

Loving, Nonviolent (Re)parenting™: A Research Note

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Our work has been to develop a model of (re)parenting foster and adoptive children that does not resort to violence to produce obedience, change or growth. In our current research project we are making explicit what we have learned and internalized in over thirty years of caring for children who have been victims of violence in the home.

We have termed our approach “Loving Nonviolent (Re)parenting.”™ What makes our approach a useful addition to other literature and practice in the field is our emphasis on the kinds of (re)parents we need to be, rather than on a set of rules to follow, or techniques to employ (though both are important in different ways). Our methodology reflects a turn in moral philosophy from Kantian rule-based ethics and Utilitarianism toward Neo-Aristotelianism and an emphasis on virtue. In other words, Loving Nonviolent (Re)parenting is more about the development of (re)parenting character traits, than on the children we care for. This sounds, at first hearing, counterintuitive, as most of the literature, and certainly the current training of foster carers, emphasizes a “children first,” and “the child’s needs are foremost” approach. While this is of great importance, our assertion is that we can only care for the abused child’s needs when we have developed certain character traits that enable us to do so. Our research is a synthesis of: our practical experience in (re)parenting over thirty years; Neo-Aristotelian ethics; and the philosophy of love and nonviolence.

Background

We began foster care in 1982. At the time, we lived in a little Pennine town in North West England. In our area, according to a newspaper report at the time, 300 children were in local authority care. There was a shortage of foster carers. In 2014, we continue to foster children, though now in a small town in upstate New York. In our county around 160 children are in care. We have lost track of the number of times we have been called to find out if we could take just one more child in an already full household. The situation is invariably “urgent,” with a “desperate need.” “There is no one else,” says the concerned family placement worker. The stories associated with the children are often heart-breaking. When all the beds are taken, there is nothing we can do. Thirty years after we began foster care, an ocean apart from where we started, there is still a shortage of foster carers.

Most parents, nearly all the time, do a good job in caring for their birth children, and raising them to be decent members of society. A small percentage do not; and their children are taken into the care of local authorities. Birth parents fail these children, often in their early years; and the damage done takes a long time to repair. In many cases, these children carry the results of their neglect and abuse into adulthood. Most of the children who come into care do so because of basic neglect (78.3 percent), or physical, emotional, or sexual violence (26.8 percent), usually at the hands of those who are their primary carers or their partners (*Child Maltreatment, 2010*). Those neglectful or abusive parents are often the products of the same kind of abuse and neglect in their own childhood. The continuing cycle of deprivation, neglect, and abuse is relentless. In 2010, there were 1,560 child fatalities because of abuse and neglect in the USA (2.07 deaths per 100,000 children). To put that in perspective, every two years in the USA, just about the same number of children are killed by their parents as were killed by terrorists on September 11, 2001.

As a society we do not fail all children, but still we fail a great many. In 2010, there were across the USA 3.3 million referrals of child maltreatment involving 5.9 million children. Of those 3.3 million referrals nearly two million received a Child Protective Services (CPS) investigation. Of those a little over 1.2 million were unsubstantiated. Sometimes, even with a grave suspicion that children are being mistreated, it is very difficult to find evidence. Even though the level of evidence is less for taking a child into care than it is to prove abuse in a court of law, a mere suspicion of abuse or neglect is not enough. Some children who ought to be in Department of Social Services (DSS) care slip through the gaps. It is also the case that some children are hot-lined where there is no abuse present. Over-anxious teachers or neighbors report perceived abuse, which is unsubstantiated. The data revealed that after dismissing nearly two thirds of referrals, over half a million cases of child abuse remained.

When a referral is substantiated, the child is often taken into DSS care and placed in a foster home, like the one we have provided for thirty years (with a few short breaks to take a breath or two). During that time we have cared for (at the time of writing) over eighty children, besides our three birth children who are now adults. In the overall picture, our effort has been modest. According to the US Child Welfare Agency on September 30, 2009:

- 423,773 children were in foster care,
- Forty-nine percent had the goal of reunification with their families,
- Fifty-one percent of children leave the system to be reunited,
- Almost all of those had been in foster care for less than a year,
- Seventeen percent of children remain in foster care for more than three years.

