows up, these tools will be replaced by the love of words. What never changes is the source: unconditional love. An unconditional attitude, inspired by parenting and described in Gentle Teaching, should be a constant motive for the relationship between caregiver and client.

At the same time, we want our children to develop by exploring. Over the years, our protection decreases, and we will give our teenager the chance to explore his own talents and gifts. Parents want their children to develop optimally using the potential they have at that particular moment. In other words, parenting facilitates emancipation. Over the years we allow more freedom and expect more responsibility. This process can only have a good outcome if *the condition of the unconditionality* is fulfilled. In other words, the development of a child into adulthood can only be harmonious if both the infant and the teenager can feel safe in a loving and unconditional environment.

Creating an environment of unconditionality is a *conditio sine qua non* in the healthy development of persons with disabilities. Moreover, many years of working implementation of the principles of Gentle Teaching is a necessary condition for the emancipatory approach to be successful. As long as clients look at their caregivers as people who punish and reward, a true emancipation process does not exist. Gentle Teaching provides the necessary foundation for the emancipation of people with disabilities. All over Flanders, caregivers are embracing the emancipation model. The question remains whether the necessary climate of unconditionality is provided everywhere...

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