

PRACTICING UNCONDITIONAL LOVE:
THE EXPERIENCE OF APPLYING GENTLE TEACHING PRINCIPLES
WITH INDIVIDUALS DIAGNOSED WITH DEVELOPMENTAL DISORDERS

By

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ABSTRACT

This qualitative study, using the heuristic research model, investigates the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. The study contains a review of relevant literature, which includes exploration of the application of principles, a historical perspective on caregiving, Gentle Teaching, and other treatment modalities. The subjective experience of twelve men and women was explored through in-depth face-to-face interviews, which were transcribed and subsequently analyzed. Six themes materialized from the data: (1) Being other-centered, (2) Recognizing a connection with the individual diagnosed with developmental disorders, (3) Staying in the moment, (4) Being mindful, (5) Feeling fearful, and (6) Experiencing somatic responses. Results of this study contribute to the field of psychology, mental health system, and the development and education of Gentle Teachers.

DEDICATION

For caregivers in every culture

who create belongingness

with individuals

that have been marginalized

For my classmates

and their unwavering acceptance

as we engaged in authentic and earnest dialogue

in many intimate moments

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CHAPTER I

Meaning of the Research Question

This chapter introduces the research study, “*What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?*” It encompasses my personal connection with the topic as well as its professional and social relevance. The chapter concludes with the statement of the research question and a comprehensive definition of the significant terms. Within this document, individuals diagnosed with developmental disorders may also be referred to as individuals or individuals with special needs.

Personal Connection to the Topic

I have been intrigued by the natural interactions and intrinsic details of interpersonal relationships ever since I can remember. Witnessing the dynamics of my parents’ marriage may have heightened my awareness. Growing up with an alcoholic father who was an abusive husband was traumatic. It hurt to watch my father spend more time at the local bar than at home. But it was the nights that he came home to verbally abuse my mother that darkened my spirit. There were a few memorable nights that I would lie in bed hearing my father curse and call my mother degrading names. It was so heart breaking to hear her cry in emotional pain. During these moments, I was petrified. Through my tears, I would pray that he would just go to sleep.

As a young girl, I wanted to do anything to protect my mother but did not know how. On one particular night, my father came home from Stan’s Bar early, before my bedtime. I vividly remember being in the kitchen with them, witnessing their argument getting louder. At one point, my father slammed the refrigerator door and it fell off the

hinges. He then turned to my mother and before he could make his next move, I ran in between them. I stood in front of my mother with my arms wide open, facing my father and exclaimed, “*Don’t you hurt my mother!*” In that split second I felt a powerful surge of strength and would have done anything for my mother.

Day after day I would hope for a more peaceful home, but moments of harsh words continued. I yearned for laughter, game playing, dinners together, and sharing stories of our day as a family. I craved hugs and kisses and an abundance of loving exchanges. I wanted a family where there were role models showing how to give and receive unconditional love. In short, I wanted a home filled with loving gestures and words of hope for a better life.

When I entered kindergarten, I met Anne and we became best friends. I loved going to her home because her family demonstrated the love that I needed. I also attended Sunday church, weekly church youth group, and sang in the church choir. It was at Anne’s home and church where I found people who taught me how to give and receive love. Because of these interactions, I started to have hope for a better life. My mother also became close with Anne’s family. We attended church together with them and I began to see positive changes in my mother. I saw that she, too, needed to feel loved.

Between Anne and her family, church, and my parents’ divorce when I was age 8, my remaining childhood years were quite happy. My self-esteem improved and I made several friends.

Sometime during my childhood, my mother and I were conversing about what I would be when I grew up. We both agreed that I would be helping children in some way.

I dreamed of helping families, such as mine, create homes where children would feel loved and worthy of a grand quality of life. I believed that everyone possessed potential for healthy interpersonal relationships, especially with family members.

While in high school, I learned that becoming a psychologist would be an avenue to help families. After high school, I attended Central Michigan University where I obtained a Bachelors Degree in Psychology. My first job in the psychology field was as a job developer for adults diagnosed with developmental disorders. The main duty I had was to help individuals obtain employment in the community. Immediately, I loved and appreciated being with this particular population. I saw that they needed to be with others who made them feel safe and loved, just as I had in my childhood. Although many caregivers were choosing other modes of treatment with this population such as physical restraints and isolation, I continued to be a caregiver of compassion, acceptance, and understanding.

Two years after beginning work in this field, I was introduced to a method of caregiving called Gentle Teaching via an in-service presented by Dr. John McGee, its creator. This philosophy resonated with my beliefs and mirrored the values that I wished my parents had possessed and been able to teach my siblings and me. After this initial introduction, I decided to make Gentle Teaching the focus of my career. I attended many trainings, in-services, and conferences and built relationships with experienced Gentle Teachers. They became my mentors. The Gentle Teaching education provided concrete knowledge and coupled with hands-on experience, I was able to develop my own expertise.

*My Experience of Applying Gentle Teaching Principles with Individuals Diagnosed with
Developmental Disorders*

In the moment of applying Gentle Teaching principles with individuals with developmental disorders, my thoughts and feelings are intertwined as my awarenesses are heightened. I become aware of the individual as I first notice the environment, then his or her physical stature, facial expression, and what his or her eyes would say if they had a voice. As I become more mindful in the moment, my primary feeling may be either hopeful or fearful depending on my perceptions. Regardless of my feelings, my actions are extremely intentional as I reach out to the other with my hand, smile, or gaze, premeditating a connection. Sometimes I become conscious of my self-talk regarding hopefulness or fearfulness and much like a cooking pot that needs to be cooled, I place the thoughts on a back burner, as to not forget the thoughts but simply place them aside to become more present with the individual.

In these moments, I believe that I am in the right place at the right time and very proud to apply Gentle Teaching principles with another human being. I feel honored to share intimate moments with a person who deserves justice, peace, freedom, and kindness. Feelings of selfishness are muted, thoughts are of only the individual's needs and not of mine. Humbly, I enter the space of another living soul and feel free and authentic by giving myself to the person through my eyes, words, touch, and total presence. Sometimes primal development and/or instincts are present and I feel sisterly or even motherly to share the beginning of a new moment in time with the individual.

During the more intense times when I feel physically threatened or even fear for my life, my body stores tension in my arms, stomach, and face. I feel apprehensive or

stalled like a child going down an ungreased slide, although my actions may not show this. My self-talk will remind me that because this person appears to not accept or trust me now, it is extremely crucial and paramount to remain present and create a sense of feeling safe and loved that will eventually lead to acceptance and trust. During these powerful moments, I may feel fearful as I strive to calm the stiffness in my body by first noticing the tension and then releasing it. Simultaneously, my thoughts remind me to stay in the moment, as I naturally think of who this person can become in the future.

Professional Relevance

All children are like flowers. They need to be nurtured with great care. They are delicate and need our full attentions until their roots are deep and strong. The main nurturing that we do is to teach our little ones to feel safe with us and loved by us. As they grow in body and spirit, we then teach them to feel engaged with us and loving toward us and others. Without realizing it, parents and teachers generally give this nurturing, teach these life-lessons, and help children flourish. It is an instinctive act. It is an act of our hearts. We know that children are fragile. We give these warm lessons. Yet, some children are more fragile than others and the lessons are harder to learn. Their hearts are extremely delicate or even broken. (McGee, unpublished, p. 1)

Gentle Teaching is rooted in the premise that in order for individuals to feel self-worth and experience meaningful relationships, they need to feel safe and loved. A person might *be* safe and loved, but for various reasons such as being diagnosed with a developmental disorder, may not *feel* this way. According to Gentle Teaching, in order for people to be and feel safe and loved, their caregivers need to use the Gentle Teaching tools on a consistent basis. There is not an expectation for the person in need to change, rather, the change lies as the caregivers' responsibility.

The initial focus is on us, not on changing the other person . . . regardless of our reality, we need to begin with ourselves and then create small groups of like-minded others . . . these circles of others can start to change reality. They are like yeast in dough: a small amount of change can gradually transform the mass. Like psychotherapists can offer psycho-education to their clients, parents guide their children by being role models. (McGee & Menolascino, 1991, pp. 208-209)

Gentle teaching is a way to help individuals to learn to feel safe and loved with the caregiver and through this cope with the troubling moments encountered in life. Some individuals with special needs communicate such emotions as anger, frustration, and self-hatred by becoming physically aggressive toward self or others, isolating themselves, or destroying property. Persistent behaviors such as hitting, biting, kicking, screaming, self-injury, elopement, and self-stimulation distance them from family and community life. Unlike other treatment modalities that focus on the person's maladaptive behaviors, Gentle Teaching emphasizes the bonding between people in need and their caregivers (McGee, Menolascino, Hobbs, & Menousek, 1987).

Moustakas (1981) speaks to what life is like for children who have lost their sense of self:

Life is a problem to be solved, a challenge for achievement rather than an opportunity for joyous experience. Freedom is no longer a way to explore, to be curious, to find out what life has to offer but a way to aggrandizement or material gain, a way to release tensions, to protest, to work against things and people, a way to revenge. And, of course this is not real freedom but a battle to rescue or protect oneself. This kind of life often turns to fear, withdrawal, or indifference with children who have surrendered their autonomy, who have lost hope for an independent way of life, who gain satisfaction only from external rewards and benefits. Denial of freedom, loss of self-esteem, and rejection of the wisdom of personal choices create feelings of helplessness and dependency. (p. 16)

Moustakas's words confirm that when children are misunderstood, it results in minimal experiences of joy and healthy connections with others. Life is extremely difficult on many levels. As a treatment modality, Gentle Teaching tries to improve the

quality of life by focusing on relationship development with individuals with special needs, and fostering interdependence to help alleviate emotional pain and evoke a sense of existential freedom and autonomy. Yalom (1995) emphasizes the therapists' role as dealing with their own and each person's sense of meaninglessness, aloneness, and choicelessness. Gentle Teaching focuses on giving meaning, companionship, and choice in the caregiving moment.

Caregivers who are learning to be Gentle Teachers typically complete a week long practicum for official certification. The basics of Gentle Teaching and hands-on experience with guest clients are the bulk of the training. Many times after the trainees return to working with individuals, they find applying the Gentle Teaching principles difficult or confusing. For instance, it is challenging to be calming with someone who is expressing emotions through physical aggression to either himself or herself or to the Gentle Teacher.

In the Gentle Teaching trainings, the experience of applying the principles is not addressed. My interest is in studying what it is like for persons trained in the Gentle Teaching modality trying to apply the principles learned. I wonder what qualities the individual draws upon to apply the principles and what challenges he or she faces. If training could add this dimension, it would give trainees an indication of what to expect as they begin working and experience applying the principles.

Stern (2004) emphasizes the caregiving moment in the here-and-now and how the caregivers' past personal moments impact present moments. As with all other people who give care to others, Gentle Teachers have an undercurrent of old memories that influence present moments with individuals. Just as Gentle Teachers want to share a new

memory with troubled individuals, they also need to be aware of their own past moments and how they impact the here-and-now. Therefore, the information from this research is intended to better prepare Gentle Teachers, increase self-awareness of Gentle Teachers, and improve the quality of services for individuals diagnosed with developmental disorders.

Social Relevance

Improving the training of caregivers in Gentle Teaching and the implementation of Gentle Teaching principles will provide better services to an important segment of the population. Historically this population has been looked at negatively. The video, *A Little History Worth Knowing*, (1989) documents the following historical facts. First, Aristotle believed that anyone born with a disability should be killed immediately. Second, individuals diagnosed with developmental disorders and mental illness were once treated as zoo animals. They were stored in jail cells in institutions and patrons would pay money to see them just as people do today with monkeys, apes, and lions. Third, Adolph Hitler killed over 200,000 individuals diagnosed with developmental disorders before using the gas chambers for anyone else, confirming that it would be a successful way to murder millions of people. Fourth, many institutions were built to separate individuals diagnosed with developmental disorders out of communities. Fifth and finally, in 1989 the American Disability Act was created giving individuals diagnosed with developmental disorders equal rights as other citizens. The current zeitgeist is for parents to raise their children with developmental disorders at home and for the adults with developmental disorders to either remain with their parents or move

into community homes supported by the mental health system. It has taken a long while for adequate services to be provided for this population.

Becoming a parent of a baby with a developmental disorder could happen to any pregnant woman living in any society at anytime. Unless educated and/or experienced, the parents of a special needs baby are not aware of the extra effort or expertise required to care for such a child. Parents and caregivers need education and treatments with documented effectiveness to care for individuals with developmental disorders. Gentle Teaching is one such modality. This research study will reflect the experience of applying Gentle Teaching principles, and generate an option for parents with children who have special needs as well as all other caregivers.

Although this study focuses on the application of Gentle Teaching, it may have a broader societal influence. As a community, culture, or country, it is each individual and his or her experiences that collectively and interactively influence peoples' existence. Gentle Teaching emphasizes relating in a safe and compassionate manner. It is a nonviolent approach for helping persons with mental retardation and severe behavioral problems, which focuses on bonding as brothers and sisters (McGee, Menolascino, Hobbs, & Menousek, 1987). "We recognize our role as teachers of the value of human presence, participation and human reward, a role that results in no one being either a master or a peon. It calls for value sharing, mutuality, and equality" (p. 173). Value sharing is defined as "both the caregiver and the person feel and express mutual valuing" (p. 65). In this global sense, the ways in which persons interact with each other has social relevance.

To offer this kind of intense love perpetuates personal self-growth for the caregiver as well as the client. “It is the actualization of our liberation. Perhaps this is what persons with special needs can teach us – to become more human by being in union with them” (McGee, Menolascino, Hobbs, & Menousek, 1987, p. 174). It is through being with and bonding with others who are different from oneself that living can be enhanced and society can be improved.

Statement of the Research Question

Asking the question, “*What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?*” is an open-ended inquiry allowing for co-researchers to reflect, examine, and explain their experiences. This process is reflected in the research method described in Chapter 3.

Definition of Terms

For this research study, it is necessary to clarify the question in specific terms. The following individual terms of the research question are defined: what is, experience, applying, Gentle Teaching principles, and individuals diagnosed with developmental disorders.

What is

The research participants are called co-researchers because they share the experience of the research question with the primary researcher. I, the primary researcher, am the one completing the research study. Beginning the research question with *what is* addresses an opportunity for limitless responses from the co-researchers. “The discovery process requires that one welcome just what is in one’s awareness and what can become in an authentic sense” (Moustakas, 1995, p. 47). The unfolding

phenomenological experience is told with a sense of self-expression. Moustakas (1995) explains:

In phenomenal discovery, there is a shift from the language of nonbeing and nonpresence to the language of being and presence. This ends the self-destructive denials and enables the person to leap forth to the language of hope, determination, possibility. A new sense of self emerges with new words, new meanings, and new directions. The processes of phenomenal discovery lead inevitably to enhanced self-efficacy, in use of one's own resources in perceptions, analyses, and decision making. There is within one renewed self-awareness, a willfulness and determination to find a path to creative life and to pursue it. (pp. 47-48)

The term, *what is*, signifies an inherent freedom for the co-researcher, "Freedom to pursue the what is of what is while letting what is be, to know every nuance of that which is and yet remain innocent" (Moustakas, 1981, p. 33). Using one's own resources to reply to an open-ended question beginning with *what is* allows the person to look deep within himself or herself.

Through an unwavering and steady inward gaze and inner freedom to explore and accept *what is*, I am reaching into deeper and deeper regions of a human problem or experience and coming to know and understand its underlying dynamics and constituents more and more fully. (Moustakas, 1990, p. 13)

What is involves thinking and concentration. "What is called thinking can be approached from an examination of what it is that commands us to think, the prerequisites of thinking . . . requires our attention, invites our concentration . . . is a human *gift*, an act of human construction" (Moustakas, 1995, p. 62). *What is* accepts whatever is as it is genuinely (Moustakas, 1995). "To embrace a 'thing' or a 'person' in its essence means to love it, favor it. It is on the strength of enabling by favoring that something is properly able to be" (Heidegger, 1977, p. 196).

Moustakas (1995) relates *what is* with meditative thinking:

We allow *what is* to be, we permit the phenomena to teach us, let them say something to us that will illuminate our thoughts in their essences...invites food for thought, a fresh perspective, a new set of ideas and values, a regard for thinking, a way to bringing one's being into the open and thus offering an authentic presence for discovering *what is*, what advances thinking, what offers an invitation to others to contribute to a deepening of understanding and knowledge . . . inviting creation of a journey that extends human meaning and experience, offering a lighting and a clearing of what is, letting thinking be, thus deepening and extending understanding, meaning, and truth. (pp. 65-66)

For the purposes of this study, *what is* gives the co-researcher an opportunity to reflect, focus, and respond freely to the research question.

Experience

When experiencing being, one must be aware of personal insight and practice.

Experience is not something that someone can borrow from another person; it must be authentic. In this research study, experience refers to the individual, first hand, unique accounts of the primary researcher and co-researchers.

True *experience* is unique and creative with individuals interacting with meaningful people and resources (Moustakas, 1956). The attention of *experience* is narrowed in on becoming fully immersed in the moment. *Experience* is not observing or listening to second-hand reports (Moustakas, 1981). Observation is not original *experience* and is not life itself (p. 38). Direct participation and involvement produces the actual nature of an *experience*. "It is this kind of knowing that distinguishes the inventor, the initiator, the creative person from those who imitate, mimic, manufacture, and reproduce" (Moustakas, 1981, p. 38). The co-researchers' experiences will encompass what they think, feel, are aware of, and any bodily sensations in the moments of applying Gentle Teaching principles.

Gendlin (1978) incorporates the concept of bodily awareness as part of his explanation of *experience*. He says *experience* is, “simply feeling, as it concretely exists for us inwardly, and as it accompanies every lived aspect of what we are and mean and perceive” (p. 15). Rogers, too, (1959) connects *experience* with bodily awareness. He writes, to *experience* is “to receive in the organism the impact of the sensory or physiological events which are happening at the moment” (p. 197).

The *experience* of applying Gentle Teaching principles with individuals diagnosed with developmental disorders will be conveyed on a subjective individual basis per co-researcher and will reflect the relationships between the Gentle Teacher and the individuals receiving their care. The co-researchers will relate the *experience* by describing their awarenesses, thoughts, feelings, and bodily sensations as felt in the care giving moment.

Applying

The context in which the term *apply* is used in this research study specifically focuses on moments when the Gentle Teacher is giving care to the individual. It means to put to use for some practical purpose, to bring into action, to put into operation or effect, or to employ diligently or with close attention (Webster’s Ninth New Collegiate Dictionary, 1988). The specific principles being applied are defined in the following section.

Gentle Teaching Principles

Gentle Teaching is a philosophical framework and treatment modality originally designed for people with developmental disorders. However, *Gentle Teaching* is a

humanistic philosophy for giving care to all, regardless of abilities, social status, economic status, or diagnosis.

The 4 basic principles of *Gentle Teaching* are to teach the person to feel *safe*, *loved*, *loving*, and *engaged*.

1. *Safe* is defined as a state of being with others and knowing that there is an unconditional acceptance for each other. There is a feeling of self-worth and feeling grounded when one feels safe. Feeling safe means knowing one's place in the world and feeling well about it. The person will have a circle of friends and will be able to tolerate the vicissitudes of life knowing and trusting that this supportive circle exists. When a person does not feel safe, feelings of fear and meaninglessness are at the forefront and manifest by lack of self-worth, lack of sense of self, enveloped by constant insecurity, and unable to connect with others and may cling to one person or indiscriminately move from one person to another.
2. *Loved* is a knowing that whatever one does to oneself or others, his or her caregiver will love that person nonetheless. One takes pride in self and finds joy with others including peers and caregivers. When feeling loved, a person will ask for help, socialize, care for bodily needs, help others, feel contentment, take pride in hobbies, share possessions, communicate sweetly, share loving sexual expression, and have a healthy sense of self-esteem. When one feels unloved, he or she may complain, withdrawal, hurt self, hurt others, feel irritable, run from caregivers and peers, scream, hoard objects,

groom and dress poorly, self-stimulate, be addicted to drugs or alcohol, experience hurtful sexual expression, and develop a sense of worthlessness.

3. *Loving* comes when one feels safe and loved to the extent that he/she gives love to others. A person who feels loving shows it through companionship and togetherness with those whom he or she feels safe and loved. One is loving toward others when he or she shares smiles, touches warmly, communicates joyfully, approaches others, stays with others, seeks out others, and shares personal objects. If a person is not loving and therefore despises others, there are certain signs such as frowns, cries, clings, curses, grabs, hurts, disrespects, communicates harshly, withdraws, self-stimulates, prefers solitude, and hoards.
4. To be *engaged* with others is to experience healthy relationships with the belief that it is good to be together, do things for one another, and do things for others. There is a high quality of life for self via meaningful engagement. Engagement cannot begin without feelings of physical and emotional safety emerging along with feeling loved and loving. When a person is engaged, he or she seeks others out, offers to help, finds joy in others and self, participates, has hobbies, takes pride in self, seeks to socialize, likes school or work, and enjoys caregivers, friends, and family. Disengagement is self-centeredness thus ignores others, sees no joys in others or self, withdraws, self-stimulates, refuses to share, has little pride in self, prefers to be alone, dislikes school or work, and rebels against caregivers, friends, and family (McGee, 1999, pp 12-15).

Gentle Teachers are caregivers such as teachers, parents, surrogate parents, psychiatrists, nurses, psychologists, and advocates who base their interpersonal relationships on the *Gentle Teaching principles* (McGee, Menolascino, Hobbs, & Menousek, 1987). When applying *Gentle Teaching principles*, the center of attention is instilling feelings of safety and love while slowly helping the person express a sense of loving toward others and finding meaning in his or her life project. The purpose is to help the individual become loving and engaged with others resulting in a high quality of life for self.

Applying *Gentle Teaching principles* include focusing on the nurturance of human solidarity, mutuality, and interdependence (McGee, Menolascino, Hobbs, & Menousek, 1987). Meaningful human engagement is a goal for the caregivers who are teachers of bonding (McGee, Menolascino, Hobbs, & Menousek, 1987). “Gentle Teaching is a pedagogy of mutual liberation. Both the caregiver and the person become fuller human beings as a direct result of the relationship” (pp. 20-21).

There are 4 main tools that Gentle Teachers use to apply the principles: *presence*, *eyes*, *hands*, and *words*. These tools are concrete ways to instill feelings of safe and loved through the interactions between caregivers and individuals diagnosed with developmental disorders.

1. The caregiver’s *presence* conveys messages of peace, protection, and caring by being calming and welcoming. His or her movements are attuned to the person’s needs.
2. One’s *eyes* are soft and accepting, providing warm gazes reaching out to the other to warm the person’s heart with tenderness.

3. *Hands* offer physical contact in a safe manner.
4. *Words* consist of uplifting and positive messages speaking of unconditional acceptance and love bringing warmth, encouragement, and honor. (McGee, 1999, pp. 17-20).

By implementing these tools, engagement exists between the caregiver and the individual on the basis of feelings of safe, loved, and loving. The relationship will flourish to become one of give and take on an equal level, rather than hierarchical. Focusing on the principles through the tools is the first step in creating feelings of companionship. This togetherness encourages unconditional love and acceptance, which is the avenue for transforming both the caregiver and individual. The actions of using the tools are intentional and the Gentle Teacher must be very focused during the interactions. Gentle Teachers focus on caring acts such as being tolerant when under duress, being patient when love is rejected, reaching out in spite of rejection, doing things for others when they refuse to do them for themselves, preventing conflicts and confrontations, giving unconditional love, giving time to those in need, and feeling empathic (McGee, 1999).

McGee and Menolascino (1991) note simple ways to help structure interactions to help an individual feel safe and loved.

1. Environmental arrangements: to prevent behavioral difficulties and increase participation.
2. Warm helping: to express valuing in the process of enabling participation.

3. Co-participation with the person: to symbolize and practice equality by being with and working with the person, to facilitate participation, and to increase feelings of engagement.
4. Use of tasks and activities as vehicles for engagement: to keep the focus on the relationship.
5. Identification of behavioral precursors: to prevent behavioral difficulties before they become serious or decrease their intensity or duration.
6. Reduction of verbal and physical instructions: to increase the focus on valuing and dialogue and decrease domination.
7. Choice-making: to increase the person's feeling of freedom and decrease frustration.
8. Fading direct help: to increase individual talents by enabling the person to self-initiate and maintain participation and engagement.
9. Dialogue: to increase feelings of interdependence, unconditional valuing, and its reciprocation. (p. 149)

This research study addresses applying the *Gentle Teaching principles* via the above-mentioned tools and simple ways to help structure interactions specifically with individuals diagnosed with developmental disorders.

Individuals Diagnosed with Developmental Disorders

Definitions of *developmental disorders* are found in psychology dictionaries and formal diagnostic criteria in diagnostic manuals. A definition of *developmental disorders* is offered followed by its diagnostic criteria.

In the Dictionary of Psychology (1995), there are two definitions of *developmental disorders*. A *developmental disorder*, specific is “A class of disorders that emerge during childhood characterized by disruption or delay in a specific area of perceptual or cognitive functioning that is independent of any other disorder.” A *developmental disorder*, pervasive is “A class of childhood disorders characterized by a serious distortion of basic psychological functioning. The notion of distortion here is a general one and may involve social, cognitive, perceptual, attentional, motor or linguistic functioning” (Dictionary of Psychology, 1995).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (2000), *developmental disorders* are classified as disorders usually first diagnosed in infancy, childhood, or adolescence. There are several categories of *developmental disorders* including: mental retardation, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders, attention-deficit including disruptive behavior disorders, feeding and eating disorders of infancy or early childhood, tic disorders, elimination disorders, and other disorders of infancy, childhood, or adolescence (*DSM-IV-TR*, 2000). Under each of these major categories, there are criteria, subtypes, or degrees of disorders. For the purposes of this research study, I define mental retardation, pervasive developmental disorders, and attention-deficit including disruptive behavior disorders with subtypes and degrees because these are the diagnoses that may manifest behaviorally and upon which this study focuses as opposed to other developmental disorders.

Mental retardation is defined as:

Significantly subaverage general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. (*DSM-IV-TR*, 2000, p. 39)

The degrees of severity of mental retardation are mild (IQ level 50-55 to approximately 70), moderate (IQ level 35-40 to 50-55), severe (IQ level 20-25 to 35-40), and profound (IQ level below 20 or 25) (*DSM-IV-TR*, 2000, p. 42).

Pervasive developmental disorders are characterized by “Severe and pervasive impairment in several areas including reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities” (*DSM-IV-TR*, 2000, p. 69). The qualitative impairments that define these conditions are distinctly deviant relative to the individual’s developmental level or mental age. The subtypes include autism, Asperger’s Disorder, Rett’s disorder, childhood disintegrative disorder, and pervasive developmental disorder (*DSM-IV-TR*, 2000). Each of these subtypes has specific criteria to constitute a diagnosis.

The critical features of attention-deficit and disruptive behavior disorders are defined as “A persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development” (*DSM-IV-TR*, 2000, p. 85). “There must be clear evidence of interference with developmentally appropriate social, academic, or occupational functioning” (p. 85). The subtypes of this disorder are combined type, predominantly inattentive type, and predominantly hyperactive-impulsive type (p. 87).

Much of Gentle Teaching focuses on the person being supported. However, this study addresses the experience of applying Gentle Teaching principles, which refocuses the attention to the one giving the care. The co-researchers will have the opportunity to focus, reflect, and respond freely in describing their feelings, bodily sensations, and cognitions relating to the operationalization of the principles of Gentle Teaching with individuals diagnosed with developmental disorders.