An encouraging sign is that according to the US Children's Bureau, based on data submitted by states, numbers of children in care have decreased (from 523,000 in 2002, to 408,000 in 2010)

while adoptions have increased (from 51,000 in 2002 to 53,000 in 2010, with a peak of 57,000 in 2009).

Of the children in foster care less than one half of one percent are maltreated. In other words, 320 children out of every 100,000 children suffer further neglect and abuse in foster care. This compares with 575 children taken into care out of every 100,000 children in the general population. This data masks the many children who suffer abuse in their birth homes who are not noticed by CPS. In other words, children in foster care are far less likely to suffer neglect and abuse than children in the general population. This fact is very different to the media influenced urban myth that children in foster care are poorly cared for.

Data on children in foster care in the United Kingdom is more difficult to obtain. However, according to the UK Department for Children, Schools and Families there were 42,300 children in foster homes in 2008 in England (this does not include children in Scotland, Wales, or Northern Ireland). As a comparison, in England there is one child in foster care for every 1,162 of the population. In the USA there is one child in foster care for every 738 of the population. Why there is what appears to be a significant difference is beyond the scope of this article or our present study. We note it only for comparison.

The Multiple Violences Children Suffer

The children we have cared for suffered multiple violences; for not all violence is the same in kind, quality, or duration. It would help to explain how we are using the word “violence.” The World Health Organization (WHO) has a working definition, adequate at least to begin a discussion:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (Grug et al., 2002, p. 5)

The multiple violences children in care face fall clearly within the WHO definition. Children in care have been victims of:

Physical, Emotional, And Or Sexual Abuse Enacted Upon Them

The literature is now extensive and we will not repeat the findings here. This is most often at the hands of birth parents or those associated with them (see, for example, foundational work by Finkelhor 1979, 1983, 1986, Gerbner et al, 1980, Briere 1992,). We took two boys aged six and nine. They were brought into foster care because of neglect. This is a form of emotional abuse. It had caused much harm to these children as they had endured the taunts of peers about being smelly and wearing dirty clothes. They had been outcasts and friendless at school. Yet they had looked after themselves, eating whenever they could, as their carers succumbed to the ravages of substance abuse. After many months, as they began to trust us, their stories started to unfold. Gradually we built up a picture that included physical and sexual abuse as well as the emotional.

The Sight And Experience Of Violence in the Home Enacted by Caregivers and Others

Watching actual violence traumatizes children even when they are not assaulted themselves (see Edwards 1989). We have cared for a number of children who watched their carers systematically torture or kill their pets as a punishment. These children were deeply scarred by the experience. Many children also carry the guilt of not having been able to protect their siblings and pets more effectively. One child who lived with us was constantly worried about his mother being hurt in his absence. Another worried that she had let her step-father abuse her sister, who was a year older than her.

A Culture Of Violence In The Media And In Video Games

There is much cultural debate whether or not violence in the media affects children. Evidence is beginning to demonstrate that it does. Grossman, former army Ranger and psychology professor at West Point, demonstrates that killing, rather than an innate disposition, has to be taught (1995, 2000). His main work relates to the training of soldiers to kill. Disturbingly, he shows that the methods used by the military to subvert the innate tendency against killing, are the very same methods used in video games. He says: “If we have reservations about the military’s use of these mechanisms to ensure the survival and success of our soldiers in combat, then how much more so should we be concerned about the indiscriminate application of the same processes on our nation’s children (1995, p. 309).”

Almost all the male children, and many of the female children, we have cared for in the last ten years have been addicted to violent video games. This includes very young children as well as teenagers. We have been horrified when six year-olds tell us the plots from mature rated horror films that we would not want to have viewed ourselves. It is possible that exposure to such games and TV will only affect a small percentage of the population. However, the mix of actual violence in the home with the virtual violence of games may have implications that we have not yet faced. There is at least a study to be done with regard to violence in the media and children who have been victims of violence.

Inadequate Parenting

Most of the violence children suffer derives from inadequate parenting. Whilst we have worked with birth parents who are intentionally cruel, for the most part parents are violent because they know no other way to “care” for their children. In recent years, we have noticed an increase in children being in foster care because their primary carers are drug and alcohol abus-

ers. (One caseworker described it as epidemic in our county.) In 2010, almost twenty-six percent of child abuse was linked to drug and alcohol abuse (*Child Mistreatment 2010*, p. 25). Drug and alcohol abuse compounds the suffering of children.

There are no tests for parenting skills before a couple has a child. With the breakdown of extended families, suitable and stable role models are hard to come by. Often, when new parents reflect on their own upbringing they remember that parental discipline involves spanking and punishments, and so they do what they think is best. Out of principle or exasperation or frustration they resort to violence. Often, part of the fostering task is to work with these parents, to model new ways of discipline.

The WHO definition takes us only so far. It suffices as a definition of *physical* and *intentional* violence, but in foster care, as in life, we see types of violence excluded from the WHO definition. These other kinds of nonphysical violence need to be included. Two are of especial importance with regard to children in care.

The first is the kind of violence that is psychological violence—mental and emotional torture. To focus solely on the physicality of violence misses those acts that deeply damage minds. The ethical problem of violence, in short, is that violent actions: a) do not respect the integrity and autonomy of the object of violence; and b) the violent action causes harm to the other. That harm is multifarious and not merely physical is clear. An abusive male may not lay a hand on his abused partner, but may make her life a living hell through the use of words (softly spoken or shouted), through insinuation, direct verbal assault, ridicule, and emotional blackmail. That such a woman suffers harm is beyond dispute. Is the male's non-physical harming a form of violence? We assert so.

Adrienne, a fourteen year-old girl had lived with us for several months, was very withdrawn to the point of being non-communicative. Her academic scores revealed she was far below her actual grade level in all her subjects. Her story unfolded. She had been told she was “retarded” several times a day by her mother’s abusive partner. With much care and affirmation from both the school and us, she was able to improve beyond anything we could imagine. Her story has a happy ending. She was able to graduate high school. It serves as an illustration to the power of words.

The implication is clear for the care of children who suffer harm in multiple forms: psychological wounds are a form of violence. Simple neglect, too, where the child’s basic needs are not met—food, adequate clothing, safe housing etc.—is also a form of violence. We might argue that the WHO might mean this kind of violence in the notion of “power” threatened or actual that causes harm. The abusive parent intentionally uses his power to subject the child to harm. Psychological and emotional violence is, clearly, a misuse of power, and so may be implicitly include in the WHO definition. However, we would prefer to see it more explicitly stated.

The second kind of violence excluded by the WHO definition is that violence that is unintentional. This is more problematic. In everyday speech we use the word “violence” metaphorically. For example, we speak of the “violence of a tornado.” There is no agency behind the tornado with the intention of causing harm. Nonetheless, when someone says, “Did you feel that violent wind?” we know exactly what they mean. A kind of violence we see children in care subjected to is the violence of the system of care itself. Like the tornado, a system, or an agency, does not have intentionality of violence or harm. The system’s agents may well be (and most often are) caring individuals whose only aim is the good of the child. Nonetheless, without inten-

tion harm is caused. Once again, the harm caused children in this regard is multiple. It is no exaggeration to say that, often, children are ripped away—quite literally—from the arms of their birth parents, most often, their birth mother. Although in New York State it is the parent's legal right to see her child within fourteen days of the child being taken into protective services, sometimes there are abuses. We know of instances where a child taken into care has not seen her mother again for weeks, or even months. In most cases this is because of parental nonattendance. In recent years, as laws have been tightened, this is thankfully now less the case than before. However, parents whose children are taken into care may not necessarily know their rights or responsibilities. Further, when a sibling group is taken into care, DSS will try to place the children in the same foster home. This is not always possible, especially with larger sibling groups. The separation from parents is compounded by separation from brothers and sisters. We have cared for children as young as twelve years-old who have exercised the parental role for their younger siblings. In these cases, children suffer the compounded pain of losing what effectively was their baby. (The systemic violence of DSS is mirrored by the violence of the criminal justice system with regard to abused women. See, Edwards, 1989, p. 153.)