I explained the personal and professional connections to the research topic, the social relevance of the question, the statement of the research question, and definitions of terms. The next chapter offers a review of literature of Gentle Teaching to create a framework for understanding the phenomenon under investigation, demonstrate the writer's expertise on the subject matter, and position the proposed research study.

CHAPTER II

Review of Literature

This chapter highlights the review of literature. Various databases were examined to uncover themes inherent in the research. Enhancing my knowledge of the existing literature allowed me to position this study within it.

The Literature Search

For this review of literature, I used computer systems at the Moustakas Johnson Library and the Wilkinson Research Center both at the Michigan School of Professional Psychology, as well as the Macomb County Library. Various online databases were consulted using keywords such as *Gentle Teaching*, *developmental disorders*, *developmental disabilities*, *treatments for individuals diagnosed with developmental disorders*, *applying treatments*, *applying principles*, *experience of applying principles*, *experiences of applying treatments*, *institutional living*, and *history of individuals diagnosed with developmental disorders*. The EBSCOHost database was used, referencing the psychology and behavioral science collection and PsycARTICLES. One hundred eleven matches occurred, with only two deemed useful. The other articles were more medically based. Using the Online Computer Library Center (OCLC) FirstSearch, 980 matches were found with 6 specific to Gentle Teaching. The majority of the articles focused on gentleness in other contexts. InfoTrac did not show any matches for Gentle Teaching, but did show 72 for treatment for developmental disorders. Another online resource was the official website of Gentle Teaching International. When searching for the experience of applying treatment principles, I used the keywords *applying treatments*, *applying principles*, *experience of applying principles*, and *experiences of applying*

treatments. Most of the articles were geared toward applying technology and medical treatment. Out of the 165, however, 9 were appropriate for this study. Using the keywords *institutional living* and *history of individuals diagnosed with developmental disorders* did not produce literature, however, chapters in various books discovered by using the other keywords revealed information on these areas.

Themes

After an exhaustive search, I organized the literature into themes, which are discussed throughout this chapter. The first theme is *the application of principles*.

Secondly, a *historical perspective of caregiving for individuals diagnosed with developmental disorders* is described. This acts as a foundation for a better understanding of caregiving and its evolution.

Gentle Teaching is the third theme and comprises: unconditional love, valuing, and acceptance, a psychology of interdependence, and companionship and community. Criticisms and efficacy of Gentle Teaching are also offered.

The fourth theme is treatment modalities for developmental disorders other than Gentle Teaching, which are divided between *clinical models and interactional models*. The sub-themes of *clinical models* are: value of contingencies, focus on behaviors and elimination of problems, behavioral strategies, and goals of elimination of behaviors and to comply with others. The *interactional models* contain these sub-themes: unconditional value of the person, focus on interactions by development of fundamental relationships, replacement of maladaptive behaviors, motivation through reciprocal interactions, and goals of equity and interdependence. Each theme is presented in the sections that follow.

Exploration of Application of Principles

In this section, various principles are discussed along with the ways they are applied to either a person in the event of a case study, or people designated for the study.

Bruce (2005) writes that adult caregivers can help children who are deaf and blind understand themselves and others, themselves and objects, and objects and representations through the process of distancing. Applying the principle of distancing occurs by implementing strategies such as, “hand-under-hand exploration of objects, the selection of communication forms that are based on children’s level of representation, the use of cues for recall that are based on children’s experiences, and modeling of more complex play schemes” (p. 464). Bruce (2005) believes applying distancing is essential to communication development and understanding symbols. Not discussed is the experience of the adult caregiver applying distancing.

Barkam and Elender (1995) conducted a research study on whether positive learning outcomes, referred to as the person-centered approach, in large undergraduate classes can be made possible by applying specific principles. These principles included:

1. Teaching is a project shared between teacher and student – all are engaged in the learning process together. This means that, whereas the teacher is responsible overall for setting the boundaries of place, time and subject matter, students and teacher negotiate within these boundaries.
2. Each student is unique in his or her interests, background and abilities, and these have to be respected and taken into account if their learning is to be optimized.
3. For students to begin to gain confidence in what they are interested in and really to believe that they have the freedom to develop their interests, they have to be

encouraged to develop their own locus of evaluation. This requires a transfer of authority from teacher to student.

4. Many students experience most classes as daunting, sometimes frightening places where ridicule or put-down reinforce well-rehearsed silence. The facilitator's role is to help develop a climate of trust so that it is possible to risk and develop personal interests and opinions. (p. 180).

As a result of applying these principles, the study showed "86% of students felt that it had been successful relative to other courses in providing them with practical skills, and 77% felt that they were better equipped for the world of work" (Barkham & Elender, 1995, p. 195). This study, while demonstrating a successful outcome, did not look at the teacher's experience of applying the person-centered approach.

Fyson (1999) developed a case-study determining the effects of applying concepts about the community and the effects on alienation of 10-14-year-old students. The four principles of community psychology applied:

1. Prevention of human misery, rather than simply "patching up" after the event;
2. Use of (interdisciplinary) theories which went beyond explaining problems by only focusing on the individual;
3. Maintaining an historical perspective (acknowledging the self-transcendent nature of people and their relationships, and thus admitting the sociological primacy of story over empiricism); and
4. Having a personal commitment to reading applied research literature. (p. 348).

Fyson (1999) focused on the relationship between the community and students to gain a deeper understanding of the community in order to protect it.

The principle of working with the support network of clinicians and casemanagers via certain techniques were studied with people with learning disabilities. Jenkins and Parry (2006) applied systematic family therapy concepts to such individuals. These concepts included hypothesizing, circularity, neutrality, and reframing. In this case study about Jane, one of the outcomes was that “the ‘problem’ shifted from being located either within Jane or within another part of the service, to a recognition of the need for the support network to work together and develop positive strategies for supporting Jane” (p. 80). Another outcome was a positive evaluation from the participant. Here the outcome of application was positive but there is no indication of the clinician and casemanagers’ experience of applying systematic family therapy.

In Pinkus’ study (as cited in Ayland & West, 2006), The Good Way Model is used for youth and adults with intellectual difficulties who have sexually abusive behavior. This model is strengths-based, uses narrative therapy, and prevents relapses. Therapists apply principles such as helping persons identify their own strengths and components of the good in their lives, develop an understanding of the consequences of abusive behavior, and create ways to choose a better and good life. This is done by having clients do two things: one, focus on their own thinking, feelings, behaviors, and skills development, and two, focus on interpersonal aspects of the victims’ feelings of loss and trauma and how to develop positive relationships with others.

Pinkus (2006) studied the concept of parents and professionals working together in the Anglo-Jewish community using the principles found in family systems theory. A

grounded theory analysis was used and Pinkus (2006) found parents to be active rather than passive with professionals, the parents needed to feel understood to ensure success, and parents felt vulnerable by the professionals' interventions.

Both Ayland and West (2006) and Pinkus (2006) applied specific principles to various populations. Again, neither study demonstrated attention to the experience of the professional.

This is just a brief review of studies to demonstrate that the principles and applications are clearly defined as well as the results. However, none of these studies show the experience of the individual involved in applying the principles.

The second theme of the review of literature was the historical perspective of caregiving with individuals diagnosed with developmental disorders.

Historical Perspective of Caregiving with Individuals Diagnosed with Developmental Disorders: Feeble-Minded to Like-Minded

Historically, individuals diagnosed with developmental disorders were sent to institutions to live. They were taken from their families and communities and placed in large buildings with gray walls, echoing rooms, with strangers as caregivers. It was commonly thought that parents could not care for their disabled children and that society as a whole did not want this type of people in their communities. These children were labeled "feeble-minded" and were thought to be less-than others who were "normal." Feebleminded children were limited or deficient of intelligence, abnormally developed due to personality shortcomings, and were socially and economically incompetent (Davies, 1930).

Doctors and the government encouraged parents to not only give up their children to these institutions, but to forget about them as a whole. Visits, letter writing, or any correspondences would interfere with the lives of the children and families. All ties were cut. As a matter of fact, sometimes parents were not given the choice whether or not to raise their child at home or send them to an institution (Gabriel, 1996).

I was hanging up clothes in the backyard. All three kids, were outside playing. We all knew Donald was slow and would never go to school, but I didn't care. I loved him, he was mine. The sheriff's car pulled up. They had a warrant to take Donald away. The doctor in town thought Donald took too much of my time away from the other children. The doctor talked to the judge, but he never talked to me. I wasn't even allowed to get Donald a clean set of clothes. He was nine years old. The next time I saw him he was twelve and looked at me as if he hated me. I hated me. (Gabriel, 1996, p. 3)

This recollection highlights a mother's story of when her son was unpredictably taken away from her.

One of the biggest concerns was the tragic loss of mother-child relationships and the effects this had on the children and parents as told by this last story. In the institutions, nurturing for the children was typically replaced with fluctuating caregivers, restriction of daily activities and education, absence of privacy, generalized depersonalization of social interactions, and an ever-present possibility of abuse and neglect (Landesman, 1990). This unjust way of life resulted in people becoming more disabled, isolated, devalued, and neglected. Not only did they not have a chance to bond with their mothers and other family members, they consequently had inferior opportunities to learn and participate in society (Landesman & Ramey, 1989).

Another institutional word used for the feeble-minded was "idiot."

Csikszentmihalyi (1997) explains how the definition of idiot and mentally incompetent are linked:

The Greek word “idiot” originally meant someone who lived by himself; it was assumed that cut off from community interaction such a person would be mentally incompetent. In contemporary preliterate societies this knowledge is so deeply ingrained that a person who likes to be alone is assumed to be a witch, for a normal person would not choose to leave the company of others unless forced to do so. (pp. 80-81)

From this perspective, it is hard to judge which came first for the children who were institutionalized, isolation or mental incompetence. If isolation creates incompetence, then might it be safe to say that engagement with others could prevent incompetence? What kinds of lives would these children have had if not locked away from others but rather given rights and opportunities like the rest of society? If engagement was offered at an early age, would life be different from institutional living? C. T. Ramey and S. Ramey (1998) believe so, “Early intervention is deemed essential to prevent mental retardation and poor intellectual development in children whose families do not provide adequate stimulation in the early years of life” (p. 113). Or, early intervention might not prevent intellectual disabilities, but it might prevent marginalizing aspects of the syndrome such as self-isolation and thwarted socialization skills.

There are still thousands of people living in institutions in the United States, but many of them were invited back into the society through the mental health system. Community group homes have been developed to integrate the children once taken from their families, who are now adults, to share in the opportunities of societal living. Along with community living, vocational programs and job assistance programs help people learn employment and socialization skills. Interestingly, some people who have been diagnosed with mild cognitive impairments or mild mental retardation in the institutions overcame this diagnosis later in life (Landesman & Ramey, 1989). With natural supports such as family and friends who have entered or re-entered their lives, or community

support from the mental health system, many people with a diagnosis live independently, semi-independently, have obtained and maintain employment, entered into marriages, have become church members, volunteer in communities, gone on cruises, and learned how to play instruments (Landesman, 1990).

In the educational spectrum, children who were once institutionalized were thought to be uneducateable or untrainable. It was assumed that it was impossible for people with mental retardation to learn. After years of parent and professional advocacy, special education was formed and began to change from a segregated and almost hopeless endeavor to one of inclusion and social integration. Although it was an opportunity for individuals diagnosed with developmental disorders to learn academically in public schools, this type of education still yielded segregation because it separated children with special needs from the “normal” children. The current zeitgeist is inclusive education, which is becoming reality throughout our educational system. Inclusive teaching includes all students regardless of abilities in general education classes with the supports necessary (Peterson & Hittie, 2003).

Today the norm is for children born with or who develop disorders in childhood to remain living with their families. They are not sent anywhere to be isolated from society. Instead, family members and other caregivers realize that the once labeled feebleminded are more like-minded with the so-called “normal” population. The mental health system and other community resources focus on helping families learn how to nurture their children to strive for the highest quality of life through various ways of caregiving (S. H. Zarit & J. M. Zarit, 1998).

In summary, in the past individuals diagnosed with developmental disorders were isolated from society because they were thought of as feeble-minded, idiots, and abnormal. Society in general believed that children with mental retardation did not belong with their families and were not presented with the opportunity to experience community living. Rather, institutions housed these children and segregation was accepted.

Over the more recent years however, parents and professionals teamed together and protested this way of living. Some refer to it as the last civil rights movement. It is important to realize that this movement may have been the most challenging because the majority of individuals diagnosed with developmental disorders cannot speak for themselves. After decades of visits to capital buildings and the White House, laws were changed, many institutions were emptied, and community living was supported (Peterson & Hittie (2003).

Coupled with changes of institutional living to family and community living, there has been a shift in modes of caregiving. A slowly emerging trend in caregiving focuses on nurturing the other in ways where the caregiver changes and does not place this demand on individuals with special needs (Peterson & Hittie, 2003). Gentle Teaching is one such way of caregiving. In the next section, Gentle Teaching is explained as a relational and community style of giving care to others.

Gentle Teaching

Gentle Teaching is a way of being with others in a safe and loving manner focusing on relationships, interpersonal interactions, and community integration. The goal is to create a trusting bond between the caregiver and the individuals with special

needs. Gentleness recognizes that all change is mutual and interwoven. It starts with caregivers and, hopefully, touches those who are most marginalized from society such as individuals with special needs. The framework of Gentle Teaching is a psychology of human interdependence with a focal point of expressing unconditional love. One of the main ideas of gentleness is not to get rid of someone else's behaviors, but to deepen the caregivers' own inner feelings of gentleness in the face of violence or disregard (Gentle Teaching International Web Site, n. p.).

The principles inherent in the Gentle Teaching literature are: unconditional love, valuing, and acceptance, a psychology of interdependence, and companionship and community. They are described next, followed by criticisms and efficacy of Gentle Teaching.

Unconditional Love, Valuing, and Acceptance

One of the main themes of Gentle Teaching is giving the expression of unconditional love. Caregivers wrap it in the warmth of their presence, the nurturing of their words, the kindness of their touch, and the gaze of their eyes. They offer it freely and unconditionally and ask for nothing in return, all the while hoping for a smile, a kind word, a giggle, a warm gaze, or arms reached out for an embrace from the other person (McGee, 1999).

Caregivers may be with people who are showing emotions in harmful manners, still, unconditional love, valuing, and acceptance is constantly present. Whether it is the first time the caregiver is meeting a person or there is already an established relationship, the focus remains steady.

In Gentle Teaching, being with others requires unconditional love, valuing, and acceptance from both the caregiver and client's perspective. This is the ultimate goal. "Participation with caregivers begins to signify a mutual valuing [as] the person is beginning to link the caregiver's presence with a humanizing value" (McGee, Menolascino, Hobbs, & Menousek, 1987, p. 71). This participation, or engagement, grows from a trusting bond that is forming through feelings of unconditional love, valuing, and acceptance.

McGee and Menolascino (1991) speak to unconditional valuing and acceptance as the central task of caregiving. "When our interactions revolve around unconditional valuing, then our feelings and actions also reflect a full acceptance of the person, tolerance toward violent or recalcitrant acts, and empathy for the life condition of the individual" (p. 31). Especially in intense moments when one may show emotions in unhealthy manners, the caregiver must remain ultimately accepting. Without reservation, caregivers need to express valuing (McGee & Menolascino, 1991; McGee, Menolascino, Hobbs, & Menousek, 1987; McGee & Glick, unpublished). Valuing in practice is given during good and bad moments and is centered on dialogue, gestures, and physical interactions (McGee & Menolascino, 1991). It uplifts the marginalized person's spirit and sharing (McGee & Menolascino, 1991). "Treatment moves us far beyond any mechanistic view of the person with mental retardation; it mobilizes us to look upon each as a full person-mind, body, and spirit" (McGee & Glick, unpublished, p. 18).

A Psychology of Interdependence

Gentle Teaching's central focus is on the nurturing of human solidarity, mutuality, and interdependence, as both the caregiver and the individual become fuller

human beings as a direct result of the relationship (McGee & Menolascino, Hobbs, & Menousek, 1987; McGee & Menolascino, 1991; McGee, 1992). Gentle Teachers honor people with whom they come in contact regardless of history or reputation.

Interdependence is when caregivers “. . . look at themselves and their spirit of gentleness to find way to bring warmth and unconditional love toward those who are the most disenfranchised from family and community life” (Gentle Teaching International Web site, n. p.)

McGee and Menolascino (1991) define interdependence:

1. The recognition of our own and others’ wholeness— mind, body, emotions, and spirit.
2. The affirmation of the worth of all people, the marginalized and the opulent.
3. The assumption that all long for feelings of relatedness and being at home with others.
4. The need to accept, understand, and empathize with the human condition of marginalized others.
5. The critical questioning and rejection of values and practices that seek to control and dominate.
6. The recognition of caregiving as a means of promoting personal and social change-transforming ourselves and others.
7. The centering of all interactions on unconditional valuing.
8. The commitment to struggles for a culture of life and social justice.
9. A political act based on solidarity with others. (p. 5)

In other words, when Gentle Teaching is defined as interdependence, it is referring to equality, bonding, solidarity, self-responsibility, and social responsibility (McGee, Menolascino, Hobbs, & Menousek, 1987; McGee & Menolascino, 1991). Being with others trumps all else in life. “Human reward is essentially the reciprocal sharing of our value as human beings . . . [and is] a central element is bonded and interdependent relationships” (McGee, Menolascino, Hobbs, & Menousek, 1987, p. 64). Cuvo (1992) concurs, “Bonding is a central principle of Gentle Teaching and it has been defined as an affectional tie that one person forms with another” as it “. . . promotes proximity and contact between the two” (p. 875). Similarly, Bailey (1992) describes bonding, along with communication and valuing, as one of the assumptions of Gentle Teaching. In the same way, McGee, Menolascino, Hobbs, and Menousek (1987) state, “Bonding relationships are like a harbor that allows us to weather the storms of life” (p. 132). Togetherness with others regardless of abilities is a highlight of Gentle Teaching.

There is not a hierarchical stature of people with and without developmental disorders. The treatment of Gentle Teaching does not focus on eliminating behaviors; rather, the focus is on interdependent relationships shared by caregivers and individuals with special needs (McGee & Menolascino, 1991). Instead of caregivers internalizing the right to control others by making them become obedient, the focus is on bringing about feelings of union, emotional well being, embedding feelings of hope, and creating community (McGee & Menolascino, 1991).

Gentle Teaching does not demand change from another person, instead change is fostered in the caregiver. Interdependence is a posture of gentleness, nonviolence, and justice, asking caregivers “. . . to think about our own change before considering

changing someone else” (McGee & Glick, unpublished, p. 18). Jones and McCaughey (1992) agree, writing that it is necessary for the Gentle Teacher “. . . to demonstrate that human interactions and relationships can be rewarding, and it is this reward training that leads to bonding” (p. 854).

Companionship and Community

Moral development is highlighted in Gentle Teaching by emphasizing companionship, other-centeredness, and sense of community (McGee & Menolascino, 1991). “Companionship and community occur in a spiral . . .” as the “. . . initial relationship is at the center, but slowly spins outward to other” (McGee & Gonzalez, 1990, p. 240). Gentle Teaching describes companionship and community as a need to feel safe, loved, loving, and engaged with familiar family and friends first, and then instilling these feelings more collectively to others, creating a circle of friends (McGee & Gonzalez, 1990). Starting with caregivers perceiving themselves as teachers of bonding, this perception will permeate into community settings, classrooms, places of work, and other homes. “The ultimate goal of Gentle Teaching is to teach all persons to learn to live together – to live in the confluence of community life, to love, to work, to live, and to play together” (McGee, Menolascino, Hobbs, & Menousek, 1987, p. 127).

Although it may be difficult for individuals with special needs to bond with others and to desire to experience the community, there is an assumption on the caregiver’s part that this will be so if offered in a gentle manner.

In the beginning, the individual has little or no reason to understand or feel any commonality with us, let alone respond in any bonded way. The very state of being shunted off to the edge of community life leaves the person almost emptied of that

longing for union. Our dialogue may seem to fall on deaf ears and a hard heart. Yet our assumption is that there is a yearning within everyone in which feelings of companionship can eventually surface. It is as if the warmth of the dialogue thaws those hardened hearts until the blood of life flows once more (McGee & Menolascino, 1991, p. 14).

The belief is that all people, regardless of abilities, need to learn to interact, reach out, and receive and reciprocate human affection through companionship (McGee & Glick, unpublished). “Caregivers need to focus on concrete, warm counseling along with ongoing community care and socialization opportunities” (p. 18). Individuals diagnosed with developmental disorders “need to learn to reach out to others, participate with others, and begin a journey toward human companionship” (p. 18). The focus of caregiving in Gentle Teaching is embracing family, friends, and community life.

In summary, the themes of Gentle Teaching are: (1) unconditional love, valuing, and acceptance, (2) a psychology of interdependence, and (3) companionship and community.

Next, the efficacy Gentle Teaching is explored, followed by criticisms.

The Efficacy of Gentle Teaching

Most of the Gentle Teaching research studies are quantitatively designed and offer a comparison with clinical method modalities. Gates, Newell, and Wray (2001) performed a quantitative research study comparing Gentle Teaching and behavior modification work using a nonrandomized controlled trial. The objective was “. . . to examine the comparative effectiveness of Gentle Teaching, behaviour modification, and

control interventions for challenging behaviour amongst children with learning disabilities” (p. 86).

The participants recruited were children ages 3-18 years old diagnosed with learning disabilities, and whose parents reported them as having behavior difficulties. They worked with nurses from the Community Learning Disabilities Nurses in the East Yorkshire. The sample size included 41 participants assigned to the Gentle Teaching condition, 36 to behavior modification, and 26 to the control group. One-day workshops were completed for caregivers who implemented the modalities for both treatments. The measurements were pre-workshop data collected in the participants’ homes by members of the researcher teams, and again 3, 6 and 12 months after the workshops (Gates, Newell, & Wray, 2001).

The results showed no significant differences between the treatment groups and controls. However, the Gentle Teaching and behavior modification groups did better than the control group (Gates, Newell, & Wray, 2001).

In two other research studies, the Intensive Habilitation Program at the Oasi Institute, a residential treatment facility in Troina, Sicily, quantitatively assessed the effects of treatment and functional communication skills in adolescents and young adults with severe autism. In the first study, a combination of Gentle Teaching, Humanistic Applied Behaviorism, and positive approaches together made up the Intensive Habilitation Program treatment approach (Polirstok, Dana, Buono, Mongelli, & Trubia, 2003). Examples of this treatment were:

1. Speaking to clients in a quiet and calming way (no loud talking or shouting at clients).

2. Giving directions precisely with an economy of words (removal of extraneous language that complicates the processing task).
3. Responding gently in their interaction with residents (speaking respectfully, stroking a resident's arm or hand).
4. Limiting their own tempers (control of frustration responses and angry outbursts).
5. Reinforcing positive behaviors (positive attention through hugs, pats on the back, smiles, and verbal praise).
6. Not reacting impulsively (behave consistent with theoretical framework).
7. Not behaving in punishing ways (focus on positive approaches).
8. Not reinforcing inadequate or inappropriate behavior (refrain from making approval error). (p. 149)

The residents lived at this institute for an average of 16 years and displayed a high level of maladaptive behaviors. They made only small gains in functional skills with the Applied Behavioral Analysis treatment and use of neuroleptic and mood-stabilizing medications. The target group studied included 18 adolescent and young adult women ranging in age from 16 to 38 years old. This was an 18-month study where pre-tests and post-tests data were measured using the Vineland Adaptive Behavior Scale assessing domains of communication, daily living, socialization, and motor skills as well as maladaptive behaviors. A 1 x 2 analysis of variance compared the scores for each domain of the pretests and posttests. All of the domains showed significant improvement (with the exceptions of community living in the daily living skills domain and coping skills in the socialization domain) at $p < .001$. Furthermore, reductions in maladaptive behaviors were also found to be statistically significant at $p < .001$. The results,

“ . . . demonstrated that Gentle Teaching and positive approaches were able to promote increases in functional communication and habilitation and conversely promote decreases in maladaptive behaviors” (Polirstok, Dana, Buono, Mongelli, & Trubia, 2003).

The second research study at the Intensive Habilitation Program at Oasi Institute targeted young adults with severe and profound retardation. Twenty-eight participants with co-morbidity with mental retardation, including 9 with autism, 2 with autistic features, 10 with epilepsy, 2 with phenylketonuria, 2 with microcephaly, 1 with attention deficit hyperactivity disorder, 1 with Pringle-Bourneville syndrome, and 1 with Prader-Willi syndrome, were included in the research study. The mean chronological age of the participants was 27 years and mental age was 25 months (Mazzelli, Polirstok, Dana, Buono, Mongelli, Trubia, & Ayala, 2000).

Like the previous research study at the Oasi Institute, the evaluation period was 18 months using a pretest-posttest design with the Vineland Adaptive Behavior Scales and a similar instructional list for the researchers on how to interact with the clients. A 1 x 2 analysis of variance compared the pretest and posttest and the data showed a reduction in maladaptive behavior and increases in all but two measured areas of community living ($p < .018$) and coping skills ($p < .058$) in the daily living and socialization domains respectively. “The largest magnitude of change was in the reduction of maladaptive behaviors and the increase in receptive language, personal and domestic skills, and fine motor skills” (Mazzelli et al., 2000, p. 211). Hence, the conclusion was that the model of applied humanism decreases maladaptive behaviors and increases communicative abilities for people with severe and profound retardation (Mazzelli et al., 2000).

Efficacy of Gentle Teaching is demonstrated through research studies conducted quantitatively in various settings (Gates, Newell, & Wray, 2001). Some studies show significant differences in control groups versus group using Gentle Teaching and other humanistic methods (Polirstok, Dana, Buono, Mongelli, & Trubia, 2003; Mazzelli et al., 2000). However, other studies confirmed a lack of statistical significance.

Criticisms of Gentle Teaching.

Several criticisms of Gentle Teaching were found in journal articles: (1) Gentle Teaching lacks a clear definition; (2) There are many contradictions within Gentle Teaching; and (3) Gentle Teaching lacks definitive guidelines for application. The following presents these criticisms.

Even though there are books, articles, and papers written about Gentle Teaching, a clear operational definition is lacking and frequent changes in Gentle Teaching make empirical studies difficult (Steele, 1995). Jones and McCaughey (1992) concur: “Precise operational definitions are absent and the reader is left with a description of a number of quasi-behavioral techniques without specific guidance on how to incorporate these techniques into an intervention plan” (p. 858). This suggests that concrete ways of applying Gentle Teaching principles are not offered in any literature.

Another criticism refers to blatant contradictions of the meaning and principles of Gentle Teaching. Jones and McCaughey (1992) write, “In early texts McGee recommended that caregivers not interact in any way with learners who are engaging in challenging behavior” (p. 858). However, the authors continue to note that only a few years later, McGee is quoted encouraging caregivers to use “encouraging words, gazes, pats on the back and smiles...unconditionally and are not related to any current behaviors

whether adaptive or maladaptive” (p. 858). This clearly is a contradiction of when and how to give care to others under the premise of Gentle Teaching.

The final criticism is the argument that Gentle Teaching does not offer definitive guidelines for application (Bailey, 1992). With Gentle Teaching, “. . . the process is more difficult and seems to represent less a modification of existing theory . . . ,” but rather “. . . a series of fundamental changes in direction” (Jones & McCaughey, 1992, p. 858). For instance, according to Jones and McCaughey (1992), the term interdependence replaces bonding in later writings. Cuvo (1992) criticizes Gentle Teaching as having only operational behavioral principles but not a system with procedures to follow. “I strongly recommend that the proponents of GT [Gentle Teaching] work toward designing valid, sensitive, and reliable dependent variables, replicable and potent independent variables, and experimental designs that control extraneous variables” (p. 876). In summary, critics agree that Gentle Teaching may be difficult to implement since there is a lack of definitive ways of performing techniques and strategies.

The above-mentioned criticisms are found in the research regarding Gentle Teaching. It is recognized that Gentle Teaching may be difficult to comprehend due to the lack of precise definition (Steele, 1995; Jones & McCaughey, 1992). The guidelines to apply principles of Gentle Teaching are vague and unrefined. Furthermore, there are contradictions with the literature of Gentle Teaching, hence it may be problematic to understand the philosophy (Jones & McCaughey, 1992). These criticisms support the current research, which seeks to clarify the experience of applying the principles of Gentle Teaching.

Treatment Modalities

In this section, other treatment modalities for individuals diagnosed with developmental disorders are highlighted. This theme is divided into the clinical and interactional models.

Many retarded individuals have the same emotional pains, quirks, fears, inhibitions, frustrations, conflicts, and feelings as others. They have the same needs, but unlike more normal individuals and because of their lower level of intellectual functioning, they experience much more difficulty and frustration in meeting these needs. Being members of a society that places emphases on education and intelligence, retardation often results in a long history of failure and rejection, with subsequent low self-esteem, acting out, lack of motivation, and consequent withdrawal. (Vance, McGee, & Finkle, 1977, p. 148)

Treatment modality principles and applications for individuals diagnosed with developmental disorders fall into either a clinical or an interactional model. Currently, it is popular to use multiple treatment modalities to help individuals due to a high rate of co-morbidity. “It is important to treat the child in combination with the system by planning multi-method interventions that facilitate positive change throughout the system” (Mash & Barkley, 1989, p. 247). DuCharme and McGrady (2005) write that a multimodal intervention may include various treatment components such as medication therapy, cognitive-behavioral therapy, and psycho-educational interventions. In other words, some caregivers may use relationship or interactional based treatment modalities coupled with clinical model designs.

An explicit finding in the literature was a split in philosophies with the treatment interventions. Jones (1988) defines this split as differentiating treatments either following the clinical model or the interactional model. The clinical model utilizes contingencies to reward the person, focuses on behaviors and eliminating problems, integrates behavioral strategies through dispensing potential reinforcement or avoidance

of cost; the goals are elimination and compliance. The interactional model resembles unconditional valuing of the person, focusing on interactions by developing foundational relationships and replacing, not eliminating, maladaptive behaviors, motivating people through reciprocal interactions; the goals are equity and interdependence (Jones, 1988). After analyzing the literature, the various treatment modalities fit into one or both of these categories, thus this next section is divided into clinical model and interactional model.

Clinical Model

Many treatment models for individuals diagnosed with developmental disorders fall within the clinical model philosophy. The sub-themes contained in clinical models are value of contingencies, focus on behaviors and elimination of problems, and behavioral strategies. The goals are elimination of behaviors and compliance with others.

Value of contingencies.

Valuing of contingencies is placing significance on things rather than relationships. It is a way of being with others where the importance is placed on doing things for others and then deserving something in return. A meaningful interaction is contingent on whether or not the other person is deserving of one's acceptance. For instance, if an individual obeys the caregiver, he or she will receive an object or type of prize, like candy. If the person does not obey, then not only will he or she not receive the candy, previously earned candy might be taken away.

Watson and Gross (as cited in Ammerman & Hersen, 1997) write that a popular way of valuing contingencies is token economies, which develop and maintain behavior effectively. "A target behavior is selected, the person earns secondary reinforcers

(tokens) for compliance with normative behavior, and tokens are exchanged for primary reinforcers” (p. 508). Anastopoulos, Rhoads, and Farley (as cited in Barkley, 2006) state, “Make child privileges contingent on work” (p. 465). In some situations, this type of caregiving might work and the relationship is contingent on earning things. Other token reward systems use poker chips or check marks as a way to teach individuals how to attend to work by sounding a buzzer that signifies he or she earned the tokens (Birnbrauer, 1976).

In the same way, Anastopoulos and Farley (as cited in Kazdin & Weisz, 2003) write that the Parent Training Program uses token systems to help children with attention-deficit/hyperactivity disorder. “With external motivation they need to complete parent-requested activities that may be of little intrinsic interest and/or a trigger for their defiance” (p. 195). Similarly, Lutzker and Steed (as cited in Briesmeister & Schaefer, 1989) claim that Contingency Management Training focuses on teaching parents to use clear commands and apply consistent consequences.

The second sub-theme in clinical treatment models is focusing on behaviors and eliminating the problems, which is described in the next section.

Focus on behaviors and elimination of problems.

When working with individuals diagnosed with special needs, some treatment modalities focus on maladaptive behaviors and eliminating them as they occur. Social Skills Training is one such model. It teaches child mentors to concentrate on skill building strategies, including asking the individual with special needs what behavior is being asked for and what is the appropriate verbal or behavioral response to a particular situation (DuCharme & McGrady, 2005). Likewise, Planned Activities Training involves

more of an emphasis on antecedent prevention of challenging behavior, based on the principles of stimulus control (Briesmeister & Schaefer, 1998). In these treatment modalities, the concentration of the caregiver is invested in changing the behavior of the other person.

Behavioral strategies.

Behavioral strategies such as dispensing potential reinforcers and avoidance of cost are similar to token economies in that they focus on an object and not on the relationship. Applied Behavior Analysis is a popular treatment modality today and dispensing potential reinforcers is the basic tenet (Watson & Gross, as cited in Ammerman & Hersen, 1997). “A clinician intervenes by consequenceing undesirable behaviors or substituting desirable behaviors that earn satisfying rewards” (p. 508). These techniques are also taught to parents to use with their child with developmental disorders. Because individuals diagnosed with special needs may learn differently than other children, there is a high probability the person will not understand the consequences, thus not learning or being able to cope with the rejection. He or she may internalize the wrong doing as shame and will not trust the person that is taking away his or her previously earned reward. Avoidance cost is a form of punishment where earned advantages or privileges are deducted from the individual for non-compliance (Kazdin & Weisz, 2003).

Goals are elimination of behaviors and compliance with others.

There is a hierarchical structure between caregiver and the individual with special needs in clinical models. The sub-theme of eliminating behaviors and having other comply with the caregivers’ request places the caregiver above the individual. One such

way to encourage compliance is using the time-out method, which induces isolation. Anastopoulos & Farley (2003) implement time-out for serious rule violations as part of the Parent Training Program. The mechanics for time-out procedures are as follows: the child serves a minimal amount of time, then once the child is quiet, the parent may approach him or her, and finally, the parent reissues the request or command that initially led to the time-out (Anastopoulos & Farley, 2003). Birnbaumer (1976) discusses using time-outs to reduce behaviors such as banging toys on objects and people, lip biting, tearing string, and autistic arm movements.

In review, clinical models treatment offer an array of strategies geared at eliminating behavioral issues of individuals diagnosed with special needs by having them comply with their caregivers. The caregiver gives attention to contingencies and rewards depending on the behavior of the individual. The next section discusses the interactional model and its sub themes.

Interactional Model

Sub-themes contained in the interactional model are unconditional value of the person, focusing on interactions by development of fundamental relationships, replacement of eliminating maladaptive behaviors, and motivation through reciprocal interactions. The goals are equity and interdependence. Gentle Teaching fits into the interactional model.

Unconditional value of the person.

Within interactional models, unconditionally valuing the person is a constant. Moustakas' (1995) philosophy fits within the interactional model as he speaks about unconditional valuing and loving his patients at the core. "From the beginning of my

work with children, I saw that, at times, only unconditional love and belief in the child's potentials for growth would rescue the child from a deteriorating self-image and destructive environment" (p. 7). Axline (1947) established unconditional valuing as one of eight basic principles of play therapy with children instructing, "The therapist accepts the child exactly as he is" (p. 73). In the same way, Gentle Teaching promotes that through the therapists' presence, acceptance of individuals with special needs even in the most despicable and intense moments, is essential to healthy caregiving (McGee, Menolascino, Hobbs, & Menousek, 1987, p. 44).

Focus on interactions by development of fundamental relationships.

For some clinical models, relationships are at the core of caregiving. The caregivers build trusting relationships by recognizing and encouraging individuals beginning with their strengths. P. S. Hall & N. D. Hall (2003) believe the key to building a relationship is valuing the person by providing the structure, support, and recognition that the person needs to demonstrate his or her strengths (p. 62). Axline (1947) concurs as indicated in the first of her eight principles for play therapy, "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible" (p. 73).

C. T. Ramey & S. Ramey (1998) work with early intervention of children and have developed a conceptual framework with the main focus on the relationships between children and their parents. The framework offers a range of resources and activities that supports the family as a unit (adequacy of income, housing, and healthy lifestyles), parents or primary caregivers (adult education, job training, family management skills),

and the child (early childhood education and specific neurodevelopmental therapies) (C. T. Ramey & S. Ramey, 1998).

Similarly, Gentle Teaching highlights the elements of companionship. Bonding through relationships is the central purpose of caregiving as it signifies warmth and affection (McGee, Menolascino, Hobbs, & Menousek, 1987, pp. 15-16). Gentle Teaching and developing healthy, trusting relationships between caregivers and individuals with special needs go hand in hand.

Replacement of eliminating maladaptive behaviors.

Replacing, not eliminating maladaptive behaviors, puts the attention on the caregiver teaching the individual what to do, rather than focusing on eliminating unwanted behaviors. This is done through positive engagement between caregivers and individuals.

Floor Time is a treatment model focusing on engagement with the individual and his or her caregiver. The goal of Floor Time therapy is to encourage the individuals diagnosed with special needs to connect with his or her own thoughts in logical ways, beginning with the ability to feel calm, focused, and intimate (Greenspan & Wieder, 1998, p. 125). In Gentle Teaching, the motivation is not to “rid people from their behavioral difficulties, nor to instruct them to obey” (McGee & Menolascino, 1991, p. 12). Instead the goal is to follow the person’s lead and play at whatever captures his or her interest in a way that encourages that person to be with the caregiver (Greenspan & Wieder, 1998, p. 124).

Floor Time suggests teaching children to replace their behavior by structured modulation exercises, which includes being with others to help with socialization

challenges (Greenspan & Wieder, 1998, p. 283). Likewise, teaching is a part of Gentle Teaching, “The most important reason to help others to live, work, and play in the confluence of family and community life is to learn to live together” (McGee & Menolascino, 1991, p. 12).

Motivation through reciprocal interactions.

Relationship Developmental Intervention integrates rewiring the brain of the individuals diagnosed with special needs in order to create reciprocal interactions. It is a treatment that focuses on forming relationships on the premise of the principles of social referencing, functions precede means, and co-regulation (Gutstein, 2000, p. 50). The importance of social referencing is for the caregiver to constantly evaluate the relationship of the individual prior to and following any action or performance; for example, eye contact in the moment of running together, which changes the entire nature of social intervention (p. 50).

Relational Development Intervention considers the developmental rather than chronological age of the child to assess the ability to understand, use, and value a particular skill, creating more potential for the child to understand the meaning of what is being taught (Gutstein, 2000, p. 51). Co-regulation is the responsibility of the caregiver to become spontaneous in the moment, to alter one’s actions in order to maintain the shared meaning of the interaction. In Gentle Teaching, Relationship Development Intervention focuses on relationships where the main goal is to experience sharing.

Experience sharing occurs when caregivers interact with no endpoint in mind other than sharing some part of their mutual world with others. People engaging in experience sharing are motivated by the potential for new discovery and creation, through

careful, mutual, introduction of novelty. Therapists who implement Relationship Development Intervention believe that a deficit in experience sharing is one of the hallmarks of all forms of Autism (Gutstein, 2000).

Reciprocal interaction is a goal described by Floor Time, or defined by Greenspan and Wieder (1998) as two-way communication. The task of the caregiver is to encourage a gestural dialogue with the person, building interaction, logic, and problem solving by using his or her affects or emotions, hands, face, and body to communicate wishes, needs, and intentions (Greenspan & Wieder, 1998). In the same way, Gentle Teaching expresses companionship by sharing smiles, warm looks, affectionate touching, words or sounds of comfortable friendship, moving toward the other, staying with the other, and interacting together as friends (Greenspan & Wieder, 1998).

Shore (1997) concludes that interactions between people affects brain development and insights into early development. Overall development depends on both nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, stimulation, and teaching that are provide or withheld).

The roles of nature and nurture in determining intelligence and emotional resilience should not be weighted quantitatively; genetic and environmental factors have a more dynamic, qualitative interplay that cannot be reduced to a simple equation. Both factors are crucial. (pp. 26-27)

In essence, positive and healthy engagement between people is paramount in creating and enhancing developing interpersonal skills.

Goals are equity and interdependence.

A goal of equity and interdependence means the caregiver does not hold any power over the individual, instead they are seen as equals. There is a connection between

the persons that symbolizes unity and rhythm. Moustakas (1995) writes about being with children with developmental disorders and how focusing on interdependence by using “. . . rhythmic connections with the autistic child facilitated a shift from isolation to an I-Thou relationship” (p. 74). Gentle Teachers believe “. . . that change needs to start with ourselves . . .” meaning, “. . . we need to exude warmth, be tolerant, and translate our values into relationships based on companionship” (McGee & Menolascino, 1991, p. 8). “The challenge is not to find nonaversive behavioral techniques, but to formulate and put into practice a psychology of interdependence that goes against the grain of modifying the other and asks for mutual change” (p. 9).

Landreth (1991) mirrors the principles of equity and interdependence:

Respect for the person of the child and a prizing of the child’s world are not activities of the mind. They are genuinely felt and experienced in the inner person of the therapist and are sensed and felt by the child, who deeply appreciates and values the therapist for such unconditional acceptance. This relationship with the child in the playroom, then, is a mutually shared relationship of acceptance and appreciation in which each person is regarded as an individual. (p. 74)

In summary, in describing treatment modalities, definitions and examples of clinical and interactional methods have been presented. When contrasted, the philosophies, intentions, and practices between the methods differ in many ways. Using clinical methods speaks to eliminating people’s behaviors by rewarding them with contingencies through behavioral strategies such as token economies. The basic philosophy of interactional methods place importance on the caregiver valuing the individual with special needs unconditionally, regardless of behavior. The clinical methods often describe ways to modify someone’s maladaptive behaviors with intentions

of compliance, while the interactional methods places the responsibilities of change on the caregiver, not on the individual of need.

Though the research offers definitions of these methods and comparisons can be drawn, the experience of applying the methods is absent. At this point, the caregivers' thoughts, feelings, awarenesses, and bodily sensations are unknown.

Rationale for this Research Study

Gentle Teaching offers a philosophy of how to be with others, especially those who are most marginalized by society. Principles and techniques are promulgated with the goals of people feeling more safe, loved, loving, and engaged. Various research articles addressed the effectiveness of Gentle Teaching (Jones, 1988; McGee, unpublished manuscript; McGee, 1992; McGee, 1999; McGee, 2006; McGee & Glick, unpublished manuscript; McGee & Gonzalez, 1990; McGee & Menolascino, 1991; McGee, Menolascino, Hobbs, & Menousek, 1987; McGee, Menolascino, & Hobbs, 1987; Gentle Teaching International Web site). Efficacy of Gentle Teaching was established (Gates, Newell, & Wray, 2001; Polirstok, Dana, Buono, Mongelli, & Trubia, 2003; Mazzelli et al., 2000). Lastly, criticisms in the literature also defined a lack of clear-cut application guidelines or procedures that Gentle Teachers follow (Bailey, 1992; Cuvo, 1992; Jones & McCaughey, 1992; Steele, 1995).

After an extensive review of literature, two things stand out. First, in general, while research on applying principles and outcomes were described, none addressed the professional or caregiver's *experience* of applying principles. Second, specific to Gentle Teaching, none of the findings discussed the experience of applying the basic principles inherent in its practice. Thus, there is an obvious gap in the research to date.

The gap is the experience of applying Gentle Teaching principles as expressed from the Gentle Teacher's frame of reference. This inquiry of *the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders* explores the experience of applying principles which is an area not previously studied. The data gathered in this research study provides depictions and portraits of Gentle Teachers' awarenesses, bodily sensations, feelings, and thoughts. Data serve to aid Gentle Teachers to more effectively apply principles. This is helpful for current Gentle Teachers by heightening their awareness of the process of applying Gentle Teaching principles as well as assist them in teaching and mentoring others who are becoming Gentle Teachers.

In this chapter, the following themes of the literature were: (1) exploration of applying principles, (2) historical perspective of caregiving for individuals diagnosed with developmental disorders, (3) Gentle Teaching, and (4) treatment modalities with the sub-themes of clinical and interactional methods of giving care to others. The study was positioned as unique and a contribution to the field. The next chapter describes quantitative and qualitative methods and the rationale for using the heuristic research model.

CHAPTER III

Research Model

This chapter presents the research model. First, it discusses the differences between quantitative and qualitative research methods. Then, the heuristic research model is highlighted with an explanation of how it is most suitable for this study, in addition to a detailed description of its concepts, processes, and phases.

Research Methods

For this research study, quantitative and qualitative research methods are explored. It is important to identify which research method is appropriate to answer the question, “*What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?*” Quantitative research methods are explained followed by a discussion of qualitative research methods.

Quantitative Research Methods

Quantitative research methods focus on stating and supporting a hypothesis through structured means of gathering pertinent information in aggregated fashions. Researchers give broad, generalized sets of findings presented succinctly and parsimoniously from a limited set of questions obtained by a great amount of research participants (Patton, 1990). The investigative researchers use large sample sizes so the data gathered can be applied to an extensive population. Data collection procedures are narrow and close-ended by design with the purpose of proving a theory.

Quantitative researchers are looking to compare data and address the original hypothesis objectively. The researchers hold an outsider perspective and is personally removed from the data (Cook & Reinhardt, 1979).

Cook and Reinhardt (1979) note that quantitative research methods are of “logical-positivism; seeks the *facts* or *causes* of social phenomena with little regard for the subjective states of individuals” (p. 10). Patton (1990) writes that quantitative methods “require the use of standardized measures so that the varying perspectives and experiences of people can be fitted into a limited number of predetermined response categories to which numbers are assigned” (p. 14). This type of research emphasizes measuring data using numbers and traditional statistical techniques (Ray, 2006). The data is collected via obtrusive and controlled measurements and the studies are outcome-oriented (Cook & Reichardt, 1979). In addition, Ray (2006) states that with quantitative methods, “. . . there is generally an emphasis on behavior as opposed to experience as well as an attempt to describe constructs in terms of numbers and find laws or patterns that describe behavioral processes” (pp. 27-28).

In summary, in quantitative research the primary researcher has an idea or hypothesis, creates a measuring tool based on the definition of observable behaviors, asks the question at hand, applies the intervention (hypothesis) to a single subject or an aggregate of single subjects, collects and analyzes the data, and finally concludes whether or not the theory is supported. The primary researchers do not become a part of the process on a personal level, meaning they may not speak with the people completing the questionnaires or present the conclusion of the study. In quantitative research, the hard data and definitive outcomes are the main elements.

In the exploration of quantitative research methods, it became clear to me that it was not a fit for this study because they would not grasp the essence of the experience as a whole. The research question, “*What is the experience of applying Gentle Teaching*

principles with individuals diagnosed with developmental disorders?” is intended to depict a total experience that elicits the caregiver’s feelings while in the moment of caregiving. It is the caregiver’s duty to be aware of his or her feelings in the caregiving moment and find internal ways to transform and direct these toward helping the person feel safe and loved. Seeking a description of one’s subjective and full experience requires the use of a qualitative research method.

Qualitative Research Method

The word qualitative (quails) means *whatness* (Van Manen, 1997). It is the *whatness* of being human, of becoming more fully a part of the world, and attaching oneself to the world. This type of research is conducted through “a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings” (p. 5).

Qualitative research aims at gathering original experience. It is an opportunity to re-live, re-learn, and re-awaken basic practice and give it new light and energy. Re-focusing on a phenomenon requires strict attention whereby the researcher is illuminated with profound insights. In doing qualitative research, “practical wisdom is sought in the understanding of the nature of lived experience itself” (Van Manen, 1997, p. 32). By re-discovering the awe of experience, parts as well as the whole can be seen on a new level, like sand sifting through one’s hands until he or she is left holding the once buried seashells. As Conlan (2000) writes, “The characteristics of the experience become clearer as the person visits and revisits it, so that the experience becomes slowly clearer and more nameable and recognizable” (p. 113).

There are specific methods of conducting research qualitatively where experience is at the center of the study. One way is for the primary researchers to collect data, meaning direct experience, via interviewing qualified research participants or co-researchers. The interviews are intentionally structured to afford the co-researchers the freedom to answer the question in their own words. “The methods of qualitative inquiry are for studying and understanding people in whatever settings and under whatever circumstances one encounters them” (Patton, 1990, p. 36).

The primary researcher wants to subjectively get inside of the personal experiences of a selected amount of people who qualify in order to understand their experience in an in-depth manner. “Qualitative methods emphasize the subjective state of the person under study and are particularly useful when we wish to describe the experience of a particular person or group” (Ray, 2006, p. 27). This approach involves a small number of individuals but yields a wealth of detailed information. Qualitative research methods gather subjective data from the co-researchers as they describe their experiences as valid, real, rich, and deep (Cook & Reinhardt, 1979).

The purpose of this research study is to answer a question through the eyes of experienced and articulate Gentle Teachers who can describe personal accounts of applying specific principles. Questions are posed with freedom to provide descriptions that are wide-open for discovery. The inquiry requires responses fueled by carefully chosen words illustrating intimate self-disclosure through memorable stories, feelings, emotions, and personal perspectives in a genuine and comprehensive manner. Taylor and Bogdan (1998) refer to qualitative research as descriptive data through understanding

people from their own frames of references and experiencing reality as they live it. There is a sense of liberty and autonomy for the co-researchers to answer the questions at will.

Qualitative research methods dive into a phenomenon and get to the core of understanding it by seeking answers through thoughts, feelings, awarenesses, and personal tales. The question posed begins to evoke self-insight through recognizing the whole, rendering fullness or wholeness to life (Van Manen, 1997). Qualitative research is “a being-given-over to some quest, a true task, a deep questioning of something that restores an original sense of what it means to be a thinker, a researcher, a theorist” (Van Manen, 1997, p. 31).

In the process of conducting qualitative research, the primary researcher needs to be passionate and remain motivated due to the in-depth orchestration and responsibility of completing such a study. West (1998) explains:

There are recognizable difficulties, demands, and challenges that will occur throughout the researching process; the researcher has a passionate need to know about the research question or themes; the researcher will develop the ability to allow the research to take one over, to fully live it; patience and trust will occur, especially during the incubation phase while awaiting illumination; the researcher will be challenged while completing the creative synthesis. (pp. 63-64)

In other words, the primary researcher steers the project with great intensity.

There is a range of emotions experienced by the primary researcher, as he or she remains passionate and motivated to see the project to a proper conclusion.

In qualitative research, the primary researcher is faithful to remain nonbiased throughout the project. Qualitative data reflects what occurs without judgments of good or bad, appropriate or inappropriate, or any other interpretive judgments (Patton, 1990). The primary researcher invites the co-researchers to share their stories, takes in the information, and holds the experiences as they are, without editing with his or her own

thoughts. This is comparable to active listening where the listener simply listens without thinking about how he or she will respond and without forming an opinion. Furthermore, caregiving is an intimate and subjective act and relates personally and uniquely to each particular caregiver. The primary researcher has to realize his or her feelings but not impose them in the co-researcher questioning process. Although the questions and responses are subjective, the primary researcher has to remain as non-biased as possible.

The qualitative methodology selected for this study is the heuristic research model, which is defined in the next section. It was a natural fit to use a qualitative research model that included the primary researcher's point of view since the primary researcher's personal experience was rooted in the study. The model requires the researcher to describe his or her experience of the inquiry at hand. There is an intentional knowing on the part of the primary researcher allowing for a partnership of his or her internal frame of reference coupled with an openness to the experiences as told by the co-researchers. Moustakas (1990) describes the heuristic process:

The heuristic process is a way of being informed, a way of knowing. Whatever presents itself in the consciousness of the investigator as perception, sense, intuition, or knowledge represents an invitation for further elucidation. What appears, what shows as itself, casts a light that enables one to know more fully what something is and means. (pp. 10-11)

Heuristic Research Model

The root meaning of *heuristic* comes from the Greek word *heuriskein*, meaning "To discover or to find" (Moustakas, 1990, p. 9), until there is *eureka*, which is the celebration of the moment of discovery (Douglass & Moustakas, 1985). In the heuristic research model, there is a shared journey between the primary researcher and co-researchers as they draw conclusions to a question by discovering the essence of some

aspect of life through the internal pathways of the self (Douglass & Moustakas, 1985, p. 39). The primary researcher is the person conducting the study and the co-researchers are the people whereby most of the data is collected by the primary researcher.

Heuristic research intensifies the primary researcher's human experience of the question under investigation. The primary researcher is fully immersed in the question by becoming an expert of existing literature on the topic, then welcoming the experiences of the co-researchers. The experiences of the co-researchers come into fruition during the data collection where there is a concentration that transcends the primary researcher's current knowledge. Craig (1978) states, "This mode of inquiry affirms the possibility that one can live deeply and passionately in the moment, be fully immersed in mysteries and miracles, and still be engaged in meaningful research experience" (p. 20). This process is coupled with the primary researcher becoming aware of personal intuitions, knowledge, and imagination of the process and content of experience.

The experience of the primary researcher is present throughout the process culminating in a deeper understanding of the phenomenon which, in turn, creates an opportunity for increasing knowledge (Moustakas, 1990). "Self-experience is the single most important guideline in pursuing heuristic research" (Douglass & Moustakas, 1985, p. 47). The research study begins with the seed of the primary researcher's personal knowledge and blooms into a meaningful and productive conclusion with the addition of the co-researchers' experiences.

There is an immense personal involvement in the research process as the experience being studied is shared by the primary researcher and co-researchers. It is crucial for the primary researcher to separate personal experiences from the co-

researchers' to guard against bias. However, much like the relationship between the psychotherapist and client, transference and counter-transference will exist. This process is part of heuristic study.

Emery (1996) states that heuristic analysis is an intensive "discipline of self analysis, demanding metacognitive reflection of one's own processes and involves capturing moments and incidents so that they can be more clearly understood and conceptualized" (p. 30). The primary researcher feels intense emotions during this process. Throughout self analysis in heuristic research, excitement, frustration, and a deep feeling of engagement are created as one captures the real meaning of the experience through exploration of the question, acquisition of data, and concludes with a synthesis (Douglass & Moustakas, 1985). Moustakas (1990) states, "[Heuristic] refers to a process of internal search through which one discovers the nature and meaning of experience and develop methods and procedures for further investigation and analysis" (p. 9). McCracken (1988) adds that the primary researcher must listen not only with "the most precise of one's cognitive abilities, but also with the whole of one's experiences and imagination" (p. 19). Using the self as an instrument is an added extension of knowledge to understanding the phenomenon being studied.