Six young boys were taken into care. There was a large difference in age between the oldest and the youngest. The Department of Services were only given short notice that the children needed to be removed, and so were unable to place them as a sibling group. The two eldest were placed together, the two middle ones were kept together, and the youngest two were placed separately (although were moved together within a few weeks when a space opened up in one of the homes). In the birth home, because of parental inadequacy, the older children had assumed parental responsibility and were grieving over the loss of their siblings, even with visitation rights. Although arrangements were made for visitation every two weeks, the parents often did not turn

up. This was traumatic for all even though the children saw each other. The situation was further complicated because there was two mothers and three fathers involved. Although the children called each other brothers and had lived as such, actually two of them (full siblings) were no blood relation to three of the others (two of which were full siblings, the other had one parent in common with them).

The confusion, pain, guilt, shame and terror that the child suffers is a clear case of harm. The action of taking children into care is, then, a violent action. In many cases, the child is taken into care because of other harms that the child is suffering. Even so, deep bonds are severed and the child is hurt further. In the short-term, it may be that children need to be separated from the birth parents for a “cooling down” period, to be reunited fairly soon, under some kind of supervision. In the long-term, it may be in the child’s best interest to be separated permanently. Some parents cannot care for their children. Undoubtedly, even being separated from inadequate parents for good reasons, children suffer harm in the process. The child suffers the violence of separation. Neither the system, nor the caseworker acting within the rules and mores of the system, intends to cause harm to the child. Quite the reverse. Yet, without “intent” the action would be excluded from the WHO definition.

This is the case, not only when the child is taken into care initially, but periodically as the system inexorably cranks through its bureaucratic motions. The child in care is a “marked child.” We have observed many times that people make assumptions about both the child and her parents that make the child’s life all the more difficult. People assume (and we have seen teachers, doctors, and caseworkers make the assumption) that the child in care must be a bad child. She is watched in school more closely than other children. Parents of her friends are more reluctant to let their children play with her, or come over for a sleep over. It is the way the system works. We

call it systemic violence. It is often unintentional, but is violent nonetheless. When we speak of the multiple violences children in care suffer, then, we include all those intentional physical assaults that cause harm, according to the WHO, but also those psychological and emotional assaults, together with the harm caused by the system itself.

What is (Re)Parenting™?

We have coined the phrase (re)parenting to indicate that task, with its associated skills, required for the difficult job of taking these violently damaged children and “parenting them again.” We have bracketed (re) in order to distinguish what we mean from “reparenting” as used in transactional analysis. This refers to the reparenting of the “inner child” and is a form of psychological analysis with associated therapies (see, for example, Pollard 1987, Childs-Gowell 2000). In order to avoid confusion, in written form we use (re)parenting. To (re)parent the abused child is to try to undo the damage caused by inadequate and violent parenting, by the intentional approach of loving nonviolent “parenting again.”

Foster carers and adopters do not begin with a blank slate. Besides damage caused in the early years, some are suggesting that attachment issues and harm caused begins in the womb. (See, for example the collection of papers on prenatal attachment issues in the *Journal of Prenatal and Perinatal Psychology and Health*, December 2003.)

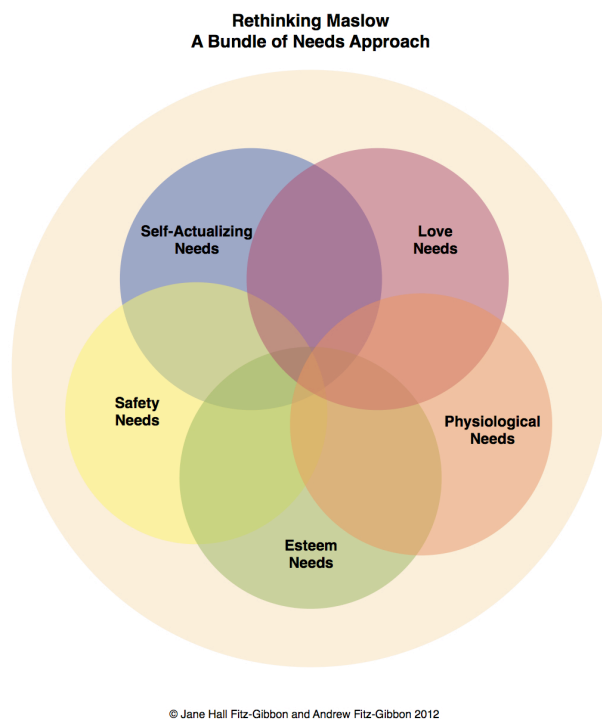
We took a pre-adoptive baby at six hours old. The mother had discharged herself from the hospital. As we tended her over her first few days of life, every now and then she gave a little cry that we can only describe as a frightened cry. The cries didn't last long. In just a minute or so, she was easily comforted. We truly think she knew we weren't her parents. She was frightened and disoriented, as she had been abandoned by her mother. Much that has been “written” on children in care has a continuing and long-term effect on their growth into adulthood. When what