To further understand the meaning of heuristic research, Moustakas (1990) explains it this way:

Heuristics is a way of engaging in scientific search through methods and processes aimed at discovery; a way of self-inquiry and dialogue with others aimed at finding the underlying meanings of important human experiences. The deepest currents of meaning and knowledge take place within the individual through one's senses, perceptions, beliefs, and judgments. This requires a passionate, disciplined commitment to remain with a question intensely and continuously until it is illuminated or answered. (p. 15)

Douglass and Moustakas (1985) add:

Heuristic research is a search for the discovery of meaning and essence in significant human experience. It requires a subjective process of reflecting, exploring, sifting, and elucidating the nature of the phenomenon under investigation. Its ultimate purpose is to cast light on a focused problem, question, or theme. (p. 40)

In other words, there is a marriage that exists between the primary researcher, co-researcher, the question being explored, and the intense process that bring the findings into a state of existence. The primary researcher's main task is to become aware of what is real in consciousness, receive it and accept it, and then dwell on its nature and possible meanings by searching introspectively, meditatively, and with reflection (Moustakas, 1990). "From the beginning and throughout an investigation, heuristic research involves self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning, and inspiration" (Moustakas, 1990, p. 11). This intense self-study involves the primary researcher becoming in touch with new regions of discovery into his or her process of the research inquiry (Moustakas, 1990).

Coupled with the intense involvement of the primary researcher, there are several concepts and process as well as phases of the heuristic model, which are described in the following sections.

Concepts and Processes of Heuristic Research

The heuristic research model has several concepts and processes: *identifying with the focus of inquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing, and the internal frame of reference.*

Identifying with the Focus of Inquiry

During the process of identifying with the focus of inquiry, the primary researcher becomes very intimate with the research question, thus grasping a deeper understanding of it. Moustakas (1990) describes, “Through exploratory open-ended inquiry, self-directed search, and immersion in active experience, one is able to get inside the question, become one with it, and thus achieve an understanding of it” (p. 15). The primary researcher gains a better understanding of the research question by devoting time and energy self seeking and exploring others’ experiences for a more whole, existential meaning. “In heuristics, an unshakable connection exists between what is out there, in its appearance and reality, and what is within me in reflective thought, feeling and awareness” (p. 12). This connection is intentional and there is an inherent freedom for exploration rather than a questionable motive.

Self-Dialogue

Self-dialogue is an avenue to become open, intimate, and honest with one’s own experiences. In the heuristic method, the primary researcher utilizes the self-dialogue concept in order to become absorbed in the inquiry by exposing self-discoveries, awarenesses, and understanding (Moustakas, 1990). Simply, it is a channel of communication between the primary researcher and the phenomenon.

Through self-dialogue, the Gestalt is recognized as the primary researcher discovers refinements of meaning and understanding pertaining to the topic. Penetration to the core of the phenomenon suddenly yields an epiphany that leads to a unifying picture (Douglass & Moustakas, 1985). “At the heart of heuristics lies an emphasis on

disclosing the self as a way of facilitating disclosure from others—a response to the tacit dimension within oneself sparks a similar call from others” (p. 50).

Tacit-Knowing

At the base of all heuristic discoveries, underlying all other concepts in heuristic research is the power of revelation in tacit knowing (Moustakas, 1990). Moustakas (1990) describes that tacit knowing, “. . . allows one to sense the unity or wholeness of something from an understanding of the individual qualities or parts” (pp. 20-21). Polanyi (1983) believes that “we know more than we can tell” (p. 4). An example of tacit knowing is when recognizing a tree, one may acknowledge part of the tree such as the trunk, branches, leaves, textures, sounds, shapes, or size and conclude a sense of the treeness of a tree and its wholeness as well. This acknowledging of the essence of treeness is achieved through the tacit process (Moustakas, 1990). The tacit dimension is an important role in heuristics as, “Subliminal, archetypical, and preconscious perceptions undergird all that is in our immediate awareness, giving energy, distinctiveness, form, and direction to that which we know” (Moustakas & Douglass, 1985, p. 49). The knowledge that arises from unconsciousness to consciousness is at the tacit dimension, a prime element in heuristic studies.

Intuition

Intuition is a connection between the implicit knowledge inherent in the tacit dimension and the explicit knowledge, which is conscious, observable, and describable (Moustakas, 1990). Moustakas (1990) illustrates the intuitive process:

While the tacit is pure mystery in its focal nature – ineffable and unspecifiable – in the intuitive process one draws in clues; one senses a pattern or underlying condition that enables one to imagine and then characterize the reality, state of mind, or condition. In intuition we perceive something, observe it, and look and look again from clue to clue until we surmise the truth. (p. 23)

Eventually, the intuitive process along with tacit knowledge together become clearer so that truth will come into fruition. A conclusion is made and offered to extend knowledge.

Initially, intuitive knowledge is possible without the intervening steps of logic and reasoning thus relying on instinctive and spontaneous awareness. Beveridge (1957) offers this insight:

The most characteristic circumstances of an intuition are a period of intense work on the problem accompanied by a desire of its solution, abandonment of the work perhaps with attention to something else, then the appearance of the idea with dramatic suddenness and often a sense of certainty. (p. 97)

Indwelling

Indwelling is the process of turning inward to find and grasp a deeper comprehension of the nature or meaning of a quality or theme of human experience (Moustakas, 1990). This kind of immersion is “more impulsive than deliberate, more a wandering than a goal, more a way of being than a method of doing” (Polanyi, 1983, p. 160). There is an inherent “being with” shared between the primary researcher and the phenomenon on a deeper level than experienced before the investigation began. Through indwelling, the meaning of the experiences, the question asked, and event itself are intensified reaching new heights of consciousness.

Douglass and Moustakas (1985) note that, “as self-search from the internal frame of reference deepens, one might be captivated by a particular image, sensation, or realization and pause to explore its meaning or significance more fully” (p. 48). Through indwelling, the primary researcher pursues thoughts, feelings, and awarenesses and finds substantive insights of the experience of the phenomenon (Wolfe & Pryor, 2002). The primary researcher captures a better understanding and deeper knowledge of the experience by investing immense attention and interest through the process of indwelling.

Focusing

Gendlin (1978) originated a concept of focusing, which is a personal reflection, a sense of total emotional involvement without analyzing or generalizing. It is a process that is based on an optimistic outlook of change. There are several steps to this process: clearing of an inward space to enable one to tap into thoughts and feelings that are essential to clarifying a question, getting a handle on the question, elucidating its constituents, making contact with core themes, and explicating the themes (Moustakas, 1990). Rather than analyzing the problem, one embraces the problem as a whole. This is done when a person experiences a *felt sense*. Gendlin (1978) describes *felt sense* as choosing a problem to focus on, sensing the bodily sensations that is experienced when recalling the whole of the problem, and then, “Sense all of that, the sense of the whole thing, the murky discomfort or the unclear body-sense of it” (p. 173). “. . . having felt the problem whole, you can next get in touch with the crux, and then with what lies beneath that, and so on. You focus step by step, until the problem feels resolved” (Gendlin, 1978, p. 67).

During this time, themes of the experience will surface and the question at hand will begin to become answered. Douglass and Moustakas (1985) state:

Through the focusing process, the researcher is able to determine the core themes that constitute an experience, identify and assess connecting feeling and thoughts, and achieve cognitive knowledge that includes refinements of meaning and perception that register as internal shifts and alterations of behavior. (p. 51)

Focusing moves beyond deepened awareness to a brand new consciousness giving new birth to meaning of the event. It is a mode of digging deeper to find new connections and discovering new knowledge.

Internal Frame of Reference

The internal frame of reference stems from one's personal experiences. Each person has his or her own internal viewpoint when concentrating on perceptions, thoughts, feelings, and senses that are involved with an experience. Moustakas (1990) says, "To know and understand the nature, meanings, and essences of any human experience, one depends on the internal frame of reference of the person who has had, is having, or will have the experience" (p. 26). Internal frame of reference is unique to one's perception and can only be experienced by that one person.

In heuristic research, it is the primary researcher's self inquiry and discovery that is paramount, thus, immersion in one's internal frame of reference is most germane (Douglass & Moustakas, 1985). "I must stay in touch with the innumerable perceptions and awarenesses that are purely my own, without the interferences of restrictions or judgments, with total disregard for conformity or congruence" (p. 47).

Assumptions and learnings are included in the internal frame of reference. However, there are times in heuristic research when the primary researcher's knowledge of the phenomenon, or one's internal frame of reference, must be set aside in order to see

beyond personal experience and be open to the co-researchers' experiences. This is called epoche, a process utilized in phenomenological research. To epoche is a conscious decision to keep what is real to the researcher separate from any assumptions, correlations, and theories that may be found in the research or through existing knowledge of the topic (Moustakas, 1994). It is extremely important for the primary researcher to consciously use the epoche process before the interviews, during the review and analysis of data, and while creating the written portion of the study as much as possible to not bias the data. The purpose is to refrain from judgment and be completely open to the experiences of the co-researchers as fresh information. Because the primary researcher shares the same experience of the co-researchers, epoche is crucial to be unbiased and concentrate on the experiences of the co-researchers.

The concepts and processes of heuristic research have been discussed. They are: *identifying with the focus of inquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing, and the internal frame of reference*. Next, the phases of heuristic research are defined.

Phases of Heuristic Research

The heuristic research model has 6 phases: *initial engagement, immersion, incubation, illumination, explication, and synthesis*. These phases are not linear or rigorously structured rather there is an ebb and flow throughout the primary researcher's process.

Initial engagement

Initial engagement invites the primary researcher to discover a topic, theme, problem, or question through an inner search and self-dialogue (Moustakas, 1990).

Moustakas (1990) writes that the task of the initial engagement is to, “discover an intense interest, a passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications” (p. 27). There are many phases of initial engagement throughout heuristic research such as selection of the topic of the study and honing in on the specific research question to collecting and analyzing the data. There are countless events of initial engagement acting as a welcoming to the primary researcher’s exploration.

Immersion

Immersion is an aspect of exploring of the question, problem, or theme (Douglass & Moustakas, 1985). The primary researcher’s whole world is centered on total involvement in the research study and heuristic process. There are varying degrees of immersion. For example, in the beginning, vague and formless wanderings are characteristic of this stage. “Common methods of preparation include immersion in the topic or question, going wide open to discover meanings in everyday observations, conversations, and published works” (Moustakas, 1990, p. 44). A growing sense of meaning and direction emerge as the perceptions and understandings of the research grow and the parameters of the problem are recognized (Douglass & Moustakas, 1985). The primary researcher becomes connected with the topic on a deeper and conscious level, living and growing in knowledge and understanding of it (Moustakas, 1990). Immersion may occur “in waking, sleeping, and even dream states” as everything in life becomes “crystallized around the question” (p. 28). “The researcher is alert to all possibilities for meaning and enters fully into life with others wherever the theme is being expressed or talked about-in public settings, in social contexts, or in professional meetings” (p. 28).

The primary researcher's wave of life is swept up by the study and will be throughout the process until immersion subsides and the research study is complete.

Incubation

In the incubation phase, the primary researcher retreats from constant, intense immersion and concentration on the topic and question (Moustakas, 1990). Incubation allows growth to take place while the inner tacit dimension is reaching full potential. To use an example by Moustakas (1990), it is similar to concentrating to recall someone's name and it is when taking a break from this concentration, or the process of incubation, then the lost name comes into awareness. It is during incubation that Polanyi (1983) believes that there is a creation of "spontaneous mental reorganization uncontrolled by conscious effort" (p. 34). The incubation phase is deliberate and allows for the unconsciousness to be tapped resulting in new ideas and realizations. It is not leaving the process behind; instead, it is part of the process that leads to illumination.

Illumination

The illumination phase, "occurs naturally when the researcher is open and receptive to tacit knowledge and intuition" and "a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question" (Moustakas, 1990, p. 29). New dimensions of knowledge will be awakened to allow for new constituents of the experience (Moustakas, 1990). This phase reflects a dawning of many "ah-ha" moments.

The primary researcher welcomes insight by being open and mindful of new perceptions. "Illumination opens the door to a new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, or an altogether new discovery of

something that has been present for some time yet beyond immediate awareness” (Moustakas, 1990, p. 30). New elements of discovery take place and the picture becomes more unambiguous than originally imagined. It is like putting a puzzle together with all of the pieces, walking away from the puzzle for incubation, and then upon returning to the puzzle finding new pieces that expand the picture. Creating a clearer picture is possible through illumination.

Explication

In the explication phase, the heuristic researcher discovers relevant themes, qualities, and components to report the findings of the research study that were discovered in the illumination phase. A thorough analysis of the understanding and explanations of meanings of the research question is conveyed to the reader. “To fully examine what has awakened in consciousness, in order to understand its various layers of meaning” is the purpose of this phase (Moustakas, 1990, p. 31). Moustakas (1990) elaborates, “Ultimately a comprehensive depiction of the core of dominant themes are developed. The researcher brings together discoveries of meaning and organizes them into a comprehensive depiction of the essences of the experience” (p. 31).

Synthesis

The final phase in heuristic research is *synthesis*, which moves beyond summation or recapitulation. Through tacit and intuitive powers, the primary researcher brings the extracted themes and new knowledge into fruition (Moustakas, 1990). “The researcher in entering this process is thoroughly familiar with all the data in its major constituents, qualities, and themes and in the explication of the meanings and details of the experience as a whole” (Moustakas, 1990, p. 31). It is the mystery of knowledge of the material that

allows the researcher to put the components and core themes into a creative synthesis (Moustakas, 1990).

To realize the whole, the primary researcher utilized intentionality, or “moving from the specific to the general, from the individual to the universal, from appearance to essence, the theme, question, or problem being explored is recognized as having a life of its own” is pertinent in realizing the whole (Douglass & Moustakas, 1985, p. 85). The whole is assembled from the fragments and disparate elements that have been generated during the search for essence and meaning (Douglass & Moustakas, 1985). Examining the collected data by “creating combinations and recombinations, sifting and sorting, moving rhythmically in and out of appearance, looking, listening carefully for the meanings within the meanings, and attempting to identify the overarching qualities that is inherent in the data” is the challenge of the primary researcher (p. 52).

This is the primary researcher’s opportunity to “nurture that life, letting it grow and mature in a way that is consistent with its true nature, as it is revealed experientially through . . . internal processes and those of intimate collaborators” (Douglass & Moustakas, 1985, pp. 52-53). A synthesis “usually takes the form of a narrative depiction utilizing verbatim material and examples, but it may be expressed as a poem, story, drawing, painting, or by some other creative form” (Moustakas, 1990, p. 32).

The heuristic research model focuses on human experience as way to study a phenomenon in its purest form. To study the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders, the data needs to yield the most encompassing yet detailed information. The heuristic research model provides the structure to obtain such information. Through the researcher’s participation

and co-researcher's stories, the subjective experience of applying Gentle Teaching principles is collected and analyzed to achieve depth and to offer clarity of the experience.

This chapter addressed the research model. First, quantitative and qualitative research methods were defined. Then the heuristic research model was highlighted with a detailed description of its concepts, processes, and phases and rationale for its suitability for this study. The next chapter explains the heuristic process specific to this study, as well as the methods and procedures for preparation and implementation of data collection.

CHAPTER IV

Methods and Procedures

A comprehensive plan was essential in producing a research study of quality and meaning. This chapter highlights the implementation of the concepts, processes, and phases of heuristic research discussed in Chapter III. Included sections are preparation for data collection, data collection, and how the data was organized, and analyzed.

*Preparation to Collect Data**Self-Search*

There is a continual self-search during the heuristic research process. It begins with identifying with the focus of inquiry and continues through data analysis.

“Heuristic inquiry is a process that begins with a question or problem which the researcher seeks to illuminate or answer” (Moustakas, 1990, p. 15). This process began by identifying the focus of inquiry. I decided my research area would be Gentle Teaching because of my passion for it, my commitment to learning more about it, and a desire to contribute to Gentle Teaching research. I narrowed my questioning to the interaction between the Gentle Teacher and the individual diagnosed with developmental disorders. I yearned to study the experience from the Gentle Teacher’s perspective. Though Gentle Teaching encompasses being aware of others and the environment, I discovered that research about self-awareness of the Gentle Teacher was nonexistent.

Through self-dialogue, I continued to explore my own experience of being a Gentle Teacher with individuals diagnosed with developmental disorders. Self-dialogue begins when the researcher allows the phenomenon to speak directly to his or her own experience, is questioned by it, and is able to encounter and examine it in a rhythmic flow

until multiple meanings are uncovered (Moustakas, 1990). Self-dialogue led me to be intrigued with the experience of applying Gentle Teaching principles. As the primary researcher, I became consciously aware of my and others' experience of applying Gentle Teaching principles as a phenomenon that could be further explored through scientific research.

In heuristic inquiry, the researcher engages in self-discoveries, awarenesses, and understandings while being "open, receptive, and attuned to all facets of one's experience of a phenomenon, allowing comprehension and compassion to mingle and recognizing the place and unity of intellect, emotion, and spirit" (Moustakas, 1990, p. 16). I imagined myself applying the principles to an individual from afar, much like viewing a movie. In the vision, I recognized me applying Gentle Teaching principles, the interactions between the individual and me, and the emotions that were apparent intrapersonally and interpersonally. I wrote about my experience in a journal.

As I searched for clarity of the experience, I examined my own thoughts and feelings acquired about the phenomenon through focusing. Douglass & Moustakas (1985) describe the focusing process as a time when the researcher is enabled to identify qualities of an experience that have been in the subconscious primarily because the individual has not paused long enough to examine one's experience of the phenomenon. "Through the focusing process, the researcher is able to determine the core themes that constitute an experience, identify and assess connecting feelings and thoughts, and achieve cognitive knowledge" (Moustakas, 1990, p. 25). Gendlin (1978) speaks of focusing as, "a process in which you make contact with a special kind of internal bodily awareness" (p. 10).

I spent quiet moments reflecting on my experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. These moments occurred during walks, exercising, or while driving in my car. This enabled me to tap into intuitive awakenings and tacit mysteries as well as define overt discoveries. I wrote about my experiences in my journal, which was a way of gathering data specifically about my thoughts, feelings, awareness, or bodily sensations. Out of my experience, the guiding questions that I would utilize in my study were formulated, which will be discussed later in this chapter.

The next step was to set criteria for co-researchers and prepare the appropriate forms necessary to collect data.

Acquiring Qualified Co-Researchers

To prepare for data collection, I first developed a list of the people who were experienced in applying Gentle Teaching specifically with individuals diagnosed with developmental disorders. Because of my existing involvement in this arena, more people were on my list than I actually needed. Next, I contacted 12 of those people. I had a conversation with each one in person, by telephone, or e-mail, and described the nature of the data I was seeking through this study. Each person I contacted convincingly qualified to be a co-researcher and agreed to participate.

It was crucial for the co-researchers to be experienced Gentle Teachers and to be able and willing to clearly articulate their thoughts and feelings about their experiences. The following delineates the specific selection criteria for qualification to participate in the study:

1. One who is able to describe his or her experience of applying Gentle Teaching principles.
2. One who understands and can articulate Gentle Teaching principles.
3. A current caregiver, family member, surrogate parent, teacher, psychiatrist, nurse, psychologist, or advocate who has applied Gentle Teaching principles for two or more years.
4. A person who has completed at least a minimum of one Gentle Teaching formal practicum or equivalent and earned a certificate. A practicum is a 3-4 day formal training consisting of education in Gentle Teaching and hands-on experience with individuals diagnosed with developmental disorders.
5. One who has mentored and can teach others the Gentle Teaching principles. Mentoring occurs during a Gentle Teaching practicum or while with individuals diagnosed with developmental disorders in other settings.

I knew many Gentle Teaching leaders from around the United States of America including Puerto Rico, as well as other countries: Canada, Denmark, Netherlands, Belgium, Portugal, Mexico, and Jordan. We collaborated at the annual Gentle Teaching International Conferences, which have been held in Michigan, Chicago, Vancouver, Winnipeg, Denmark, Belgium, and most recently in September 2007 in Saskatoon, Saskatchewan, Canada. I also knew many Gentle Teachers in my local communities in the Detroit, Michigan area. The co-researchers were a mixture of local, national, and international Gentle Teachers.

I shared several correspondences with co-researchers to instill flow and clarification in the beginning phase of the research process. Appendix A reflected a

written request for research participants. This was delivered to the co-researchers personally or through e-mail at the time of the invitation for participation or at the interview. Once the co-researchers agreed to participate, I hand delivered or e-mailed a follow-up letter (see Appendix B).

After an interview appointment was confirmed, the co-researchers received an Informed Consent Form (see Appendix C) via hand delivery or e-mail. This form explained not only the confidentiality policy, but also the description of the study, nature of participation, purpose of the study, possible risks, possible benefits, opportunities to withdraw at will, and opportunities to be informed of results. Each co-researcher read and signed the Consent Form at the interview.

Appendix D was a list of guiding questions for personal use during the interview as needed.

Co-Researchers

Eight women and four men participated in this study. The following is a brief description of each co-researcher. It is important to remember that being a skilled Gentle Teacher is not determined by credentials, formal education, or profession, instead it is through knowledge gained from Gentle Teaching trainings and experience. For confidentially purposes, pseudonyms were used.

Ashley is a social worker for individuals diagnosed with developmental disorders. Over the past 5 years, she has attended and mentored several Gentle Teaching practica. She co-presented at the most recent Gentle Teaching International Conference regarding Gentle Teaching in community home settings. Currently, she is earning a Master's Degree in counseling.

Bethany has worked with individuals diagnosed with developmental disorders for 10 years. She too has mentored several Gentle Teaching Practica and presented at various conferences. In the past, she designed and directed a day care center welcoming children with and without special needs using Gentle Teaching principles and techniques.

Barb has worked with individuals diagnosed with developmental disorders for the past 24 years. For the first 8 years, she used behavior modification treatment modalities. When she learned of Gentle Teaching 16 years ago, she began using these principles and continues to do so. Currently, she trains thousands of caregivers per year in Gentle Teaching for a large mental health agency. These caregivers are mainly people working with individuals in community homes.

In 1987, Tony began supporting individuals diagnosed with developmental disorders and learned about Gentle Teaching by working as a trainer in a mental health agency. Throughout the years, he has been instrumental in developing and implementing Gentle Teaching trainings. His trainees mostly consist of caregivers working in community homes and vocational programs, family members, clinicians, administrators, and teachers. Tony has been a guest lecturer at several Gentle Teaching International Conferences describing the trainings he implements.

Mary has provided services for individuals diagnosed with developmental disorders for the past 34 years. She was initially educated in behavioral modification treatments and in 1987 was introduced to Gentle Teaching. As a psychologist, she has adopted Gentle Teaching as her base treatment and has mentored countless caregivers. She holds a Specialist Degree in Psychology and currently works as a director of clinical operations for a large mental health agency.

Robert has worked directly with individuals diagnosed with developmental disorders for the past 12 years as a community home caregiver. Ten years ago, he learned about Gentle Teaching and has been committed to this way of being with others ever since. For the past 6 years, along with caregiving, he has developed and managed community homes for people who once lived in institutions or at home. He is currently earning a bachelors degree in psychology.

Since 1996, Madison has been a social worker providing services to individuals diagnosed with developmental disorders living in community homes, attending vocational programs, and/or are employed. She has mentored caregivers in several Gentle Teaching practica.

Gerald holds a doctorate in psychology. Twelve years ago, he founded and is the executive director for an agency working for individuals diagnosed with developmental disorders. His accomplishments include creating an institute for caregivers for personal and professional success, developing policies and procedures for mental health agencies, and training thousands of caregivers in Gentle Teaching. Gerald also presents at various conferences throughout the United States and abroad describing the work he has done.

Stena holds a masters degree in education. Currently, she works in a public school where she has been instrumental in instilling the philosophy of inclusive education for individuals diagnosed with developmental disorders for the past 18 years. She trains schoolteachers and mentors students in Gentle Teaching.

For the past 15 years, Miles has been executive director for an agency that develops community homes for individuals diagnosed with developmental disorders. He has traveled throughout the United States, Canada, and Europe training caregivers on

Gentle Teaching. He is also a member of Gentle Teaching International, has produced DVDs promoting Gentle Teaching, and educates schoolteachers on Gentle Teaching.

Sue supports individuals diagnosed with developmental disorders as a program director for a provider agency since 1988. A provider agency contracts with a mental health organization to create and administer community homes for individuals with special needs. As a program director, she develops community homes for individuals who once lived in institutions and/or their family homes. One of her main duties is to train and mentor caregivers about Gentle Teaching in over 20 homes.

Jeri is currently an assistant director at a provider agency. Her biggest responsibility is to provide training and mentoring to caregivers working in community homes. She has worked as a community home manager and direct caregiver in the past. She has also been a mentor in various Gentle Teaching practica.

This section described the preparation to collect data. Next, the collection of data is explained including the methodology, interview styles, and interview settings.

Collection of the Data

Methodology for Data Collection

The data is the subjective experiences as shared from the individual frame of reference of each co-researcher during the interviews. “In dialogue, one is encouraged to permit ideas, thoughts, feelings, and images to unfold and be expressed naturally” (Moustakas, 1990, p. 39). In heuristic research, the co-researchers’ experiences can be addressed through examples, narrative descriptions, dialogues, stories, poems, artwork, journals and diaries, autobiographical logs, and other personal documents (Moustakas, 1990). In this study, the data included narrative descriptions, examples, and dialogues.

The mode of retrieving the co-researchers' experiences was face-to-face interviews. The next section describes interview styles.

Interview Styles

There are 3 kinds of modes for data collection for qualitative methods: direct observation, written documents, and in-depth, open-ended interviews (Patton, 1990, p. 10). The latter was selected based on its suitability to answer the research question.

As a whole, the interviews modeled a normal conversation, thus encouraging in-depth and an open-ended nature, rather than a strict and formal question-and-answer exchange. Qualitative interviewing is:

Flexible and dynamic, nondirective, unstructured, nonstandardized, and open-ended interviewing, repeated face-to-face encounters between the researcher and informants directed toward understanding informants' perspectives on their lives, experiences, or situations as expressed in their own words, modeled after a conversation between equals rather than a formal question-and-answer exchange. (Taylor & Bogdan, 1998, p. 88)

The interviews were intentionally designed with little structure to enhance a natural and informal flow. Purposefully creating a casual atmosphere put the co-researchers at ease with hopes of gathering rich and in-depth data.

Two interview styles were utilized: the informal conversational and the general interview guide. The informal conversational is the more open-ended type of interviewing which offers the freedom for the co-researchers to answer the question at hand with usual spontaneity. "Questions emerge from the immediate context and are asked in the natural course of things . . . there is no predetermination of question topics or wording" (Patton, 1990, p. 288). The opening inquiry reflected the research question itself and then the conversation flowed with flexibility from the immediate contact (Patton, 1990). Thus, the initial question for each co-researcher was, *What is the*

experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders? The interviews were built on this opening question, giving the respondents freedom to reply with their stories. When appropriate, I brought them back to the question at hand when another aspect of Gentle Teaching came into focus.

Guiding questions were used as needed.

For instance, there were moments when the co-researchers would readily tell a story about how Gentle Teaching changed a person's life, thus not staying focused on their own experience. However, there were times when I provided space for them to tell their story in order to get to them in touch with their own experience. All too often, the interviewees were inclined to speak about the individuals diagnosed with developmental disorders experience and not their own. This became a theme throughout the majority of the interviews and solidified why this study was important and a foregone aspect of being a Gentle Teacher. With informal conversational interviewing, the interviewer is the research tool; he or she is enacting a role that entails learning what questions to ask and how to ask them (Taylor & Bogdan, 1998). Many co-researchers were enlightened by how their focus was solely on the individual, making it difficult to speak about their own experience.

Patton (1990) explains the strengths of this interview approach, "Questions can be individualized to establish in-depth communication with the person being interviewed and to make use of the immediate surroundings and situation to increase the concreteness and immediacy of the interview questions and responses" (p. 282). Data consists of direct quotes from the co-researchers regarding their depth of emotion, experiences, opinions, basic knowledge and perceptions, and how their thoughts create and organize

their world. “Data collected as open-ended narrative without attempting to fit program activities or peoples’ experiences into predetermined, standardized categories such as the response choices that constitute typical questionnaires or tests” (Patton, 1990, p. 9).

There are weaknesses of the technique as well: a great amount of time is needed to collect systematic information; the obtained data are difficult to pull together and analyze; and the interviewer may have an effect on the respondents’ participation. In addition, the interviewer must be able to “interact easily with people in a variety of settings, generate rapid insights, formulate questions quickly and smoothly, and guard against asking questions that impose interpretations on the situation by the structure of the questions” (Patton, 1990, p. 282).

To handle these weaknesses, I allowed myself several months to complete the interviews and analyze the data. Also, my education on the heuristic research model has been extensive through coursework at the Michigan School of Professional Psychology; therefore, I was prepared to handle the immense amount of data. One of the elements of the education was conducting a pilot study. It was an opportunity to learn the interview model, realize my strengths, and become aware of how to handle potential weaknesses. The interviews in the pilot study went smoothly and substantial data were collected and analyzed. This experience was extremely helpful in all aspects of executing and completing this qualitative research study.

The other style, general interview guide, added needed structure to the informal conversational style. “Thus the interviewer remains free to build a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style – but with the focus on a particular subject that has been predetermined” (Patton,

1990, p. 283). This particularly was utilized when the interviewees would be on the topic of Gentle Teaching, but not on their specific experiences of applying the principles with individuals diagnosed with developmental disorders.

Like the informal conversational model, there are strengths and weaknesses to this model. The strengths include: the interviewer has some control on what will be discussed in the interview, the interviewing process will become systematic and comprehensive by delimiting what topics will be explored, and ultimately it allows the individuals to give their perspectives and their experiences (Patton, 1990).

Along with the strengths, there are weaknesses. “Important and salient topics may be inadvertently omitted. Interviewer flexibility in sequencing and wording questions can result in substantially different responses from different perspectives, thus reducing the comparability of responses” (Patton, 1990, p. 288). To address this weakness, toward the end of the interview, I asked the co-researchers what else they would like to say that had not been said. This gave the co-researchers free reign to say anything regarding applying Gentle Teaching principles above and beyond the questions asked or during the conversational exchange.

The common characteristic of both qualitative approaches to interviewing is the co-researchers speaking their own words to illustrate their experiences. Personal perspectives are processed in an open-ended technique, narrowing in on the principle of the subjects at hand. Their perspectives were shared, focusing on what was germane in their reality.

There were moments when self-disclosure on my part was used not to take away from the co-researcher’s experience, rather to encourage natural flow of conversation.

“At the heart of heuristics lies an emphasis on disclosing the self as a way of facilitating disclosure from others—a response to the tacit dimension within oneself sparks a similar call from other” (Douglass & Moustakas 1985, p. 50). Self-disclosure may be important for the interviewees to become authentic in the moment since they know that the researcher possesses the same experience. Due to the nature of heuristics, the primary researcher’s self-disclosure is relevant to a valid study because it facilitates disclosure from the co-researchers. My hope was that the co-researchers would express their experiences with insight and depth. “The heuristic scientist, in contact with others, places high value on the depth and sensitivity of interchange, on the promise of I-Thou moments, and on the steady movement toward a true intersubjectivity” (Douglass & Moustakas, 1985, p. 50).

There are qualities of purity and loving integrity inherent from the depth of the conversational flow from one person to the other. Buber (1965) speaks to purity of dialogue:

But where the dialogue is fulfilled in its being, between partners who have turned to one another in truth, who express themselves without reserve and are free of the desire for semblance, there is brought into being a memorable common fruitfulness which is to be found nowhere else. At such times, the word arises in a substantial way between men who have been seized in their depths and opened out by the dynamic of an elemental togetherness. The interhuman opens out what otherwise remains unopened. (p. 86)

Self-disclosure built another layer of intimacy during the interviews. There were connections made between the co-researchers and me that increased flow and understanding in the dialogue.

In order to execute the interviews, it was crucial to create a safe and comfortable setting. Details of the interview settings constitute the next section.

Interview Settings

The interviews took place in various locations and settings. Nine of the 12 interviews were held in Michigan. Seven of the interviews occurred in a neutral and private room at my professional place of employment and two interviews were conducted in the co-researchers' place of business in a similar setting. The 3 others were held during the Gentle Teaching International Conference in Saskatoon, Canada also in neutral and private settings.

For each interview, I created an atmosphere encouraging trust, openness, and self-disclosure. Privacy, dimmed lightening, and physical closeness were intentionally utilized. I began the interviews with a centering exercise to focus the co-researchers on the here-and-now, such as closing their eyes, taking a few deep breaths, and then led them through a guided imagery before asking the initial question. The imagery invited the co-researchers to reflect on a time when they were with an individual diagnosed with developmental disorders. I asked them to notice their experience and focus on thoughts, feelings, bodily sensations, and all other awarenesses. Once the imagery ended, there was a natural progression for the co-researchers to speak of their experiences.

I ended the interviews by requesting the co-researchers pause and reflect on their experience of applying the Gentle Teaching principles. Then I asked if there was anything else that he or she would like to share. When the interview was completed, I thanked the co-researchers for their time and energy and invited them to contact me with any questions or concerns in the future.

After the data were collected, I organized them diligently to ensure success and prevent mishaps in the process. Details of the organization are now explained.

Organization of Data

The interviews were taped using a micro-cassette recorder. Extra batteries and tapes were in my possession to prevent interruptions in the interview process. A hired transcriptionist translated the tapes within 1 month after each interview. The transcriptionist hand-delivered hard copies of the transcripts and e-mailed them to me as well. The hard copies of the interviews were locked in a cabinet in my workspace along with the original micro-cassette tapes. I created electronic files for the e-mailed versions, which were protected via a password only known to me.

Data Analysis

“The researcher enters into the material in timeless immersion until it is understood” (Moustakas, 1990, p. 51). As the primary researcher, I intensely immersed myself in the data using the heuristic process.

Everyday my research question was in the forefront of my thoughts. Throughout the months of interpreting and comprehending data, my attention was soaked with the details of the co-researchers’ thoughts, feelings, awarenesses, and bodily sensations that were divulged in the interviews. Simultaneously during this process, I was personally involved with applying Gentle Teaching principles with individuals diagnosed with developmental disorders, which heightened my immersion on a daily basis.

At a certain point in immersion, I stepped away from the data while incubation occurred. During incubation, all aspects of the research study were set aside, and I could retreat from the intense attention on the research question. This allowed the data to drift from conscious awareness and permitted what was in my subconscious to emerge. Although my attention was not focused on the data, deeper meaning and conclusions

were incubating beneath my awareness. During this time, my mind connected naturally with aspects of the data, a specific interview, or the like. When relevant, I shared my thoughts with colleagues, permitting new awakenings with fresh energy and perspective to come to fruition.

After incubating on the data, illumination occurred. The illumination process may be an awakening to new constituents of the data thus adding new dimensions of knowledge of the experience (Moustakas, 1990, p. 29). Illumination brought forth insight and deeper realities of the experience of applying Gentle Teaching principles.

Acquiring Common Themes

A way of analyzing the data is by organizing the co-researchers' experiences in a thematic manner. After reading each transcription multiple times, common elements of the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders were realized. For each transcribed interview, I noted the common characteristic of the experience of applying Gentle Teaching principles on the right margin. I documented 68 characteristics in a notebook, and then clustered the majority of them into 6 themes. Characteristics that were only mentioned once or twice were not encompassed in the 6 themes. While studying, reviewing, and analyzing the list, similarities in the experiences became evident. The themes constitute a total perception of the experience.

Depictions

Next, individual depictions were written as summaries depicting each co-researcher's experience. I wrote depictions to find meaning in each experience, to understand the phenomenon, and to learn from it. Each depiction fit the data from the

interview from which it was developed. It contained qualities and themes essential to the experience (Moustakas, 1990).

Each co-researcher's experience was depicted from original data and retained the language as well as specific examples shared during the interview. "In heuristic methodology one seeks to obtain qualitative depictions that are at the heart and depths of a person's experience—depictions of situations, events, conversations, relationships, feelings, thoughts, values, and beliefs" (Moustakas, 1990, p. 38). Three individual depictions are presented in the next chapter.

After completion, I shared the depictions with the co-researchers to ensure accuracy and comprehensiveness. The individual depictions honored the subjective and unique experience as told by the co-researchers whereas the composite depiction, which came next, generalized a deeper and broader understanding of the research question.

Composite Depiction

"At some point in this process the qualities, core themes, and essences that permeate the experience of the entire group of co-researchers are understood and a universal depiction is constructed" (Moustakas, 1990, p. 68).

From the individual depictions, I developed a composite depiction to represent the common qualities and themes that encompassed the experience of all of the co-researchers. Through the process of immersion and tapping into tacit knowing and intuition, concentration was on formulating a total experience of the phenomenon. The composite depiction needed to be vivid and provide an accurate description by including "exemplary narratives, descriptive accounts, conversations, illustrations, and verbatim excerpts that accentuate the flow, spirit, and life inherent in the experience" (Moustakas,

1990, p. 52). The composite depiction was an opportunity for the research question to be answered and knowledge established.

Portraits

Portraits were based on individual depictions, in addition to other autobiographic material collected during the interviews such as personal demographics, raw data, information gathered during preliminary contacts and meetings, personal documents, and anything else shared in the interview (Moustakas, 1990). “The individual portraits should be presented in such a way that both the phenomenon investigated and the individual persons emerge in a vital and unified manner” (p. 52). From the data, I chose 3 co-researchers who had clearly offered exemplary material and developed 3 portraits.

Creative Synthesis

The creative synthesis was my opportunity to synthesize the proposed study from my point of view. Having been immersed in the process for many months, I concluded the explication of the data in a narrative manner from the co-researchers’ data and my own data collected throughout this process.

In the creative synthesis, there is a free reign of thought and feeling that supports the researcher’s knowledge, passion, and presence; this infuses the work with a personal, professional, and literary value that can be expressed through a narrative, story, poem, work of art, metaphor, analogy, or tale. (Moustakas, 1990, p. 52)

It was the mastery of knowledge of the material that allowed me to put the core themes, depictions, and portraits into a creative synthesis. Tacit knowledge and intuitive powers served to assimilate the research findings via a creative synthesis.

This chapter highlighted the methods and procedures for the preparation for data collection, data collection, and how the data were organized and analyzed. Chapter 5 presents the data of this research.

CHAPTER V

Presentation of Findings

The results of the current study are delineated and offered in this chapter.

Common themes extracted from the responses to the question, “What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?” are named and expounded upon. Themes and qualities within the experiences are further described in the presentation of three individual depictions, one composite depiction, and three portraits. The chapter concludes with a creative synthesis.

Themes

Major themes are presented as a component of the heuristic research process.

Themes are statements of meaning drawn from the co-researchers’ interviews that capture textures, nuances, and qualities of the phenomenon being studied (Moustakas, 1994). Although they share common characteristics, each theme represents an exclusive and distinct constituent of the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. The following six themes were intrinsic for all co-researchers:

- Being other-centered
- Recognizing a connection with the individuals diagnosed with developmental disorders
- Staying in the moment
- Being mindful
- Feeling fearful
- Experiencing somatic responses

A discussion of each theme will be integrated with direct quotes from co-researchers to illustrate a particular aspect of the theme.

Theme One: Being Other-Centered

Although the caregiver applies Gentle Teaching principles, it is the person with special needs that is the focus. Each of the co-researchers spoke of being other-centered; meaning, they are centered on the other person. As a matter of fact, it was difficult for the co-researchers to take their attention away from the individual receiving supports in order to talk about their experience. All except one co-researcher voiced that they had never thought about their experience because it is the experience of the individual served that is at the forefront of all actions and intentions. The ways in which the co-researchers were other-centered was by concentrating on the feelings of the individual with special needs, giving them unconditional love and acceptance, building relationships with them, befriending their feelings, recognizing a human to human element, protecting them, intentionally choosing specific words to use, assessing them and the environment, and above all, helping them feel safe and loved.

Several co-researchers were concerned about the sadness, fearfulness, and hurtful feelings that the individual felt. Stena showed concern for a student at the school where she teaches. The student had become physically aggressive toward the principal, “I had to go back to him, and let him know I was still there . . . I wanted Daniel to know that I was sorry that that had happened to him.”

Similarly, when the person Madison was with became fearful, she focused on the person’s emotions. “When she gets like that and I know she is scared. I get sad but I

know that I have to be there for her. I have to be aware of everything around me but I know that I need to be there for her.”

Miles had to tell an individual that he could not do a particular planned activity with him. He assumed the man was going to be upset and react with physical aggression. Carefully, Miles chose his words in order to prevent sad and hurtful feelings of the other person, “I was delivering the message to him. Physically I remember being shaky because I didn’t want to disappoint him. It was really hard to say that, knowing that I was going to hurt his feelings.”

Sue recalled being other-centered from the first interaction of the day:

I am more concerned about their feelings. How can I make them feel better? If I am all angry and irritated then I am not going to make anyone feel better. I try to leave everything in my car. I just walk in the door, “I’m here!” No matter what is going on anywhere else, I am here for her if she needs me and I am going to boost her spirits.

Each co-researcher spoke of acceptance and love for the individual with special needs. Ashley said, “It’s unconditional positive regard. It’s unconditional love forever.” Miles expressed his feelings, “There was just a real sadness for him, because of how much I loved him, love him, and how much he hasn’t been in that state of frustration in a long time so I really felt sad that he was hurting.”

The stories the co-researchers told demonstrated non-stop energy and hands-on caregiving. Ashley shared, “We go into the home and we try and give them something rather than take something from them.”

The relationship with the other is intentionally developed delicately by the Gentle Teachers. Bethany was conscious to individualize her actions, “What calm looks like for

the 30 people that I serve is different and what I need to do to help that person feel safe and know my calmness with them will look differently.”

Gerald emphasized developing relationships, “I think it is just applying principles, I think what comes back to me is how I value the relationship, the individual, the community, and myself.” He continued:

So it’s how I improve my skills, my relationship with you, to go deeper to find out what commitment do you hold. I just search for what they hold. I want to go deeper to understand what they hold.

Sue transformed herself to fit that individual:

I try to position my self in the best way to make them feel at ease. I kind of transform myself into who they are. If she is talking in a certain tone then I pick up the tone, not the loudness, but the tone. I have this gentleman who talks in a high voice and every time I see him, I say, “Hi Brad.” I’ll be in the same voice and he reacts to that and he looks at me, so I adapt. I’m not Sue anymore; I’m the character who is adapting.

Gerald realized that he might not feel what the individual with special needs does, however, he can befriend the feelings:

I can’t become the blind person. I will never know your feelings but I can befriend them with you. I can create with you where you are at in your journey. I will befriend your frustration, I will befriend your anger, but I don’t have to hold onto it. And I think that is the beauty of the awareness.

Gerald identified his role in applying Gentle Teaching principles as helping the individual become self-aware and live a healthier life:

My role is to help . . . to become aware of his emotions, to put a name to these emotions, tame these emotions, and not to take them away but to help him live a healthier life. He might be mad and I can’t take that away from him, but what we can learn together is how can we live healthier. How can we live a better life knowing what can I do to figure this out and not having the answer, but helping him to process what we are doing.

Like Gerald, Jeri tried to relate to the other, “I kinda eyeball the person . . . kind of feel where they are at . . . I think that is important, you can’t get into their shoes but you can imagine what it must be like.”

All of the co-researchers mentioned that they believed that individuals with special needs were their equals. There was a human-to-human element in the relationships between the Gentle Teacher and the individual. Ashley noted:

When getting to know them and talking with them, I get to at least eye level or below. And if they look scared, get low so it’s not a power difference. I’m with you, we are the same. Makes it human-to-human.

Correspondingly, Barb looks at the person as a whole human being, “I see the people that I work with not as behavior problems, but as full human beings . . . that emotional connection.”

Mary voiced that she is “Trying to protect the person from hurting themselves.” Barb talked about not being able to protect the individual. “It is difficult because she took out all of her violence and feelings on herself and I couldn’t always protect her.”

Another way in which the co-researchers experienced focusing on the other was through the choice of words they used. Ashley said, “You have to go in there and meet them where they are and never say anything that’s critical. It’s our job to give advice, but you have to do it in a positive way.” She used words that were uplifting and complimentary:

I think you have to be careful of the words you chose: “It’s okay . . . You’re pretty . . . You’re perfect . . . You’re sweet . . . I like being with you . . . You’re a good person. . . Lets talk about all the great things about you.” That’s the whole point. I’m going to say ten good things about them.

Madison explained there are times when words are coupled with touch:

I need to go and put my hand on her leg and tell her that everything is going to be ok. Sometimes we have to go out of the room and go in another room where it is quiet and sometimes we are just quiet with me putting my hand on her leg. I am always, always telling her that she is a good person and that it is going to be okay and nobody is going to hurt you, just relax, it is relaxed, very relaxed.

The focus of applying Gentle Teaching principles was also on how the individual with special needs would perceive the caregivers' actions. Bethany said, "When I'm with someone, I'm worried about how they are going to interpret my words." Similarly, Ashley described her concern for the others' perspective. "That person has to be the most . . . they have to feel that they are the most important . . . from their perspective not ours. They are the most important person to you at that time." She continued:

Always from their perspective. Are they comfortable? Do they look comfortable? Do they look tense? Are they nervous? Can I move in closer, do I need to get down lower so they know I'm not going to hurt them? Are they smiling? Are they scared? Are they anxious? Is their face cocked?

Ashley termed "the dance" to describe the mix between the assessment of the Gentle Teacher and predicting the movement of the individual, "You have to be good at reading people and anticipating what they are about to do and how they are doing, how it feels in their heads."

Gerald spoke about being other-centered with more than one individual with special needs and his family. There are times when applying Gentle Teaching principles can become complicated because the Gentle Teacher is giving care to multiple people:

Making myself aware of everyone. How to work not only with Chase, but also with Malina . . . How to work with mom, how to work with dad, how I work with aunt, how I work with Kyle. They are all different even though we come together . . . its working with each one where they are at.

Each co-researcher noted that the purpose of being other-centered was to help the individual feel safe and loved. For Jeri, it began immediately, “My first thought is how do we make this person feel safe.” Mary’s focus was the same, “I send him a message that he is safe with me.” Gerald said that regardless of how the child is expressing angst or communicating anger, “The only thing that we need to teach when the child is acting this way is that he is safe and loved.”

Having the person feel safe and loved was Bethany’s focus, “When I say it’s about the other, it’s just unconditional love . . . giving and supporting . . . you are always trying to make the other person feel safe with you.” Bethany recognized the processes of the individuals, “I have to enter that moment with what fears, what stories, what issues that the individuals have . . . all of those things . . . and how can I make them feel safe with me.” She summed up her intentions:

I’m going to teach you to feel safe. I’m going to teach you to feel loved. I’m going to teach you in the future to be loving towards others. How I have to teach you to feel safe with me is going to start a lot different for one person than it will for another. How I’m going to teach you those things, the journey it takes, the length of time it takes for all that will depend on that person’s life story.

Madison’s focus was consistently other-centered, “I think the plan should be that you really don’t have a plan, but to make sure that those people feel safe and loved.”

Even in intense moments, “I just have to remember, what do I need to do to make Shannon feel safe and comfortable.” Madison reflected on moments with Shannon, “. . . there are times when she gets louder and maybe hitting herself more again . . . it is my job, as her friend, as her caregiver, I have to make her feel safe all the time.”

Though Robert was struggling with how to help an individual feel safe and loved, he continued to be other-centered:

Trying to be strong for him, to reassure him that it was a good thing for him to be there . . . telling him he was strong and independent. Try to make him feel good, let him know that he is a good person and that he can do this without his mom.

As described in this theme, co-researchers were other-centered by thinking of others' feelings, giving them unconditional love and acceptance, building relationships with them, befriending their feelings, recognizing a human to human element, protecting them, intentionally choosing their words, assessing them and the environment, and above all, helping them feel safe and loved.

Theme Two: Recognizing a Connection with the Individual Diagnosed with Developmental Disorders

The co-researchers were aware of a connection between themselves and the individuals. In the Gentle Teaching literature, this was referred to as *loving*. It is the stage in the relationship when the individual feels safe and loved by the caregiver and gives love in return. Stena described this as, "Giving unconditionally and getting it back." Gerald corroborated this view recognizing a connection with his job performance, "When Chase reciprocates is when I am doing a good job." Tony stated, "My experience has been a genuine receptiveness from the person" and "A feeling of connectedness, mutuality."

Connections sometimes happened calmly, as in Madison's experience, "Usually I feel very relaxed and comfortable and I'm giving her the loving that she needs and after a while she will put her hand on my hand and she is giving it back to me." Madison also generalized getting love in return, "You want to give love to somebody and you want them to give it back to you. And sometimes it takes a while and we sit there for a long time and it's okay."

Madison described making a connection as a, “shift,” “That shift happens and I’m like ‘Wow! Look at this!’ and all you had to do was get together, be calm, listen, be caring, loving, and all of a sudden they are giving it back to you.”

After months of giving care to someone who was expressing anger with violence, Robert had not seen the young man for a while. It was after their separation that Robert developed a connection with the individual:

He was happy to see me now. He is happy to tell me about how good he is doing. So much vigor to see him happy, to run up to me, give me a hug, and tell me about his job. He will take me in his room and he wants to sit down and he wants to talk.

Sometimes loving came as a result of direct encouragement by the co-researchers, as Mary stated:

I would stand at the door and say, “Brad honey, you are going to be okay.” He was stomping, crying, and whining. And it had come to the point where he had enough respect that he didn’t want to hurt me. He had sent people to the hospital . . . had cracked ribs. I would just say, “You don’t want to hurt me.” And it was because of the depth of our relationship that I could say that and he wouldn’t want to hurt me.

Miles reflected on a story of an individual giving him love by requesting it, “We are evolving in our friendship; I am going to start asking in return, recognizing that I am taking a risk.”

On another day, Miles arrived at an individual’s home with a “nasty migraine.” This person was ready to go out into the community with Miles and although Miles feared his response, he had to tell him he could not because of his headache, “I brought some movies and microwave popcorn in my backpack and I just thought we could hang out on the couch today and eat popcorn and watch movies so that my headache will go away.” This person has expressed anger with violence in the past, and Miles knew he

was taking a risk telling him that they had to stay home. Typically Miles would give care to this individual but on this day, this individual gave care to him. Miles noted that the individual “used to be a very self-centered person.”

He started to put his head down and he started pumping his arms, which was not a good sign. He started to kind of whisper under his breath, which is another sign that he was frustrated. And in a real quick motion he put his hands at my side, straight up to the side of my ears, one on each side, and I don’t think I flinched; I tried not to flinch. Then he gently wrapped his hands around the back of my head and he leaned my head forward and he kissed me on the forehead and he said, “Okay Miles.” It was amazing. I gave him a big hug. It was honestly the first time where he clearly, in a good moment, was able to look beyond his needs and wants. We sat on the couch and he gave me a neck rub and I didn’t ask for it. He just started to rub my neck and we watched movies and had popcorn and we just sat on the couch laughing. It was one of the best days that we have had for me because we really are reciprocating friendship. We are friends now. It is not just me giving to you, you are giving to me, you are taking care of my needs, and it was just a beautiful moment. Aha! We have arrived as friends.

Miles remembered, “. . . feeling a real strong connection with him that was beyond physical, there was something going on unspoken between us.” He described it as, “. . . like a high. Joy and peace are the only two emotions, like a kid on Christmas morning, companionship. A whole other level to me, connected to him in a brother way, it was the next level for us.”

Miles weaved moments together to illustrate a tapestry of connection:

There is a physical relaxation of the body and spirit when that other person enters your space, to mutually have that. It was just a sense that we both shared that everything was going to be good because you are here and because we have this connection that is like brothers, everything else is going to be fine.

Bethany told how she intentionally made a connection, “You just have to reach in there and get through all that garbage and find a fleeting look or moment where you can connect with the other person. Gentle Teaching is about connectedness.” For Barb, the connection became more effortless as the relationship deepened, “I love her and there is

something about her that I really connect with . . . that part is easier and something mentally I don't have to constantly be thinking . . . here she is, my fellow sister."

Stena spoke of a joyous occasion, "It is wonderful because you see the light . . . you see people connecting . . . laughing, being with each other."

While recognizing a connection with the individual, the Gentle Teacher has a feeling that whatever problem is at hand will be solved. Madison knows there will be peace when:

. . . we finally get to that point when we can look at each other. Then I know that we are there and it is going to be ok at least for now. Eventually without both of us knowing we are looking at each other and we are talking and its okay.

The co-researchers recognized connections with the individuals while applying Gentle Teaching principles. This occurred while they were calm and relaxed, as a "shift," after there was a separation between the individual and Gentle Teacher, or while the co-researchers were encouraging the individual to make this connection. Co-researchers' emotions ranged from fearful to joyous, or at times, conflicted.

Theme Three: Staying in the Moment

The experience of applying Gentle Teaching principles is intentionally in the moment. The past is irrelevant and the future may be hopeful; however, the moment is where the Gentle Teacher resides. Madison said, "I think Gentle Teaching is . . . to act in the moment." Bethany defined the caregiver's role as, "What you have to give of yourself, every moment." Ashley believed, "No matter what, I'm in the moment with someone when I'm doing Gentle Teaching, and sometimes it takes a lot of effort . . . you have to act like time does not matter . . . this is the most important thing to me right now." Sometimes it is not easy as Stena reflected, "You are struggling with staying right

here with this person and what is going on with them.” Mary explained, “I have to focus on being in the moment and teaching him that he is safe with me and that I am not going to make him do anything at that point.”

Some moments were unpredictable, yet staying in the moment had to remain intentional. Other moments were predictable and included assessing individuals, reflecting on instinctive actions and connection with individuals, experiencing self-awareness, having hope in the future, and seeing moments as opportunities for teaching.

An unpredictable moment came when an individual was in a psychotic episode.

Bethany noted:

If you can catch a glimpse of that person’s eyes even if they are darting across the room in a psychotic fit, if you can catch a moment of clarity in that person’s eyes and get into their soul and let them know they are safe with you. That moment is so valuable for your future.

In the chaos, Bethany remained focused on the individual with special needs:

It’s all about the moment, being with someone in the moment. A chaotic moment, a violent moment, a desperate moment, a sad moment. You need to think about where that person is in that moment. Your skills and your technique have to be applied around that. That can be your only guide. You have to be that person who’s going to have the super glue to piece them back together again.

Assessing the individual in the moment dictates how the caregiver will respond.

Bethany continues, “In the moment, now she is relaxed and I can relax a little bit too and I think it is good for both of us.”

While in the moment, Miles reflected on his instinctive actions and the connection between him and an individual:

There is just so much he needed in that moment, and my feelings were, I have to help my brother right now because he is in so much pain. My response, my reaction was so instinctive, it was not anything I thought about, how I should do or what I should do, I didn’t think about what tools I should use and it was one of the first times where that has been a real instinct, where I don’t have to process it.