has been written is the language of violence, much work needs to be done in (re)parenting non-violently.

Clearly, foster carers and adopters need to empathize with the child's predicament, get a feel for why they take on the behaviors they do. The literature on child abuse is vast and growing constantly, and training courses are many that focus on the children for whom we care—and rightly so. However, to date there is little emphasis on the kinds of people needed to care for these deeply damaged children. Loving Nonviolent (Re)parenting meets the challenge. Foster parents are carefully selected and trained, and have to agree in their training that no form of violence will be used. (It is illegal in New York State for foster parents to use physical punishment.) However, it is not clear that all foster carers and adopters have internalized the values of nonviolence. In a training session for potential foster parents, after a session on the law regarding physical punishment one attendee asked, “Will I be able to spank him when needed when he is adopted?” Clearly, the state law was seen merely as one more layer of bureaucracy to pay lip service to. The idea of nonviolence had not been internalized as a good in itself. Part of our current work is to try to help foster parents internalize nonviolence for its own sake not because it is the law. The need is clear.

In answering the question: what does it mean to be a parent? We have found it helpful to use the formative work of Abraham Maslow, well-known for giving to the world a motivational psychology summarized as a hierarchy of needs. Simply put, he developed a motivational theory that showed how certain needs have to be fulfilled for a human being to reach their full potential. Maslow's original paper has now achieved canonical status, and like the canon in all fields is open to interpretation in a number of different ways. Agreeing with him that the human person is motivated by basic needs, our preference is to view those needs as a series of interwoven circles

rather than a hierarchy—each need being met concurrently as we develop through childhood and continue into adulthood. These basic needs continue through all of life. To be a parent is to help the child meet those basic needs through loving care and example. Space does not allow us to consider this in great detail, but here are three examples.



Maslow's first level of need (one of our bundle of needs) is physiological, including, for example, the need of food. Many of our children have not had this need met adequately. Sometimes children have not been fed enough. They haven't had the experience of regular meals, and, therefore, they have no confidence that they will be fed again.

A food-deprived baby we cared for used to scream and scream when she finished her bottle. We knew to give her more would have been harmful. Even at only a few weeks old the baby's behavior reflected fearfulness that she would go hungry. This little girl left our home at eighteen months to go to a lovely adoptive family, who had been unable to conceive a second

child. At the time she left she still had problems with food. If anyone left a drink or food on the table she would grab for it and try to eat or drink. She had to be carefully monitored. It showed us that harm done in the first few weeks had long-term effects.

Second, an example from Maslow's safety needs. Almost all the children we have cared for have not had their safety needs met. Most have been placed in foster care because the adults in their lives have failed to keep them safe. Nonetheless, we are often amazed at the resilience of young children. An eight year-old, who had lived with us for several months, was to be allowed home for unsupervised visits for a few hours each week. We were concerned about safety and asked him if he felt safe going home. His reply was, "Yes! I'm OK. I check the trash can, and if it is full of bottles [alcohol] I make sure there is always a door between me and my mother so I can run out." Although this boy had tried to develop strategies to keep himself safe, it should have been the adult providing a safe home.