Co-researchers were aware of their feelings in the moment. Gerald described an intense encounter, “I was first aware of my frustration with the moment.” Then he felt, “. . . real, like what I am doing right now is not working in the moment . . . I need to be more aware of how I struggle at this moment in time,” Gerald reflected.

Regardless of feeling overwhelmed, Gerald stayed in the moment:

I was a little overwhelmed and trying to figure out what do I say . . . what do I do? . . . and realizing that is still some old thoughts that I had to come up with the answer and just be in the moment.

Gerald believed meaning was present in the moment:

I do create something of meaning in this moment . . . Mother Theresa had a thing; it is not what you give but how much love you put into the giving. I think that is what has to come out into our meaningful moments.

While remembering another moment, Gerald said, “I create that moment and that moment is the moment of silence.”

Bethany was conscious of her demeanor in the moment:

When I’m in the moment with a person, what calm is . . . is speaking slowly, is being relaxed, and calm is from head to toe. My face has to be calm, my inside has to calm and my interactions have to be calm, despite what we may face in our interaction together.

While staying in the moment, co-researchers held hope for the future, “So it’s a series of moments of time and times together that are going to help build all that safety and trust in the long run,” said Bethany. “Not to say that tomorrow is going to be a different day . . . we are in the moment but for that moment I made them feel good and that makes me feel good,” remembered Madison.

Gerald experienced opportunities for teaching moments. “We are all working together and yet how important it is to work through these moments. Especially the opportunity to take advantage of teaching moments.” He continues in more detail:

There is always a teachable moment. I might be teaching Chase how to manage his anger as I teach him how to turn the chair to his brother and talk about that. So it’s helping him to learn a better way, to show caregivers including myself how to teach better. Teaching when things are calm not in a crisis. Teaching an emotional skill. I think that is why I’m in Gentle Teaching principles.

The co-researchers were in the moment while applying Gentle Teaching principles with individuals diagnosed with developmental disorders. Some moments were unpredictable. Other moments were predictable and included assessing the moment, reflecting on instinctive actions and connection with the individuals, experiencing self-awareness, holding hope in the future, and taking advantage of teaching moments.

Theme Four: Being Mindful

Many of the co-researchers spoke of being mindful while applying Gentle Teaching principles with individuals diagnosed with developmental disorders. They experienced heightened awareness and cognitive preparation, evaluated and questioned their own actions, stayed steps ahead of the individual, thought about the individuals’ future, and engaged in self-talk.

Bethany described her cognitive process:

I am in the process of teaching, but you have to be very aware of your thoughts, making sure that you are having clear rational thoughts in the middle of something like that. You have to make sure that you are utilizing Gentle Teaching in the middle of that situation at that time with that person.

Stena found herself thinking about multiple concerns, “All those things were trying to go through my head because I didn’t want anything to happen.”

Tony recalls going into a situation and thinking to himself, “This is bad. This is things deteriorating before you even get started.”

Even in crisis mode, Mary was aware of her thoughts, “When you are in the middle of a crisis, you are thinking ‘How can I get out of this?’ ”

The co-researchers were aware of the manner in which they were applying Gentle Teaching principles. Bethany remembered a time where she had, “. . . to go slowly, to speak softly, and to always think about what I am saying or doing in the situation that is helping them feel more safe in their life.” Mary reminded herself, “I have to tell myself to slow down, calm down, slow your voice down.” Similarly, Mary recalled how she was using her face, “I remember specifically thinking about if I smile at him, I kept trying to keep a soft expression on my face, look him in the eye.”

The co-researchers assessed and questioned their actions. Barb called to mind her questioning and how it felt to her:

Sometimes it’s very exhausting trying to process all that information in the heat of the moment. Sometimes it can be overwhelming as well if I do something that doesn’t work . . . the guilt of gosh darn it didn’t work. Why did I try that? Why didn’t I try something else? I know better than that. I shouldn’t of moved toward them so slowly, I should’ve lowered my tone of voice, I should’ve got my hand closer to her face sooner before she could hit herself.

The co-researchers intently wondered about their performance. Ashley thought, “How did I handle that? Sometimes I’m thinking, ‘Man, that was cheesy!’ ‘Is this going to fly?’ ‘That one didn’t work.’ ”

Tony remembered a time when he was rejected by an individual with special needs and thought to himself, “This isn’t working. What else to do? How to get around it, acknowledge the rejection, and bypass it with the person.”

Gerald thought about his words, actions, and assessed himself:

Becoming real concrete with my words. I ask myself was I real concrete in my actions and my words or was I abstract. Was I flexible in my actions or was I more rigid. How do I assess myself into that sense of valuing him?

Ashley stated, “You really have to think and be evaluating the entire time.” Bethany said, “You gotta be a lot more conscious about trying to be calm because your insides may not be.”

Beyond the co-researchers questioning their actions, they thought about the individual they were with. Barb’s wheels were turning as she focused on protecting the individual and finding a connection with him:

How am I gonna protect him? How am I gonna protect myself? How am I gonna make sure that he feels safe when he is with me? That also is playing in my mind . . . I should be able to help this person more than what I’m doing . . . my wheels in my head are turning trying to find that connectedness and processing how he is interpreting me being there with him.

Gerald was searching for a connection, but felt frustration when the individual could not accept his love and gentleness, “What can I do? Can’t you see my peace? Can’t you see my love? Can’t you see my gentleness?”

Ashley evaluated her actions, “You are always appraising what you just did and planning for what you are going to do next.” Barb agrees, “What am I going to do when this doesn’t work, where am I going to go next . . . so constantly kind of thinking and churning cause it can be exhausting physically and mentally because your head is constantly spinning.” Barb reflects on her time with Julia, an individual with special needs:

Gentle Teaching really requires thinking all the time. Being one step ahead of Julia . . . what is she, what is her face saying to us right now, what is that going to lead us to, and how can I be one step ahead of her. I need to get her to a safer place, which is hard to do with human beings 'cause it is easy to misread them. Sometimes you think they are heading in a certain direction and they are not heading that way at all. So sometimes it is frustrating because we are dealing with human beings. It isn't concrete, so sometimes you nail it and you're right on, and other times, its like nope, that's not the direction she was heading in. It really calls for a lot of mental ability to be thinking all the time and processing all the time. All the things that could go wrong with this set up and how can I minimize some of those.

Thinking quickly was mentioned. Madison said, "I can think on my feet . . . you just need to think see." "A lot of quick thinking, thinking on your toes and pulling stuff out of your butt! Anything that you are thinking is just overwhelming," Robert recalled.

While in a perpetual state of mindfulness, the co-researchers prepared for their next step. For example, Bethany said, "You have to be three steps ahead of it. You have to be in the moment, have to know where you need to be and how you are going to get them there . . . I'm going to need to know where I'm going to be five steps from now."

Ashley thought about the individual's next move, "You're just thinking, what am I going to do next? Well, I'm going to step away, you have to prompt yourself a little bit too. What's his next move? Is there anything in his way that he's going to grab?"

Co-researchers thought beyond a few steps ahead to the future, as Gerald indicates:

Being kind and yet also looking out and picturing tomorrow after I leave and hearing some of the things, I won't do this to my brother, I won't do that to my dad. Realizing that there is a frustration that I want to say things and I know that is part of the feelings.

Some of the thinking was self-talk. Bethany recaptured having a little prayer in her head, "I hope what I am giving you today is going to help you become the person that you want to see . . . Oh God, I hope everything goes well." Jeri said, "I am thinking in

my head how can we get this person better? Safer? Calmer? Don't always be babbling to them talking to them, that is overkill.”

As presented, co-researchers were in a constant state of mindfulness, which included a stance of preparedness, self-questioning, and self-talk.

Theme Five: Feeling Fearful

Feeling fearful was a part of the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. The main currents that flowed from a sense of fear were: fear of safety for self and others, fear of not finding a connection with the individual, fear as a motivator, feeling fearful yet remaining calm, and feeling fearful while appearing confident.

The fear of safety for self and others usually derived from moments when the individual was violent. Bethany said, “You can feel fearful in the moment when you are working with someone who has been violent. And being a gentle caregiver by no means, means that you are free from fear.”

Ashley felt fear while trying to console an individual:

You're just trying to console, do the right thing, and then all of a sudden things turn violent, and yeah, you are scared . . . sometimes you are scared, like really scared. He just tried to hit me in the face, crap, that would have really hurt, that so sucked.

In one incidence, Robert was fearful for the other person, afraid of getting struck by an entertainment center, and aware that the individual had a scary past:

I had some fear for him, but I was afraid for myself. I was afraid to show him that I was afraid because I didn't want him to fear that I wouldn't know how to react or what to do. I was real tense and during the times that I was bobbing and weaving from entertainment centers and stuff like that, I would say I was fearful and tense in those moments. I am aware of how much I don't know of what has happened in this kid's life. It is scary what I am aware of so . . . what is scary is there is so much more that I don't know.

Madison recalled being frightened while with Shannon, "When Shannon is punching herself in the face and sometimes I am frightened myself." This story leads to another example that Madison experienced with Ava:

It was scary. I had many times when I was more fearful and I'm sure it showed. I got attacked at the mall. Ava came up to me in a wheelchair. And you think it would be fine because she was in a wheelchair. But she got out of it and I was trying to be a Gentle Teacher but she started scratching and I have scars from it. And I was scared and she knew I was scared. She could feel that I was scared.

Co-researchers were fearful of not connecting with the individuals diagnosed with developmental disorders. For Madison, though she felt fear, she did not want to reflect this with the individual, "I would think that sometimes if I am fearful of somebody, like if someone was hitting me, I try to keep it all inside."

Barb was afraid the individual would perceive her as disingenuous, "I'm afraid that the smile on my face is not genuine as it might be when I see Julia." She also felt a shift in time when it occurred, "That fear is really heightened when a minute seems like 10 minutes."

Barb said, "I fear sometimes with somebody that I don't have that connectedness." She remembered not wanting the individual to feel her stress thus not able to make a connection, ". . . afraid that that person would sense the stress I was feeling inside and I didn't want that person to see what I was feeling." Entering someone's world successfully and making a connection was fearful to Barb:

There is a certain amount of fear every time you enter someone's world whose lost or frustrated or angry or whatever they are experiencing. There is a certain amount of fear but you really have a desire to get them out and let them know they are going to be alright. And for any of us, sometimes that is very difficult so certainly there is fear and apprehension, thinking am I going to be able to do this and get the person through this safely?

Miles predicted his decisions may "pop the bubble" of hope for the person who he was with, which also meant not rupturing a connection:

I was scared. Scared 'cause I might get hurt, but that was a real fear. He had accomplished a goal of his that he had never done before of getting up so early, and he was so proud of himself, and I was like, I'm popping a pin in his bubble! I was afraid. I felt like the bad guy, there was some guilt in that kind of fear, I really don't want to hurt him, I don't want to minimize how proud I am, I don't want to pop your bubble.

Bethany used fear as an attempt to make an individual feel safe. "You have to take your own fear and build it into how much you want to give to the other to help them feel safe, to build that memory for them." She continued, "Take that fear and energy and just know that you are shooting it directly to the other person's soul."

Being fearful and remaining calm was deliberate among co-researchers. Bethany shared, "The more fearful I am, the softer I am, the slower I am . . . every word, every ounce of your pain has to be filled with how you are giving this person the energy that's going to help them feel safe."

Ashley felt a sense of confidence that despite the fear in the moment, things would get better, "Even when I'm scared I'm happy because I know it's going to be all right."

Miles had a similar experience of fear combined with confidence:

I remember it very clearly because there was definite fear of how he would act. It was confusing; he would normally kick or bite. But I remember having that feeling mixed with assuredness, a confidence that we were okay. That whatever happened we would be able to work it out, even if he hurt me.

Stena felt a temporary moment of confidence:

I realize that I felt it was going to be okay but then, is it going to last? Is he safe enough? So that fear . . . I might move too quickly, and knowing if we can get up or not, so the feeling is there.

As told by the co-researchers, feeling fearful was a theme of the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. They felt fear of safety for self and others, fear of not finding a connection with the individual, fear utilized as a motivator, feeling fearful yet remaining calm, and feeling fearful combined with a sense of confidence.

Theme Six: Experiencing Somatic Responses

Until the co-researchers told their stories via the interviews for this study, they did not realize the somatic responses they experienced when applying Gentle Teaching principles with individuals diagnosed with developmental disorders. For instance, when naming a feeling such as fear or sadness, a follow-up question addressed where they felt it in their bodies. Most times, they had to pause and reflect before being able to identify their somatic responses. Somatic responses were felt in their hearts, as a flow of adrenaline, and in various parts of their bodies.

People felt sensations in their heartbeats, which affected adrenaline. Barb remembered, “Your heart can start racing and your adrenaline is pumping.” Ashley’s heartbeat changed when, “. . . you think someone else is going to get hurt and your heartbeat starts to increase.” Sometimes it affected her fine motor skills, “You get scared and your body releases adrenaline and your heart beats fast. Once your heartbeat gets over a certain rate then you can’t use your fine motor skills.”

When Madison was experiencing sadness for a person who was not loving toward others, she said, “I feel it in my heart . . . and gut.”

Mary was aware of how a connection with an individual affected her somatically, “He gives you this look like he has just given you the hope, and you get a warm feeling in your heart because he has really connected to you.”

As previously mentioned, most had to pause and reflect before remembering somatic responses. Robert, on the other hand, remembered this story as if it just happened:

Sweating profusely. We had calmed down, he has calmed down so my heart rate went down too. I remember having pit stains the size of my head . . . I remember my back was just wet; I was sweating, I was getting really cold.

Miles compared his adrenaline rush to electric shock:

A sense of that adrenaline rush . . . I remember certainly an external tension in my chest and shoulders, but when I get an adrenaline rush, my teeth in the back of my lower back jaw, all just kind of zing. Ya know like when you lick a 9-volt battery, it’s like a little electric shock. I get that, but it comes across my jaw. For me when I get that adrenaline, it is this tension in my chest and shoulders but it is like an electric zing across my jaw.

Many co-researchers spoke about the tension they felt and where and when they sensed it. Mary recalled the tension and the release she experienced when, “. . . I realized that he wasn’t going to really hurt me, I was able to relax that tenseness . . . tension has been released from my body.”

Likewise, when Madison was using words to comfort an individual, she commented, “I might see my body relax more.”

Tony connected the individual’s reactions to what degree and where he felt somatic responses:

If there is a feeling of anxiety or tenseness, I clench my jaw. If I find the easy path real fast, I feel muscular relaxation and the pit of my stomach type of anxiety would dissipate and my facial muscles would relax. If I start to see a glimmer of hope in them, I start to relax.

Others noticed the tension in specific body areas such as arms, shoulders, head, or brain. “I get all nervous and tense. I can usually notice it in my arms,” Madison recalled. She later added, “It is more in my gut or the pit of my stomach.”

Barb sensed it in her shoulders, “It has always been in my shoulders because my shoulders get tight and I kind of hunch up my shoulders without even being aware of it until I’m finally relaxed and I think boy my shoulders are tight.”

Having somatic responses can have a dramatic physical and emotional impact according to Barb:

You get that feeling in your stomach and part of your job is getting that feeling 15-20 times a day . . . it does take a strong toll on your body physically just to have that fight or flight instinct activated 15-20 times a day. It will take a toll on you so having that minimized so that you’re not feeling that as often. It could have a dramatic impact both physically and emotionally. Feeling emotions in my stomach while with people who could be more behaviorally violent with you, constantly have that butterflies in your stomach . . . I worked with a large group of folks that were severely behaviorally involved and constantly having those butterflies in my stomach . . . your job can have a strong physiological effect.

Some felt tension in many areas of their bodies. Stena noted, “The tension is in your brain.” Gerald’s tension was everywhere, “I wouldn’t say just in my heart or my head . . . it’s in my hands, it’s in my feet . . . it’s definitely everywhere.”

Miles noticed tension and then a different physical sensation:

Felt tension in my legs and arms and mostly in my chest and shoulder muscles, also ribs, arms and legs. If I need to move quick, when he kissed me there was definitely like a physical sensation like somebody just poured a bucket of warm water over your head, ya know that warm flow down, it feels like it is just running down my head to my knees, things are okay.

Another time, Miles' tension was released:

I don't know if it was all the physical up and down in release, but the way that it ended so well had a big impact on my head, but my [migraine] was gone by mid-afternoon. So physically that was great.

Somatic responses were experienced in the co-researchers' hearts, as adrenaline rose, and in various parts of their bodies.

To summarize this section, the major themes of applying Gentle Teaching principles with individuals diagnosed with developmental disorders are being other-centered, recognizing a connection with the individual, staying in the moment, being mindful, feeling fearful, and experiencing somatic responses. These themes serve to describe the experience along with the following individual depictions, composite depiction, portraits, and creative synthesis.

*Miles' Depiction of the Experience of Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

Applying Gentle Teaching principles is like wearing a warm, comfortable, soft, form-fitting suit of armor. I have always worn this suit, but it was once invisible. I can feel it now and it fits to a tee. The philosophy of feeling safe and loved was brewing internally, but I could not name it before learning about Gentle Teaching. I can name it now; its name is Miles.

I have never felt so right than when applying Gentle Teaching principles. The ideology is congruent with my heart. I want to feel safe and loved. I want others around me to feel safe and loved. I want to be with others who feel safe and loved enough to give love to me in return. That is the meaning of life. Without it, there is no peace, no love, no soul, no Miles.

I see a person's developmental disorder as a characteristic, part of who he or she is and I do not judge it. For my friend Hank, the only judgment I carry is a realization that I need to become more focused on him. I take all of the good within me and give it to him. He needs me. And I am here for him. The judgment is not on Hank, for he is a human soul who needs to feel safe and loved, instead I adjudicate who I need to become for him. I ascertain how I will use my words and what I will say to make him feel comfortable in the moment. For I see his emotional pain. He resembles a fish out of water, uncontrollably flipping and flopping struggling to keep alive, gasping for breath, suffocating the spirit from his physical body, and deeply scared. I catch glimpses in his eyes, they are shouting, "Help me! I need you! Please hold me, I am lost, I am out of breath, all I can do is fight, and I am running out of strength . . ."

Before I go to him, the look in his hollow eyes tightens my suit of armor and I notice tension in my chest. My adrenaline races and it feels warm. I am sad for my friend. So sad that my tears could create the lake that the lost fish that he resembles can jump into to restore his breath. I am deeply sad because my friend is afraid; it's obvious by the way he pushes people away aggressively. His hostility is a giant sign exclaiming, "I feel like crap. STAY AWAY." I see his tactics working; people are afraid of him. Beyond my sadness, I am confident because I know that I will provide what he needs. I have memorized how to help scared souls feel safe and loved. My gentle eyes, deliberate words, calming manner, and sheer presence will grant him the air to breathe. Sensing success, I already feel the pleasure of reward: Hank feeling safe and loved and in return, being loving toward me.

In this intense moment, I rush into his space and hug him. I embrace all he is without opinion, fear, or apprehension. I extend my suit of armor and clothe him in its grace. My actions are as instinctive as his aggression. They are powered by emotions, not rational thinking. I whispered, “Miles is here,” and we sank physically into each other and he cried on my shoulder. As I was consoling him, his anger disintegrated. I had invested in this relationship in hopes that one day, I would feel this connection between us. An overwhelming sense of loving floods my body. I feel brotherly because we are alike. We are both human beings with deep emotions and freedom to express them. While applying Gentle Teaching principles, I feel an unspoken connection with him. The bond is beyond physical; it’s spiritual. I have never felt this way before with a person with whom I give care to. We are not brothers, cousins, childhood friends, but we feel connected unlike any other friendship. Even in *my* darkest moment, he lifts my passion for people to a new energy. Everything is okay again and life is good.

This experience and others like these, brings tears to my soul to think that in some way, I have impacted people in memorable moments and in their futures. Applying Gentle Teaching principles rings true to my heart; it is right and amazing. The experience takes the suffocating chain off my soul and I feel free.

*Bethany’s Depiction of the Experience of Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

I slow my car as I approach their home. Instead of parking in the open space in the driveway, I park in the street just in front of the picture window, lest someone else needs the space. I click off the radio, then the engine, and pause to soak into this reflective moment. My eyelids collapse and I relax my face. Taking long breaths, I clear

my mind of my own life as I enter into the world of other. At this time, their life experiences are more important than mine. I become other-centered even before I see his eyes.

As I enter his space, my personal thoughts are brushed aside as I grace his world of fear. His space sucks me in like a whirlwind, capturing my senses, my energy, my being. These moments are devoted to demonstrate my commitment, to intensify the connection between us that will continue to grow into depths unknown.

I dive into our togetherness with eager and gentle compassion, even as I feel his heavy heart and long for him to grab my unwavering hope. I am mindful of the thoughts I want to share with him, “You can trust me. I am here for you.” I focus only on him as I am providing him with unconditional love, consciously aware that this might awaken the feelings that he is most afraid of. I offer him unconditional acceptance because we are ultimately the same. We may come in different packages, but our hearts both want to feel safe and loved enough to give and accept love from others. Our lives will spring into peacefulness and praiseworthiness as we heal each other’s broken hearts. My dream is for us to mirror each other’s image with embroidered dignity, embellished celebration, and exaggerated harmony. A connection between us will be cemented in our hearts.

In the moments that we share, I will speak to him; carefully choosing words that I predict will make him feel safe in my presence. Delicately, my spoken voice will exchange the wrapping of my arms that he is not quite ready for. Just as my words leave my mouth, I wonder if they frighten him, make him feel vulnerable, or remind him of horrible memories. I will question my every syllable and every movement as I wonder

what meaning he will attach to my actions. Nevertheless, I set afloat these spoken words hoping that he will hear my acceptance, love, and craving to be his friend.

Throughout the countless encounters within our relationship, I will speak to him, reach out for his hand, and ask him to reveal himself to me. I feel like I'm on autopilot knowing that my motives for being with him are premeditated.

There are times when I feel fearful. There is no need for him to worry, however, because the more fearful I feel, the softer I become. He might notice that my words will be spoken slower. I will mask this fear I feel, as I want him to remain peaceful. He will not be privy to my secret. He will never know that my fear is cradled in my stomachache. I might feel nauseous, but he will never know. In this moment, my hands are hot and clammy, but I will protect him from my fear. Soon, I will feel calm.

*Madison's Depiction of the Experience of Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

When I am applying Gentle Teaching principles with an individual who is physically aggressive toward self or others, I know he or she is not feeling safe and loved. It saddens me to my core to see this person in agony. It breaks my heart to watch someone in such emotional distress. I don't see this person as "an individual with developmental disorders," instead, I see my friend. It is not unlike my sister, neighbor, or college roommate. He or she is a person, undivided by abilities, sharing companionship with me.

When my friends are physically harming themselves or others, I am frightened. In the heat of the moment, I am terrified and unsure of myself. It is scary getting attacked by someone because I did not know what this person was capable of and have never been

attacked like that before. I was scared not only for myself but also for this attacker and other people who were near. The fear is alive in the pit of my stomach. I still have scars from the attacks.

Along with fear, I also feel sadness when my friends are in a state of panic. I yearn for their emotional pain to go away. It was sad for me to see someone who loathed herself deeply; she could not even look in the mirror. The sadness soaked into my gut and heart.

During moments of applying Gentle Teaching principles, sometimes I watch my friends who were once broken hearted with fear and depression, become safe and loved. I am mindful to interpret their physical aggression toward self and others as communication. I believe that they do not want to hurt themselves and decipher them harming others as fear.

While applying Gentle Teaching principles, I set aside my fear and sadness to focus on helping them feel safe and loved. Moments with people, regardless of abilities and especially those who communicate with physical aggression, can be unpredictable. Therefore, it is impossible to develop a blueprint of what my application of Gentle Teaching principles will look like. However, the goal is consistent: I want my friends to feel safe and loved.

I remain in the moment while applying Gentle Teaching principles. I am mindful to evaluate my actions and often I will use words to convey a positive message about the person while touching him or her safely and looking at him or her lovingly. I am aware of my surroundings while I am focusing on the person in need. When I feel fearful, I try

not to show it; when I feel sadness, I might share my thoughts with the individual who also is struggling.

There are many times when I feel a connection with the individuals with whom I am applying Gentle Teaching principles. I know they feel safe and loved when they love me in return. My consistent listening, caring, and loving mended their broken hearts and they are able to give the love back to me. Those moments are doused with happiness, goodness, and pride.

At this point in my life, applying Gentle Teaching principles is natural for me. I am comfortable and confident. There is not the edginess that I once felt when I was less experienced as a Gentle Teacher. When I have developed the connections with my friends and know they feel safe and loved with me, the pit in my stomach and sadness in my gut and heart are gone. I stand taller; my body is calm and relaxed.

*Composite Depiction of the Experience of Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

The purpose of applying Gentle Teaching principles is for the individuals diagnosed with developmental disorders to feel safe and loved. Experiencing the application of Gentle Teaching principles with individuals requires the utmost concentration of the Gentle Teacher. With consistency of the application, the individual will feel safe and loved enough to become loving toward others. This requires intense giving of the Gentle Teacher every second of the interaction with the individual. Regardless of what mood the Gentle Teacher is in, he or she places it aside to be fresh for the individual.

The Gentle Teacher stays in the moment; the past is irrelevant, the future is hopeful, and the present is crucial. Precise applications of the principles are intentionally selected to help individuals feel safe and loved in the present moment. Thus, Gentle Teachers give the individual every ounce of energy and attention they are capable of giving.

Being mindful is a vital part of applying Gentle Teaching principles. Highly alert, Gentle Teachers concentrate on how to apply the principles, while evaluating and questioning themselves. They question if they should be performing other techniques or how they can improve what they are currently doing. Evaluating and questioning their applications occur in the moment and can have an exhausting effect.

Being mindful moment-to-moment is critical for Gentle Teachers. It also helps them decide how to apply the principles. This occurs by giving attention to constant evaluation and assessment of the individual, situation, and self. It is a dance between anticipating the individual's needs, orchestrating the next move, and being consciously aware of self.

When Gentle Teachers are with people who express emotions with physical violence toward self and others, property destruction, indecent exposure, and running in front of moving cars, they do not shy away from these situations; instead, they want to be with the individuals. Though some moments are more intense than others, Gentle Teachers continue to apply the principles accordingly. These encounters evoke fear, sadness, and empathy in Gentle Teachers.

The most common emotion felt is fear. For some, just entering into someone's world is fearful. For others, feeling fear combines with a sense of confidence. Some

fearful moments are unpredictable. During these moments, there can be an intentional calmness in the caregiver when applying Gentle Teaching principles.

When feeling fear, Gentle Teachers are aware of somatic responses. Hearts racing and a heightened adrenaline rush are reactions that at times induce sweating profusely or clammy hands. Fear is sensed in different places such as one's neck, arms, and legs, and tension is created.

It is the spark of connectiveness that occurs between Gentle Teachers and individual that is most cherished. When the individual gives back by reciprocating friendship, a bond is felt by the Gentle Teacher that produces joy and satisfaction. This connection of companionship is the hope and purpose of applying Gentle Teaching with individuals diagnosed with developmental disorders.

*Portrait of Barb Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

Barb began working with individuals diagnosed with developmental disorders approximately 20 years ago and was initially trained in behavior modification. The focus of behavior modification was to change the individual by decreasing their maladaptive behaviors. The change was the individuals' responsibility, not the caregivers.' This did not agree with Barb's personal philosophy. Once she learned about Gentle Teaching, her whole experience of giving care to others was changed for the better. The change "lightened her load" and made her "job incredibly easier."