An example of Maslow's love needs: Most birth parents really love their children. However, sometimes the tangible form of love, the way the parent expresses love is skewed. We have coined a phrase to describe these children: "utterly spoiled, utterly neglected." Not only are the child's attachment and belonging needs neglected, but she will often experience the trauma of violent rejection. When love is expressed, it is often expressed as the giving of material goods. One fourteen year-old showed us an old scar, and told us that the parent had hit her with a sharp object. Then the girl described with glee the stuff she had bought as the parent had tried to rectify the violent attack. We have experienced many teenagers who have learned to "play the system," and have not grown out of tantrums, demanding things when at the store, at school, or at home. When their tantrum becomes unbearable, their parent punishes, often violently, feels remorse afterward, and spends more money on the child.

Finally, here is an example of Maslow's esteem needs. Many of the children who have passed through our care have very low self-esteem. They often feel worthless. They have very little confidence in anything they are or do—teenage girls who spend hours looking in the mirror, constantly asking for reassurance that they look okay. Though common in teenage years, what we have seen in abused teens is an anxiety about themselves that goes beyond the normal. Frequently told growing up how useless, or ugly, or pathetic they are, these children have never had their need for esteem met.

Maslow's need based approach is a good starting point for the parental task. In (re)parenting the task of the foster carer, or adopter, is to see that the child's physiological, safety, love, esteem, and self-actualizing needs, which have not been met by their birth parents, are met. The goal is to help the child become a well-balanced member of society. However, the task of (re)parenting also involves issues other than meeting the child's needs. We mention three here briefly:

- 1). **Setting boundaries.** This is often hard for children who have been neglected, often, have run wild, left to their own devices. The concept of bedtimes, or sitting at a table for mealtimes, is new to them. Yet harder than the physical boundaries are the emotional ones. Linda and her baby sister came to live with us. They had been neglected and abused physically and sexually. Linda was pretty, with tight red curls, and a winsome smile, head tilted to one side. However, she had no boundaries. Though only three years-old she approached strangers in a way not usually seen in children. We remember going to the food store where in the check out line she turned to the man behind and start rubbing her hand up and down his leg. The man was clearly embarrassed and made a joke of it, but still

2). **Example and presence.** We have found that it is necessary to be a certain kind of presence in the home. Always being careful about speech, tone, reactions, mannerisms, and ways of dealing with conflict. There has to be constancy in every area of life. Part of the (re)parenting task is to model behavior as we mentor these young people. They note everything we do and say.

3). **Empathy and self-control.** Much ink has been spilled about what human nature is, or whether there is such a thing as human nature! By and large, scholars have tended to lean toward Hobbes (human nature is basically bad and needs to be controlled) or Rousseau (human nature is good and needs to be free to express its creativity). It seems mostly likely, to us, that there is potentiality in human beings for both good and bad. Part of the success of a well-lived life is to be able to control the baser elements of the human psyche (anger, jealousy, hate etc) and to develop the higher faculties (love, kindness, sympathy etc). With children, much of the hard work is helping the child learn self-control. In this Rousseau was wrong, and Hobbes was right! If children do not learn self-control they will become troublesome adults. Equally hard work is done to develop the child's innate empathic side, her feeling for others, the ability to place herself in their shoes. In other words, to nurture her compassionate side. In this Rousseau was right and Hobbes was wrong! Human nature has immense potential for love and compassion. The empathic, self-controlled adult is the good citizen. It is our experience that when children have been neglected and abused, they have neither learned self-control nor empathy. If we had a dollar for every time a foster child has said, "I don't care!" we could retire early!

Ethical Neo-Aristotelianism

The media image, and therefore the popular image, of ethics is that morality deals with rules for behavior and punishments for misbehavior. This is not surprising, as much ethical thinking in western culture owes a great debt to German philosopher Immanuel Kant. It was Kant who gave to our culture the notion that a moral person is one who knows the rules—he called them categorical imperatives—and follows them. Hence, “ethics committees” in organizations act as institutional enforcers of correct behavior. Such committees spend their time and attention on those who commit “ethics infringements.” This is a limited, and poor, way of considering the ethical task.