When Barb began learning about applying Gentle Teaching principles, there was a shift in her ways of giving care and in response she experienced a significant

transformation. Part of the transformation was to do “my very best to make her [the individual diagnosed with special needs] feel more comfortable with my presence.”

While applying Gentle Teaching principles, Barb is mindful to see Julia as a person. Barb met Julia in her first years of learning how to apply Gentle Teaching principles. Julia was extremely violent toward others, thus many were fearful of her. Barb is not absorbed by how violently Julia expresses anger, fear, or frustration; instead she worries about Julia being legitimately scared:

I get so worried that Julia was going to hit her face or bite her wrist or bite my wrist. I tried to not get so wrapped up in how she is exhibiting, but instead kept focused on that this is a symptom of her being scared to death. I kept that reflection so instead of seeing little Julia as somebody that could hurt me or hurt herself, I would continually visualize her as somebody who is just scared to death.

Barb stays in the moment with Julia by focusing on Julia’s feelings and what she is experiencing. In doing this, Barb is more connected to Julia. “Keeping that focus on what she is feeling in the moment helps me stay with her. I think it’s a little more human . . . a little more connected to her as a human being.”

Barb realized that her own actions are paramount to how the individual with special needs responded to her. She listens and assesses how Julia communicates her emotions and the reasons or meaning attached to them. For instance, when Julia is afraid, Barb wonders if it is environmentally induced or if “there is something in my mannerism that is causing the person distress.”

It wasn’t until I got that piece that I was able to make a difference. Once that made sense to me, that all behavior is done for a reason, then I really could be playing a big part in whether they are feeling unsafe and unloved. Then I was able to really reflect on that more deeply, and it changed my focus of really taking a more proactive look at. What their behaviors were trying to say to me.

Through applying Gentle Teaching principles, Barb's point of view changed dramatically. "I began seeing the people that I worked with not as behavior problems but as full human beings." She referred to a "big shift" that occurred between her and Julia when she realized her caring for Julia it was natural. Their connection then became easier and more genuine:

I developed an emotional connection and with Julia when I stopped seeing her as a behavior difficulty or as something difficult in my day. She became my fellow sister on this planet. I always loved her and felt a connectedness to her right away. However, I had to work on deepening that connection and keeping that focus when she was having her most difficult time. I had to remember that I really loved and cared for her.

Barb admits that making a connection with Julia is innately easier for her compared to making a connection with others. With other people, applying Gentle Teaching principles and making a connection can be more difficult. She is mindful of being afraid and inauthentic in these circumstances:

I feel as though I'm coming across as though I'm trying too hard. It's not as easy. It might come across as being fake, and that is not what I want. So I struggle a lot harder with finding that one thing that I can connect to with them.

Making a connection with others may be more difficult, yet the focus of applying Gentle Teaching principles remains in the forefront of Barb's mind. There is an intense mindfulness while applying the principles. It is a balance between being conscious in the moment and preparing for the next.

For Barb, applying Gentle Teaching principles can be unpredictable because of the human element. It is never cut and dry, thus the Gentle Teacher may be making split decisions that may seem right or wrong. "You think they are heading in a certain direction and they are not heading that way at all. We are dealing with human beings; it

isn't concrete." It may be difficult to misread the individual. "Sometimes you nail it and you're right on, and other times that's not the direction she was heading in."

While applying the principles, Barb experiences an array of emotions, "When I enter into being with someone, it is just so much fun, just pure joy." Or, applying Gentle Teaching principles can be frustrating, "I get frustrated because I wasn't as good as I wanted to be."

Feeling fearful is present for Barb when she is applying Gentle Teaching principles. While experiencing fear, she is mindful of what may occur in the moment. She wonders, "Am I going to be able to do this and get the person through this safely?" When an individual diagnosed with developmental disorders physically confronts Barb, she fears being physically hurt. Ultimately she is thinking, "Can I get the person through it safely and am I going to get my butt whooped in the meantime?"

Barb used techniques other than Gentle Teaching with individuals with special needs over a decade ago. Because of these past experiences, she feels guilty. As a result, she feels a strong sense of redemption and guilt relief while applying Gentle Teaching principles.

Barb recognizes somatic responses while applying Gentle Teaching principles. She is aware of the intense tension in her stomach and shoulders especially when she is with a person who is communicating through violence.

Barb is part of a team who trains thousands of parents, caregivers, and clinicians every year at a large mental health agency. She is passionate about teaching others how to apply Gentle Teaching principles with individuals diagnosed with developmental disorders.

*Portrait of Robert Applying Gentle Teaching principles with
Individuals Diagnosed with Developmental Disorders*

Robert has worked with individuals diagnosed with developmental disorders for the past 10 years. After many years of being a caregiver, he was promoted to his current position, group home manager. He describes his experience of applying Gentle Teaching principles as “human nature” and “being true and truthful.” He identifies applying the principles as, “Pulling everything that is good out of you, bringing everything out, all the good that you have within you.”

Robert’s experience of applying Gentle Teaching principles can be challenging when working with someone like Randy. In the moment of applying Gentle Teaching principles, Robert is mindful that Randy has memories of being abused by his father and stepfather. One of Robert’s priorities when working with Randy and other individuals is to deepen his understanding of who they are by learning about their pasts. This knowledge of Randy will enhance building a relationship and eventually connection with him, “I think he related me to his biological dad who tried to kill him before. He hated men in general. Therefore, everyone in his life good or anyone positive in his life was being abused.”

Robert longed for a deeper understanding of Randy’s actions, as he was aware of how unaware he was about Randy’s past. Randy would speak of his memories while Robert was applying Gentle Teaching principles:

There were times when he called me someone else’s name. Or he thought that I drank beer; his dad was a bad alcoholic and that played a part into anything that happened to him. I was aware of that so I knew when he slipped into saying, “You are a drinker, you are a drinker” and he is pointing at me, coming at me trying to strangle me. I didn’t know where the anger was coming from and I wanted to understand.

Robert was empathic toward Randy regardless of Randy throwing furniture at him most of the day. When Randy was being violent, Robert found ways of applying Gentle Teaching principles. For instance, when Randy was throwing furniture, etc. all day, Robert made him lunch. Robert reflected, “He didn’t want to sit at the table. The table was flipped over and the chairs were flipped over and so I just sat on the floor with him. I was trying to stay positive but I was thinking negative.” Robert used the lunchtime as an opportunity to make a connection with Randy. “I sat there and held his hand. I fed him and he is more than capable to feed himself, he just wanted me to do it. I’m rubbing his back and talking to him.” Robert was mindful that Randy was feeling safe in these moments. “I can tell that he feels safe right then and there because he let me get close.” Robert felt “relief and sadness . . . for me and him because he is not endangering himself or anybody else around him.”

During this “lunch break,” Robert became consciously aware how calming down affected his heart rate and produced sweating. He remembers:

We were actually relaxed instead of being on the run all day. We sat there and breathed for approximately five minutes maybe ten. I was sweating on myself, not only on my forehead but mostly everywhere. I can specifically remember having pit stains the size of my head. I had a thin t-shirt on so I remember my back was just wet.

The more intense moments evoked fear in Robert as he tried to protect himself and others, while being in control of the situation. With safety as his main focus, it is important to Robert that Randy would not sense Robert’s fear, but rather Robert was in control of the situation:

There were large things being thrown . . . the glass was being broke; he would just use his hands to break glass. I wanted him to feel like I had a sense of control of what was going on, like I could control the situation.

When experiencing fear, Robert felt, “tension in my neck and back.”

Robert became very emotional while trying to help Randy, “My emotions ran throughout the day. When I think back on the day, I remember thinking, ‘What am I doing wrong?’ Nothing seemed to work, or make it better for him to feel safe.” This confusion was evident in Robert’s emotions, “My emotions were high every single day and it would start from the time I walked into the door to the time I left . . . I felt insecure with myself and it broke me down and stripped me down a lot.”

Regardless of fear and loss of self-confidence, Robert persisted. He “wasn’t going to back down from it” or “quit.” He remained focused on his goal, “I needed to work on it until I could figure out what I could do to get him to that safe point with me.”

Eventually, Robert became a friend and confidant to Randy. Robert reflected differently as result, “I was aware that we were safe and engaged” and “I felt like there was a little bit of loving going on.” This was apparent when Randy, “Gives me a hug and tells me about his job. He will take me to his room and wants me to sit with him and talk. He will be touchy and hold my hand or rub my back.” Robert described these times as feeling, “extremely emotional high.” He was “thrilled” to experience this and felt “totally euphoric” in the moment.

Robert felt confident while applying Gentle Teaching principles with Randy after making this connection. “I felt confident in what I was saying; I wasn’t bullshitting him. He didn’t only believe me, he believed in himself, too. He needed constant reassurance and he wanted to be told that in my opinion.” Robert experienced “goose bumps” when Randy was telling him, “he had good things in his future, he was going to make a positive effort, and he was going to succeed.”

*Portrait of Sue Applying Gentle Teaching Principles with
Individuals Diagnosed with Developmental Disorders*

Sue has worked with individuals diagnosed with developmental disorders for the past 15 years. Currently she works as a regional manager for a provider agency. The bulk of her responsibilities include working directly with adults living in group homes and mentor caregivers who work in these homes.

While applying Gentle Teaching principles, Sue is other-centered. She is consumed by how the other person feels and how she can help them feel better. The bulk of Sue's experience is staying in the moment while being mindful of her next move, "I am always thinking of what I am going to say next . . . what are we going to do next." Her goal is for the individual to feel safe and loved beginning with her or him trusting Sue, "What else can I do to show her to trust me and that it is okay to be around me . . . how else can I reassure her?"

Sue intentionally transforms herself and adapts to the situation while applying Gentle Teaching principles. This flexibility is a large part of Sue's experience. For instance, if a person is frazzled, Sue becomes quieter, "If she was loud and screaming it became that I just whispered. I whispered for about half an hour, until she was whispering back and we could barely hear each other." Sue is mindful of a correlation between her appearance and the individual's response, "I just adapt. I am just aware of my voice, my eyes, the things I say, how I say them, where I touch them, when I touch them, how they respond to certain things." She calculates whether she will, "Whisper or walk slower or hold her hands or rub her back and know when to not rub her back and when she twists away; watching her body language is huge."

While applying Gentle Teaching principles, there have been moments when Sue questions her adaptations, “The whole time I am thinking, ‘Is this working?’ ‘Am I doing good?’ ‘Okay, that didn’t work; what else will?’ ” Questioning herself is part of Sue’s learning process.

Typically, Sue only thinks to herself; she does not share her thoughts with the individual. There are times when the person may be too fragile to handle the thoughts. “I might not be telling them what is next. I might have it in my head but not until they complete the first thing will I even suggest what is next.”

Sue applies Gentle Teaching principles from the first moment she meets someone by assessing his or her needs and acting accordingly. In referring to a client Sharleen, Sue says, “I just met with her yesterday and she was yelling as soon as I got in. I just did the complete opposite. The louder she got, the quieter I got.” Sue is mindful about how to build a relationship with Sharleen by applying Gentle Teaching principles at a slow pace, “It like a gradual process and yes, I am always thinking about how can I approach her . . . what kinds of thing am I going to tell her about myself . . . how can I get her to relate to me?”

During another interaction, Sue was helping Sharleen write a letter. Sue adapted her pacing to suit Sharleen’s comfort level. “We didn’t immediately run and get a pen we waited for her to be ready.” Sue helped Sharleen write the letter while intentionally interacting with her. She thought about the connection created when conversing together while walking to the mailbox, raising the flag on the mailbox, and talking about the people that they just wrote the letter to. All the while, Sue is continuing to think about,

“what am I going to do next?” Sue knows to be flexible with Sharleen and adapts to remain other-centered as needed:

If halfway to the mailbox she is flipping out, okay we will go back to the house and I will come back out and I will mail it. We are just constantly reassuring them that it is still going to get done and that is going to make her happy but she doesn't have to do every single step if she can't handle it. So that is what I mean by adjusting and changing it up because you can lose them somewhere in between.

Sue's mindfulness of preparing for the next step is constant. “When we are walking back from the mailbox, I'm thinking, ‘Okay, what are we going to do when we get back to the house.’”

At the initial meeting with Sharleen, Sue felt nervous and fearful. Once she saw Sharleen feeling safe with her, she felt confident, “I feel confident once she has the smile and she can sense my confidence and walks with me.” Feeling confident and no longer nervous gives Sue the power to be in control because at this point, Sharleen is not in control.

Part of Sue's experience of applying Gentle Teaching principles is her awareness of how she is communicating to Sharleen and how Sharleen responded, “I am giving her the smile, I am showing her the eyes, and I am letting her know that it is okay to be with me.”

In general, Sue described her experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders as good, true, and honest. She appreciates the non-judgmental relationships that she creates. She feels relief, positive, open-minded, confident, and joyful in the moments of connecting with individuals:

If she has a horrible day all day and if I can get just ten minutes of her laughing and singing with me, that brings me joy. I mean you can have the roughest time with someone but if you can have 15 minutes where they are not screaming and crying, that gives me joy. I usually can carry that with me for a couple days. It is apparent on my face and in my body language.

Feeling good and confident was felt in Sue's chest.

Sue has experienced challenging moments while applying Gentle Teaching principles. During these moments, she feels sympathetic and a sense of protection for the individual. Her main responsibility is to protect the individual, "Eventually there will be a moment where we can get back on track, but at that time I am not really thinking of anything but consoling them and protecting them."

Sue remains confident in these challenging moments, "I'm not scared usually at something like that even at the worst times I have the most confidence." However, she becomes nervous as she questions what she might say. "The verbal part of what is going to happen next is when I get nervous because I don't know what to say." When Sue experiences nervousness, she notices her, "heart rate will go up and I start to sweat. My voice will quiver just a smidge in the beginning."

For Sue, being patient while applying Gentle Teaching principles is crucial. She describes being patient as, "basically just slowing down." This patience gives her time to be concerned about the individual's feelings and how she can make them feel better.

Summary

The results of the current study were presented in this chapter. Data were explicated through a collection of themes gathered from all the co-researchers, three individual depictions reflecting the experience of three specified co-researchers, a composite depiction generalizing the experience, and three vivid portraits of the

experience using direct quotes and identifying information along with narratives. The following section is the creative synthesis, an opportunity for the primary researcher to synthesis the data and personal research experience. The next chapter discusses the applications and implications of this study.

Creative synthesis

Being Present with Gentleness: I Imagine, I Hope, I Feel, I Promise

I imagine you do not feel comfortable in your own skin, rather you feel unwanted, unaccepted, disfigured, and disappointed. *I imagine* you wonder why a stranger like me likes you, accepts you, and wants to be with you. *I imagine* you are wondering what demands I will put on you and what expectations I will have of you. *I imagine* you think I will use words such as positive reinforcement, earning your reward, developmentally delayed, cognitively impaired, mentally retarded, and special. *I imagine* you have learned that me being here is a punishment, you have done bad things, you can't cope, and you are a nuisance to those around you.

I hope you will begin to feel accepting of yourself, of me, and of our relationship. *I hope* you are learning that you are not wrong, unwanted, difficult, or inhumane. *I hope* you are capturing the beauty within your heart, soul, being, and bones. *I hope* you will appreciate the smile that you see in the mirror. *I hope* you embrace the spirituality that is all around you. *I hope* your core reigns goodness, peacefulness, and humanness beyond the physicality. *I hope* you cry out joy and aliveness. *I hope* you are forgiving toward others who may have been too fearful to know you.

I feel graceful in your presence. *I feel* honored that you have accepted me into your circle of energy. *I feel* more depth to my soul because of your truth, honesty, and

flagrant flaunting of emotions. *I feel* here with you in the center of our presence. *I feel* our connection, like we are the only ones who exist in this moment. *I feel* lucky to be welcomed in your life, by chance yet by the grace of God. *I feel* refreshed, like life has begun again; you have given me a bud of spirituality to connect peacefulness to my own being.

I promise to be mindful of your every need to feel safe and loved. *I promise* to stay in this moment with you regardless of my fear for my own safety. *I promise* to honor and learn from my emotions that stir aching in my stomach, head, and heart. *I promise* to walk with you in life's journey to engage with others and share unconditional love.

CHAPTER VI

Discussion and Conclusions

In the final chapter, I address the implications and applications of the study. The implications will identify what research findings are relevant to society as a whole and specifically the to Gentle Teaching profession. How the research findings can be applied to the mental health profession and future research to extend the education of Gentle Teaching for caregivers will be discussed. Other sections include limitations and challenges of the research study, a comparison of findings to the review of literature chapter, and a reflective conclusion.

By using the heuristic research method and interviewing 12 co-researchers fitting the selection criteria, the themes inherent in the experience of applying Gentle Teaching principles with individual diagnosed with developmental disorders were: being other-centered, recognizing a connection with the individual diagnosed with developmental disorders, staying in the moment, being mindful, feeling fearful, and experiencing somatic responses.

Implications of the Study

Implications derived from this research study are relevant to society, mental health, the primary researcher, and primarily to the Gentle Teaching profession.

A societal implication relates to legislators of the state, administrators of mental health agencies, and principals of schools who make monumental decisions such as rules, regulations, and laws impacting people diagnosed with developmental disorders but who may not directly interact with the individual receiving supports. For those, this study could be enlightening and educational. It offers knowledge regarding the personal

process of the caregiver who supports those who are challenging and/or isolated from society. The people not directly interacting with the individuals may not realize the demands experienced when applying Gentle Teaching principles. A detailed explanation of the experience of the caregiver can guide lawmakers and other leaders to focus on and understand the caregiver's role. Feeling fearful, experiencing somatic responses, and acting in a mindful manner can manifest in physical and mental exhaustion for the caregiver on a daily basis. Broadening the comprehension of the affects on Gentle Teachers can lend a deeper understanding of the assistance needed for these caregivers such as training, supervision, and adequate financial remuneration.

People are often fearful of the unknown regarding individuals diagnosed with developmental disorders. Education and awareness in the process of being with individuals while applying Gentle Teaching principles can diminish their fear by decreasing the unknown. For people who are not familiar with this population, learning about of the experience from those who do can provide insight. For instance, if people learned being other-centered, recognizing a connection, staying in the moment, and being mindful were components of the process of being with individuals with special needs, they too could acquire some resources in relating to and helping this population. Furthermore, if people knew professionals were sometimes fearful when trying to help individuals with developmental disorders, it might normalize and diminish the fear, thus increase willingness to associate and communicate with these individuals.

Bringing attention to the presence of fear while applying Gentle Teaching principles could be investigated for Gentle Teaching training as well as future research. Additional investigations could explore how caregivers cope with fear on physical,

mental, and spiritual levels and if the fear changes with increased experience. Other studies could include: how caregivers balance their fear with societal beliefs of marginalizing people with developmental disorders, and what conscious and unconscious motivation exist to give unconditional love when one does not experience it in return. Accompanying research could reach a broader scope of the field of psychology by studying: how one perceives a “fully abled” human being versus one who has been diagnosed with a developmental disorder. Persons with special needs may not be seen by society in general as full human beings, whereas potential differences may be illuminated in the minds and hearts of individuals who are accepting of others regardless of developmental disorders. Supplemental investigations might yield correlations such as religious beliefs, culture diversity, learned values in childhood, and/or personal associations with individuals with special needs.

Several implications point to the importance to the Gentle Teaching profession. A major implication was increased self-awareness on the part of Gentle Teachers. Concentrating on their experiences was a new concept for the co-researchers; all but one co-researcher admitted they had never thought about their experience because they were accustomed to focusing solely on the individual in need. Many noted how difficult it was for them to voice their experiences because they were trained to be other-centered. At the conclusion of the interviews, the majority of the co-researchers noted the immediate impact of voicing their experience. For example, they stated how physically and mentally exhausting applying the principles can be and once they identified their experience, they realized the roots of the intensity of the exhaustion. Because of the impact of the interview, many were appreciative of the chance to speak of Gentle

Teaching from their perspective. As a result, some intended on training other caregivers in the future to focus on self-awareness by encouraging them to talk about their experience.

The awareness of one's experience of applying the principles can be crucial for the development and training of caregivers. For example, recognition of feeling fearful could be normalizing for caregivers who may think that it is wrong or abnormal to feel this way while giving care to those seemingly more vulnerable than the caregiver. Moreover, it can seem contradictory to feel fearful or constantly self question one's actions when simultaneously directed to love the individual with special needs unconditionally. For instance, it is evident from some co-researcher's dialogue that Gentle Teachers desire to work with individuals who are physically aggressive. It is then wise for the training of caregivers to include this dichotomy of feeling fearful and questioning self while expecting to give unconditional love to the individuals. Also, knowing one's somatic responses and the emotions connected to them can increase self-awareness in the moment of applying the principles. Gentle Teachers could then learn how to reduce tension in their bodies and practice releasing stress-induced responses, which could result in better connections with the individual.

This study has implications to me as a learner and as a person. As a learner, by discovering and being immersed in the experience of applying Gentle Teaching principles, I have deepened my knowledge of this phenomenon. Learning the experience of applying the principles inherently taught me more about the principles in general and re-centered my expertise, practice, and conviction. This is evident while with clients. If I detect that I am not making a connection with an individual, I might ask myself if I am

other-centered? Or am I staying in the moment? In each situation, once I re-centered myself, a connection between the client and me became stronger.

Personally and professionally, this study offers relevance in relationships with everyone. While with my loved ones and clients, I concentrate on being other centered, recognizing a connection with them, staying in the moment, being mindful, and recognizing somatic responses to my full range of emotions. It is much like having a communication guide that helps me traverse relationships with family, friends, co-workers, and acquaintances.

Applications of the Study

Clinical applications of this study can be implemented immediately. The philosophy of Gentle Teaching promotes concentration on the individual diagnosed with developmental disorders and environmental surroundings in which they reside, attend school, are employed, and all other areas. Knowing the experience of applying Gentle Teaching principles is relevant for the enhancement of caregiving skills. An example of how this is beneficial occurred during the weeks of analyzing the data. I had been educating Wilda's (an individual with special needs) mother about Gentle Teaching for 6 months and asked her how Wilda and the family had been getting along. Wilda's mother described a time when her daughter exclaimed her anger loudly; the mother responded by applying Gentle Teaching principles. She was not aware of my research study although when I asked her to describe her experience, she named themes such as being other-centered, being in the moment, being mindful, feeling fearful, and recognizing a connection between Wilda and herself. After identifying her experience, she voiced that her awareness added meaning as it served as a confirmation that she was doing what she

intended, which was applying Gentle Teaching principles. Now, she is in the process of extending her education by learning how to detect her experience in the moment.

Applications of the research findings could be immediately included in Gentle Teaching practica and other Gentle Teaching trainings. Processing with and training caregivers on the experience of applying the principles could give them more reasonable expectations while with individuals with special needs, normalize emotions such as feeling fearful, and outline the mental and physical demands of Gentle Teachers.

The themes of this research study illustrated that applying Gentle Teaching principles is a dyadic experience between the caregiver and person with special needs. Being in the moment with the individual who needs support is a transformational process rather than dictatorship where the caregiver is expecting the individual to change. This is contrary to the treatment modalities dominating the fields of mental health, schools, and the broad field of caregiving, which are the clinical models expounded upon in the review of literature. In review, contemporary clinical models are values of contingencies, focus on behaviors and elimination of problems, and behavioral strategies. Gentle Teaching does not subscribe to these practices, but rather the initial change lies within the caregiver, not the person with special needs. This is much like the concept of parents changing in order for their children to learn new values and behavior.

The significant difference between the caregiver changing and characteristics found in the above mentioned clinical models, which focuses solely on changing the other, needs to be illustrated in trainings and publications to expand and differentiate the efficacy of these various treatment modalities.

Further, in other interactional methods described in the review of literature, the transformation of the caregiver is also not addressed. The themes of the interactional methods were unconditional value of the person, focusing on interactions by development of fundamental relationships, replacement of eliminating maladaptive behaviors, and motivation through reciprocal interactions. What is missing is the mutual transformation of Gentle Teaching, which occurs in the moment of interaction. Here is where a paradigm shift is needed in treatment with individuals with developmental disorders and others in clinical treatment. Focus must be shifted from changing the individual to the caregiver's or clinician's responsibility for changing the self and remaining committed to being in the moment with the other.

The change within the caregiver is progressive. Co-researchers said the change they experienced did not occur at once, but rather developed over years of practice. They also revealed that they were continually committed to emotional and spiritual growth.

Along with clinical applications, additional research studies could contribute to the education of Gentle Teaching. For instance, further studies of the experience of applying the principles could explore cultures other than those included in this study. Gentle Teaching is practiced in several cultures around the world. Although the principles remain consistent, the experience of applying them may not. Future studies could be specific to a culture, include diverse cultures, or reflect a cross-cultural comparison.

To broaden the education of Gentle Teaching, other research studies could consider the experience of applying Gentle Teaching principles to a narrow field of co-researchers such as parents, clinicians, teachers, or direct caregivers. Such studies could

enrich the understanding of particular audiences and deepen the comprehension of others by cross-referencing. For example, it would be beneficial for a clinician to understand a parent's viewpoint and vice versa. Fialka and Mikus (1999) describe the partnership between the parent of a child with special needs and the clinician in the supportive role as a dance. They claim that when there is a strong partnership, people feel powerful, inspired, and energized. However, when there is conflict in the partnership, people feel drained, stiff, and waning in their sense of hope. When the partnership is supportive, "Children with special needs seemed to receive the most responsive, creative and comprehensive interventions" whereas when the partnership is controversial, both adults, "Silently dreaded meetings and often felt awkward and uncomfortable" (p. xiii). Developing an awareness of each other's experience could benefit the children, parents, and professionals.

A future study could involve the addition of video taping Gentle Teachers applying the principles with individuals diagnosed with developmental disorders. The co-researchers could then see their actions, which can facilitate articulation of their experience. These videos could be used with a large group of people in trainings or in a teaching session with a new trainee and a mentor.

As described, there are several clinical applications within this study to further the education of Gentle Teaching to caregivers such as parents and teachers. Furthermore, future studies could contribute a multi-cultural richness to the understanding of this research topic.

Limitations of the Study

There were limitations to the research study. This qualitative research study using the heuristic research method depended on insightful, deep illustrations from co-researchers to provide rich data. In order to extract rich data, the co-researchers had to express their thoughts, feelings, awareness, and bodily sensations. An underlying theme was that they had previously not thought about their experience. Before the interviews, I explained to them their responsibility of speaking about their experiences and they assured me they understood. However, during the initial moments of the interview this did not occur. It is possible the data could have been richer if there were pre-interviews to introduce the concept of focusing on their experience. Another option for richer data would have been follow up interviews to further elucidate the data.

Another limitation was the fact that all 12 co-researchers were Caucasian and either from the United States or Canada. Gentle Teaching is practiced internationally. This selection may have limited the study to this race and these cultures. Thus, as previously recommended, future studies could involve a diversity of cultures.

Although the co-researchers qualified for the study via the selection criteria, I had witnessed only 6 of the 12 co-researchers applying the principles. Thus, the skill levels possessed were trusted by testimonies and reputations of the co-researchers. The qualification process could have included incorporating a videotape of the co-researchers applying the principles to determine better eligibility to participate.

Challenges of the Research Study

A challenge of the study was the difficulty for the co-researchers to speak of *their* experiences of applying principles. While only portions of the interviews were

designated to speak of an individual with special needs and the impact the principles had on their lives, only one co-researcher was able to speak throughout the entire interview about his or her experience of applying Gentle Teaching principles. Most would use time speaking in general about being a Gentle Teacher and their intense passion and commitment to it.

Comparison of Findings to the Literature Review

Two main points are emphasized when comparing the findings of the research study to the existing literature: adding the concept of applying principles to treatment modalities, and comparing the research study to the criticisms of Gentle Teaching in the literature.

First, as stated in chapter 2, research studies explicating the experience of applying Gentle Teaching principles or other treatment modalities are non-existent. Therefore, the experience of applying treatment modalities other than Gentle Teaching could be investigated as Gentle Teaching was in this study. During the interviews, co-researchers said their experience in applying other treatment modalities, such as clinical models, was vastly different than their experience in applying Gentle Teaching principles. Discovering themes from studies of clinical and interactional treatment modalities could define and compare the experiences of the delivery of various treatment modalities and demonstrate the efficacy of each model. This could benefit people who are new to the caregiving field and assist them in choosing which modality correlates with their philosophy and goals. Further, they will understand the experience of applying the specific principles. Other qualitative studies could go beyond treatment modalities

and examine the experience of applying various types of therapy, education, medical assistance, and parenting styles.

Second, the findings can contribute to the criticisms found in the Gentle Teaching literature. In review, the criticisms were: (1) Gentle Teaching lacks a clear definition; (2) There are many contradictions within Gentle Teaching; and (3) Gentle Teaching lacks definitive guidelines for application.

The first criticism of lacking a clear definition specifically addressed the quasi-behavioral techniques within Gentle Teaching without the knowledge of how to incorporate these into an intervention plan (Steele, 1995; Jones & McCaughey, 1992). Knowing the particulars of the application process adds clarity to the definition of Gentle Teaching by explicating the experience of the caregiver while applying the principles. Part of the Gentle Teaching definition would be a treatment modality that includes being other-centered, recognizing a connection with the individual diagnosed with developmental disorders, staying in the moment, and being mindful.

The many contradictions within Gentle Teaching were listed as a criticism (Jones & McCaughey, 1992). For example, at one time Gentle Teaching directed caregivers to not engage with individuals while exhibiting challenging behavior and then a few years later, the caregivers were encouraged to use encouraging words, gazes, give pats on the back, and smile regardless of the individual's behavior. This study clarified the earlier contradictions. Statements of the co-researchers indicated that caregivers engage with individuals during times of struggle. They are other-centered by giving unconditional acceptance and love regardless of how the individual is communicating. The data

showed the main point is companionship with the goal for the individual to feel safe and loved by the caregiver especially in challenging moments.

The final criticism was that Gentle Teaching lacks definitive guidelines for application (Bailey, 1992; Jones & McCaughey, 1992; Cuvo, 1992). More specifically, Gentle Teaching is deficient in providing a system with procedures to follow. The experience of applying the principles as delineated in this study, gives the caregiver a procedure to follow of being other-centered, recognizing a connection with the individual diagnosed with developmental disorders, staying in the moment, and being mindful.

Conclusion

I began this journey expecting to learn more about my experience applying Gentle Teaching principles and contribute insight to Gentle Teaching at large. The heuristic study demanded and received my complete commitment and dedication throughout the process. I was immersed, and at times, felt like I was drowning in a lake of never ending comprehension. As I reflect on the knowledge ascertained, I am aware of a deeper understanding of the phenomenon studied. This discovery has boosted my confidence as a Gentle Teacher, researcher, and learner.

In addition to the data explicated, an underlying theme woven in the conversations with the co-researchers was the passion, courage, commitment, and dedication they shared about Gentle Teaching as a whole. They all vehemently believed that Gentle Teaching is the only way of being with others; this fact is not negotiable. Though the principles are age old, Gentle Teaching has been constructed as a treatment modality to help people to feel safe and loved. Beyond questioning self in the moment, feeling fearful, or experiencing somatic responses, Gentle Teachers crave to recognize a

connection shared between them and individuals diagnosed with developmental disorders.

I imagine I will go forth as a Gentle Teacher with fresh awakenings as I continue to apply the principles. I hope my discoveries will continue to invoke heightened self-awareness, extinguish exhaustion, and increase inspiration. I feel confident in my unwavering persistence to mend other broken hearts. I promise to share this study with others to deepen and expand knowledge of the experience of applying Gentle Teaching principles.

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APPENDIX A

Request for Research Participants

As partial fulfillment of requirement for a Doctoral degree in Clinical and Humanistic Psychology from the Michigan School of Professional Psychology, I am conducting a study seeking exploration of the question, “*What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?*” In this investigation, Gentle Teaching refers to the philosophy and practices pioneered by Dr. John McGee.

I am looking for Gentle Teachers to serve as co-researchers to assist me in exploring this phenomenon. As a co-researcher, you will be asked to prepare and be present for a one to two hour confidential interview in which we will discuss your unique experience of applying Gentle Teaching principles. All efforts will be made to maintain your confidentiality in this study.

Preparing for the interview may entail reflecting on your experience of applying Gentle Teaching principles by visualizing, consulting personal journals, or creating new writings to digest and express your experience. Possessing the ability to discuss your experience in a clear, in-depth, and comprehensive manner is mandatory.

To participate one must:

- a. Be able to describe their experience of applying Gentle Teaching principles;
- b. Understand and can articulate Gentle Teaching principles;
- c. Be a current caregiver, family member, surrogate parent, teacher, psychiatrist, nurse, psychologist, or advocate who has applied Gentle Teaching principles for two or more years;
- d. Have a minimum of having completed at least one Gentle Teaching formal practicum or equivalent thus earning a certificate;
- e. Have mentored and can teach others the Gentle Teaching principles;

I believe this investigation will be a contribution to understanding the dynamic of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. Your participation may offer a personal and professional benefit. If you meet the criteria and would like to know more about becoming a co-researcher in this study, please call me at [telephone number] or send an email to [email address].

APPENDIX B

Follow-up Letter to Co-researcher

Dear **,

Thank you for your interest in this research on the application of Gentle Teaching principles. I value the unique contribution that you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to reiterate some of the things that we have already discussed and secure your signature on the informed consent form you will find attached.

I will be utilizing a research model that gathers data from personal experience. Through an interview, my goal is to develop a comprehensive description of your experience of *What is the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders?*

To prepare for the interview, take time to reflect on your experience of applying Gentle Teaching principles with individuals diagnosed with developmental disabilities. Reflect on specific memories and what thoughts, feelings, awarenesses, and bodily sensations occur in your experience during the application of the principles.

Participation includes a 1-2 hour interview and a possible shorter follow-up interview either in person, telephone, or email. You will be asked to recall specifics regarding applying Gentle Teaching Principles with individuals diagnosed with developmental disorders. I am seeking to capture your experience as fully as possible. Your thoughts, feelings, awarenesses, and any bodily sensations that are connected with your experience will be the focus during the interview. You are invited to bring any writings, artwork, videos, diaries, journals, logs, and poetry pertaining to your experience.

I will contact you soon regarding the logistics for the interview. I am looking forward to meeting with you for the interview; please come prepared with the signed consent form. Should you need more information regarding this project please call me at [telephone number] or email [email address].

Sincerely,

Toni Start, Psy.S., LLP
Doctoral Candidate
Michigan School of Professional Psychology

APPENDIX C

INFORMED CONSENT FORM
Michigan School of Professional Psychology
26811 Orchard Lake Road
Farmington Hills, MI 48334

Principal Investigator: Toni Start, Psy.S., M.A., LLP
Research Supervisor: Diane Blau, Ph.D.

PLEASE READ THIS DOCUMENT CAREFULLY, SIGN YOUR NAME BELOW ONLY IF YOU AGREE TO PARTICIPATE AND FULLY UNDERSTAND YOUR RIGHTS. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION. A COPY OF THIS CONSENT FORM WILL BE PROVIDED FOR YOUR RECORDS.

All research participation at the Michigan School of Professional Psychology is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. Your responses are confidential and protected as directed by the ethical rules of the American Psychological Association. Any report of the data collected will be in summary form only and without identifying individuals. You are entitled to ask questions and to receive a satisfactory explanation or clarification.

If you have concerns about your participation in the study, you may contact:
Principle Investigator: Toni Start [telephone number].

Any questions concerning the research process or your rights as a participant may also be addressed to the following Michigan School of Professional Psychology faculty:
Diane Blau, Ph.D., Dissertation Chair [telephone number].

Description of the Study:

This is a study to address the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. An informal open-ended interview will be conducted to allow you to express your own perceptions of applying Gentle Teaching principles with individuals diagnosed with developmental disorders.

Nature of Participation:

Each interview will last approximately 1-2 hours and be audiotape recorded. The interview will take place at a designated location agreed upon by the primary researcher and co-researcher.

Purpose of the Study:

This study will focus on qualitatively understanding the experience of applying Gentle Teaching principles with individuals diagnosed with developmental disorders. This knowledge may advance formal Gentle Teaching trainings and offer support to Gentle Teachers as well as improve services to people with developmentally disorders.

Possible Risks:

You will be asked to participate in an interview that requires you to share personal information about yourself. There are no anticipated risks in this study though it is possible that some discussion may evoke uncomfortable feelings. If there are concerns or discomfort, you may choose not to respond or withdraw entirely from the research at any time. Should you require further debriefing at the close of the interview, a plan of action will be developed.

Possible Benefits:

You may find it interesting and enriching to share these experiences. You will have an opportunity to contribute to psychological science by participation in this research as the data may help Gentle Teachers improve their services. Such awareness may benefit the field of psychology and other mental health professionals, educators, families, and society at large to improve the quality of services rendered to individuals with developmental disorders.

Confidentiality:

The original recording and transcript of all interviews will be kept in a file box to protect your privacy. Your name will not appear on the audio recording or transcription. Participants in this research will only be identified in general demographic terms (e.g. participant ABC is a licensed psychologist working with people with developmental disabilities) in the dissertation manuscript and any subsequent publications. The chair of my committee and a transcriptionist will hear your audio recording and could conceivably identify your voice although it would be unlikely that either would be familiar with you.

Opportunities to Withdraw at Will:

If you decide at any portion to withdraw this consent or stop participation, you are free to do so without penalty or prejudice. You are also free to skip specific questions and continue participation.

Opportunity to be Informed of Results:

If you wish to have a summary of the results, complete the following:

Name: _____

Address: _____

E-mail (optional): _____

Thank you for taking the time to share your experiences.

I have read the statements above, understand the same, and voluntarily sign this form. I further acknowledge that I have received and offered a copy of this consent form.

Signature of Participant

Date

Signature of Primary Researcher

Date

APPENDIX D

Guiding Questions

1. What is the experience of applying Gentle Teaching principles?
2. What thoughts are present while applying Gentle Teaching principles?
3. What feelings are present while applying Gentle Teaching principles?
4. Describe your awarenesses while applying Gentle Teaching principles?
5. What bodily sensations are connected with applying Gentle Teaching principles?
6. Describe a particular moment in applying Gentle Teaching principles.

APPENDIX E

Verbatim Interview

T = Primary Researcher

M = Co-researcher

T: Okay, so you know this is for my dissertation and this is my data. Thank you again for doing this Miles.

M: You're welcome

T: The first thing I want you to do is close your eyes and get into the comfortable space whether you need to take a couple of deep breaths or notice how you are sitting and shift around, or notice where you are holding some tension and release that and try to get as comfortable as possible. And I need you to go to a time that you were applying gentle teaching principles to a developmental behavioral disabilities and do to that time and view it as if you are watching a movie so you can see yourself and you can probably see yourself applying the gentle teaching principles. And now I need you to go even further and get into the experience of doing it, so the experience of doing it may include your thoughts, so your thoughts right in the moment of applying the principles, it could incorporate your feelings. Any awareness you have. And you may be able to touch with some bodily sensations that are going on connected with these feelings. And really focus on the experience of applying principles, through the tools and those thoughts and feelings and when you are ready I invite you to open your eyes.

M: That is neat. Do you want me to just talk about it?

T: Yeah if you could. Real specifically, your experience.

M: I uh, do you want me to tell you the moment or just tell you my own, how I saw that?

T: Whichever way you want to go.

M: I recall just, being with this individual who I have so much love for and in that moment when I am thinking about an overwhelming sense within me of loving. I often say that we are like brothers and he needed, there is just so much he needed in that moment, and my feelings were, I have to help my brother right now because he is in so much pain. And it is so real to me and I have thought of this moment often, what he was doing was giving anyone the impression that he was aggressive but my sense was that he was in so much pain, and that overwhelmed me, that someone I cared for so much was hurting so much. My response, my reaction was so instinctive, it was not anything I thought about how I should do or what I should do, I didn't think about what tools is should use and it was one of

the first times where that has been a real instinct, where I don't have to process it. And I remember, feeling a real strong connection with him that was beyond physical, there was something going on unspoken between us.

T: Can you tell me more about that please?

M: Ya know, you may have heard John and other people talk about that sense that you get, uhh, that physical relaxation of the body and spirit when that other person enters your space, to mutually have that, and I came upon this moment when he was already upset, I walked in, I hadn't been there for whatever happened first and it was just a sense that we both shared that everything was going to be good because you are here and because we have this connection that is like brothers, everything else is going to be fine, in the moment, I just jumped in and gave him a big hug and said "Miles is here" and we both just sank physically into each other and he cried on my shoulder and the anger left and I consoled him and it was just a real warming on the inside, for me of realizing that there was this connection between us. I had invested in the relationship and he had given back and now we are at this place where all of that had paid off because it was all real now. It was the first experience for me with someone that I serve that was beyond my role as a caregiver or my job. It was the first experience for me that was genuine love, a genuine connection with a human being and I being able to recall the story and having time to just examine how I felt was a real neat experience, I don't think I have done that before. It um, for me its cemented, not only on the outside but even deeper its cemented like telling that gentle teaching is the right thing to do, the right way to go. Because there was this person who had a lot of struggles and we have had a lot of struggles together because of his disorder he is self-centered and with me in that moment and another moment, he wasn't self-centered and we were just in our moment together offering each other that connection to get through it there have been many days since then when I have had rough days at the office, budget things and paperwork things and political things and you start to forget the meaning of what we do and I just go over to his house. I call him and say "hey I'm, coming over lets go get a slurpee" and when I get there I get the huh! And now I am back. That moment has set a chain reaction for both of us. When we see each other we relax. We hug and have fun and laugh and tickle each other, it is just such a special relationship.

T: And when the first time about the huh and you walked in and he was upset, did you have any other bodily reactions when you were entering that moment?

M: Yeah. I think cuz when I first got there, I drove up, they were in the front yard, and as I drove up I recognized all of his body language and I recognized the caregivers body language and I knew at any moment something really violent was likely to happen. And the caregiver was scared and so the first thing I remember was just a "ahh" kind of that adrenaline, "oh my goodness, what is going on? I got to go help" and throw the car in park and run out.

- T: And the “ahh” can you name a feeling that that is?
- M: It wasn't fear it wasn't concern or I wasn't scared, if I could try to put a finger on it I would say it was, an urgency, I need to help. I don't know how I can put a feeling to that, but it was . . . I don't know if I can say, it's not a feeling, it is just as sense of that adrenaline rush, that I have to help.
- T: And do you feel that at any specific part of your body?
- M: I remember certainly an external tension is my chest and shoulders but when I get an adrenaline rush, this is very strange, my teeth in the back my lower back jaw, all just kind of zing. Ya know like when, have you ever licked a 9-volt battery?
- T: No!
- M: You haven't? Well you have to lick the prongs of a 9 volt battery it's like a little electric shock. I get that but it comes across my jaw.
- T: Oh!
- M: My brother used to make me do it!
- T: I have no brothers!
- M: For me when I get that adrenaline, it is this tension here in my chest and shoulders but it is like an electric zing across my jaw. I parked and rushed into the moment.
- T: Any other feelings before, you running up to.
- M: I remember having a moment of frustration, approaching the moment. You can have so many million thoughts in thirty seconds. What has the caregiver done to get Aaron here? Because the caregiver shouldn't let Aaron get here? There are simple things that you should do! So I remember some frustration about what might of happened in that moment to get Aaron there, because e very simply if Aaron is treated the way gentle teaching is shown to you, Aaron shouldn't get there. I was thinking and feeling angry or frustrated, I like to think that anger and frustration was coming out of my compassion. I didn't respond to the caregiver until well after Aaron was cared for. I remember um, feeling like as I was approaching, knowing that because he was frustrated, and seeing his body language, there was a very real possibility that I was going to get hurt. So there was a bit of that.
- T: And that, that-
- M: In the moment feeling like it could go poorly and I need to make it so I didn't get hurt in some way as I approach this, but that is irrelevant because he needs me,

that is why I am doing this. Rushing and giving him a hug, I had to say to the caregiver later “don’t do that. What I did? You don’t do!” because without years of a relationship, you would have gotten hurt, because of the disabilities he has, rushing in with a hug would not be the right thing to do, you could get hurt. All those thoughts going through my mind as I was approaching.

T: So as you were rushing in you were saying that your thoughts were that you might get hurt, and you said a million thoughts were going around. So those are thoughts can you tell me what you were feeling then?

M: That’s true I must be a guy huh? Um, I would say there was a, there was certainly a bit of anger, there was definitely a sadness, and even as I was pulling up and putting the car into park, there was just a real sadness for him, because of how much I loved him, love him, and how much he hasn’t been in that state of frustration a long time so I really felt sad that he was hurting. And there was a bit of, what is the feeling, satisfaction in the moment knowing that I could provide what he needed. Satisfaction is a feeling, or not? Confidence. It was very, there was so much going on, there was just a sense of, pleasure of reward, even in that moment coming into it. Knowing that we were connected enough, there was something that I could offer to ease his pain, a hug, my presence. It just felt good, even mixed in with some of the sadness; I wouldn’t describe it as being positive.

T: And I want to share with you that I have been interviewing people like you today and all but one said “huh feelings? What are you talking about” so that to me says that this is something that we don’t talk about. So I am learning from this.

M: That is interesting. That seems odd. People are supposedly selling stuff like that to humanity; we could probably all do better.

T: When I was choosing a research study, I didn’t know what aspect of gentle teaching. When John was talking today about now go do it, and I was like yeah let’s talk more about that. The self-awareness to other people, the parents becoming more self aware, and deepen the connection.

M: Yeah don’t throw a chair you’re happy!

T: Yeah!!! I like reactions though. So um, you are there with Aaron and you have named quite a few feelings and quite a few thoughts. Are there any other thoughts that you would like to share or any other feelings? When you are in that moment?

M: Going back to that moment?

T: Yeah, or you can go to a different one! Whatever works! Or you can stay in general.

M: Thoughts or feelings?

T: Yeah

M: I think I, more often than not for me, when I am using the principles of gentle teaching it is a really peaceful thing for me. It brings me sense of action, joy it is not always pleasant in the situation or circumstances and that is what makes me know inside that this is right. Because I am still happy, even in an unpleasant situation, I always feel good, peaceful. I always tell people, 'cause I have been doing this for 8 or 9 years and there were 8 or 9 years before that where I was a trainer, I had a lot of training about tape0downs and all that massive behavioral stuff. And I never slept good. There was pendulum that swung both ways. I would sleep at night, and there was peacefulness, I never call in sick to work, I had headaches all the time and now I don't. I know they are not feelings but they are an indicator to me that something is going good.

T: They are awareness', so I like those too!

M: Yeah, I, when I am with people, and kids who are not in need, it could be people I serve in tricky moments, or people I serve in regular moments. It just brings those rewarding feelings for me knowing that, one of the things I have talked about to my wife, reflecting on my own growing up years, coming from a broken home, things that were not positive in my life and now getting married and I started having children and I committed myself to this career choice being a person who could bring about a new (inaudible) and for me that is really important and it comes to me often in my thoughts and it is often brings tears to my soul to think that in some way I have impacted people and their future and maybe that would change someone else's future, so those kids of feelings and thoughts come to me fairly often and I come to be aware of hey, this is what I am doing wrong, or in self-reflection. I just find it, gentle teaching has not only giving me the tool that has framework that describes what my heart wants to do, I have always believed it but now I have the framework and stuff to do it, it gives me joy and satisfaction and for Miles gentle teaching is what is right, if I can share that with other people than I am done.

T: And I would just like to stay in the framework for it; can you tell me how that feels, that you do have this framework?

M: Yeah, amazing! I mean, when I first heard John at the first gentle teaching conference, in the several years prior I quit this field in work and I have been doing this since I was 16. A young kid, I would go straight from school to work, 'cause I just love working at the group home and I have been doing that for twenty-one years, so, but I got so disillusioned with what I was being told to do so, I lost sight of what it was. Hearing about gentle teaching I have been doing that research for myself and hearing John again, it is like it took a chain off that is around my soul and said this is what it is supposed to be. This is what, yes, it just rang true to my heart that was John is talking about, what gentle teaching is all

about is right. And it freed me to not,_____. What I believe what I want people to know that I am apologetic and I am not afraid to be bold and change our agency, or whatever, whoever. To me about gentle teaching, it has just freed me to be myself in a way that never was. So, just to be given the opportunity to stand in front of people and tell them about gentle teaching, and in my own way instead of how everyone else does it, it kind of becomes your own thing, has made me more Miles then it ever has before. It has been an amazing thing. It gave Connie and I, my wife and I, our own ideas for raising our kids. When I learned about gentle teaching I had three growing kids, having the understanding of gentle teaching, and the frame of that, forced into dialogue about becoming a parent. Changed some of the ways that we intended in a better way.

- T: You shared in the moment stories, how it affected you, I guess, anything else you want to share, you can talk about other moments with other people, I feel like if you want to share more, great, if not then that was a great interview.
- M: Let me think on that a minute. Well, I do feel like I want to share one more story. It was another Aaron moment and it wasn't long after the other one I shared, the one I already shared opened up a greater connection to us. He is a very, used to be a very self-centered person, there was a morning where I woke up with a really nasty migraine, contemplated not going in but knowing him there was no one else who could! So I go pick him up at home doing whatever, just a free day and I didn't know how he was going to deal with the day. And I got to his house, sometimes he sleeps all day, and there are other days where he decided not to sleep all day and gets up, eats breakfast and has a fulfilling day out in the community! So I said "Lord I hope he just sleeps all day! Because my headache is just nasty!" So I get to his house and it is the first time ever that the coworker had him up showered dressed eaten had his backpack on waiting inside the house which was a huge accomplishment for her, but not so good for me. So we are standing in this doorway, and he was so excited to see me, to be awake, he had a list a mile long of what he wanted to do, go to the movies, in the park, swimming, Burger King, like we couldn't have possibly done all this in 6 hours. And I didn't know what to do so I paused for a second and I said "man. I have a really bad headache today" and I am processing in my mind I am really ticking this guy off with what I have to say. He is not going to like this but I am going to be real with him! So I told him I have a really bad headache, I probably shouldn't be driving, because seeing is hard, and I brought some movies and microwave popcorn in my backpack and I just thought we could hang out on the couch today and eat popcorn and watch movies so that my headache will go away. And he needs time to process anything you say, so we were standing face to face, a foot apart and I just let him think, and he started to put his head down and he started pumping his arms which was not a good sign, and he started to kind of whisper under his breath which is another sign that he was frustrated and in a real quick emotion he put his hands at my side, straight up to the side of my ears one on each side, and I don't think I flinched, I tries not to flinch, I tries not to look the same, well that is what he expected, and then he gently wrapped his hands around the back of my

head and then he leaned my head forward and he kissed me on the forehead and he said “ok Miles”. It was amazing, I gave him a big hug, I had a moment where I thought “this guy just kissed me, am I ok with that?” that was the first time he had ever kissed me, it was honestly the first time where he clearly in a good moment was able to look beyond his needs and wants. Carefully and we sat on the couch and he gave me a neck rub and I didn’t ask for it, he just started to rub my neck and we watched movies and had popcorn and we just sat on the couch laughing and it was one of the best days that we have had. For me because it was like, we really are reciprocating friendship, we are friends now. It is not just me giving to you, you are giving to me, you are taking care of my needs, and it was just a beautiful moment. Aha! We have arrived as friends.

- T: And to even the point where you are arriving at his home and you encountered him standing there waiting for you and you are having thoughts of what you have to tell him and you said something about in your thoughts you are thinking how is he going to take this and you noticed a couple things to signify why he wouldn’t. So again what were the feelings?
- M: I was scared. Because scared cuz I might get hurt, but that was a real fear. I was he had accomplished a goal of his that he had never done before of getting up so early, and he was so pored of himself, and I was like, I’m popping a pin in his bubble! I was afraid I felt like the bad guy, there was some guilt, that kind of fear, I really don’t want to hurt him, I don’t want to minimize how pored I am, I don’t want to pop you’re bubble. Mixed with, a feeling like ill, and knowing that even if we go out and do all that, that wouldn’t be good either, that guilt feeling of am I doing this for self-serving reasons or is this something that is good for him,. We are evolving in our friendship; I am going to start asking in return, recognizing that I was taking a risk, the emotional impact.
- T: So then when he reached up his arms and put his ands on you, are their other feelings that you want to talk about in that?
- M: Yeah, I remember it very clearly because there was definite fear of how he would act. It was confusing; he would normally kick or bite. But I remember having that feeling mixed with and assuredness, a confidence that we were ok. That whatever happened we would be able to work it out, even if he hurt me.
- T: So that is the thought, what is the feeling?
- M: I don’t know!! Hahahaha I think um, it is just a peaceful feeling, that is the best one I have, just a peaceful kind of calm assuredness, that is not really a feeling but...
- T: Well yeah, so then um in going through this moment, he tilted your head and kissed you, did the feelings shift then?

- M: Oh yeah! It was so warming, at the moment itself so warming, a feeling of joy I wanted to giggle, a bit of it was awkwardness at having been kissed, but it was real obvious immediately I knew this was a milestone, this moment right now is huge, so It was a joy, thank goodness he didn't hit me, It was like a high. Joy and peace are the only two emotions, like a kid on Christmas morning, companionship. A whole other level to me, connected to him in a brother way, it was the next level for us. Thoughts you are going to say.
- T: And I know you have a headache, but did you feel any of those in your body? What did you feel in your body first?
- M: Yeah, as I was delivering the message to him, physically I remember being shaky because I so didn't want to disappoint him and it was really hard to say that, knowing that I was going to hurt his feelings. When I was waiting for his response I wasn't shaking I was tense, I was prepared to move quickly.
- T: In any specific area?
- M: No I don't think so.
- T: Just all over?
- M: Well legs and arms and talking mostly it is a chest and shoulder muscle, ribs I guess, arms and legs if I need to move quick, when he kissed me there was definitely like a physical sensation like somebody just pulled a bucket of warm water over your head, ya know that warm flow down, it feels like it is just running down my head to my knees, things are ok. My migraine went away, that was unusual. I don't know if all the physical up and down in release, the way that ended so well had a big impact on my head, but it was gone by mid-afternoon. So physically that was great.
- T: So you walk inside and spend an entire day with him, any thoughts or feelings and awareness' in those hours with him?
- M: I mean I just remember that we had a lot of fun. Movies and popcorn and tickling, I was ecstatic, I was aware of the milestone, I was so excited about this new level of friendship, he quickly resolved how disappointing he must have been and we were still engaged all day, I was high in my mood. I was really riding that wave. I don't know if I could single any moments out.
- T: Did you feel that in your body anywhere?
- M: I don't know about specifically but I have often wondered if those moments gave up the headache. Yeah.

T: I'm glad you shared that second story! Do you have any others to share or anything more about that?

M: No I don't think so. No other stories are percolating.

T: Anything else you would like to share in general?

M: No nothing else.