An older view of morality (held by most of the ancient Greek and many Asian philosophers) was that morality was not so much about rule keeping but more about being a certain kind of person. In simple terms, a virtuous or moral person is more likely to carry out virtuous or moral actions. The Greeks knew that even the best rulebook is useless unless people were psychologically equipped to keep the rules. Ethics, in its broadest and most ancient sense, is the way we answer the question, “How shall we live? “

In the ancient world, this broader conception of ethics, was exemplified by the Greek philosopher Aristotle and the Chinese philosopher Confucius (though shared by many others). Their philosophies have been rediscovered since the early 1980s and have been coined “virtue ethics.” Virtue ethics asks not “What are the rules I need to follow to be ethical?” but rather “What kind of person ought I to be?” Though not opposed to either rules or techniques, virtue ethics suggests that all the rules and techniques in the world will be useless unless the person who seeks to keep the rules and use the techniques *is a certain kind of person*. Since philosopher Alasdair MacIntyre launched this project in 1981 this kind of philosophy has become known as Neo-Aristotelianism (see MacIntyre, 1981, 1988, 1990).

In brief, Neo-Aristotelianism suggests that people develop their character (the kind of person they are) by:

- Internalizing a goal or purpose, (*telos* in Greek), which also has goods internal to it;
 - Discovering the virtues (traits of character) that enable the person to fulfill that purpose;
- and
- Building the habits that develop the virtues.

Philosophers discuss at length how a *telos* is chosen or discovered. Aristotle believed that everything has a natural *telos*. The *telos* of an acorn is to become an oak tree. Aristotle assumed that human beings, too, have a natural *telos*. He thought it was happiness, or well-being. Not all philosophers are convinced that there is a natural human *telos*, and that debate need not detain us. There is less debate that a *telos* may be chosen. Returning to Aristotle, if we choose the goal of well-being, or happiness, then we will pursue those aspects of life that lead to happiness. For Aristotle that which leads to happiness is a certain way of being human—a person with certain character traits. When the goal is clear, then the kind of person who can achieve that goal is also clear. She will be the kind of person with certain virtues. To simplify the Neo-Aristotelian schema, we can ask three questions:

- 1). What is the goal we are aiming at?
- 2). What kind of persons do we need to be to accomplish that goal?
- 3). How do we become those kind of persons?

While this revived Neo-Aristotelianism is used to look at the goal of a human life, or of society, we can make it specific to caring for children who have been abused and have been victims of violence. What should we be aiming at? As the children we care for have suffered lack in

receiving love, have suffered violence, and have been inadequately parented, the telos we have arrived at is to be loving, nonviolent (re)parents to meet those needs.

Key elements in that goal are the concepts of “loving “ and “nonviolent.” In our larger project we spell out what these mean, more than space will allow in this brief paper, and we build on Andrew’s published work on love and nonviolence (see Fitz-Gibbon, 2007, 2008, 2009, 2010a, 2010b, 2011a, 2011b, 2012a, 2012b). If we follow the Neo-Aristotelian schema, and choose loving nonviolence as the goal, then the question remains, “How do we become loving nonviolence (re)parents?”

The Philosophy of Love and Nonviolence Applied to the Context of Foster Care

Some scholars have begun to demonstrate that in terms of actual violence, western society is becoming increasingly nonviolent (see Pitkin, 2011). Nonetheless, because of media portrayals of violence, and the deeply imbedded assumption that violence solves issues, nonviolence still seems counterintuitive. The common assumption is played out in the movies “myth of redemptive violence.” The myth tells of conflict between good and evil (the “good guys” and the “bad guys”). As the story progresses evil becomes dominant, carries out atrocities against the good. The audience is drawn empathically to support the good guy, while beginning to hate the bad guy. When the good guy is about to be completely overcome (and the audience is on the edge of their seats) the good guy manages one last violent assault on the evil. After one last death throw (just as you thought evil was beaten) through one last valiant and violent outburst good finally wins. The audience feels good that evil is defeated, and knows once again that victory comes to the violent. The story is played out in world affairs daily as governments of all stripes threaten the use of violence as a last resort. The media dutifully repeat the refrain in the news.

The perennial cop show after the news tells the stories again. It is no wonder when nonviolence is first considered it seems counterintuitive!

Nonetheless, nonviolence is increasingly applied to many areas of life. Mahatma Gandhi (1962, 2001) and Martin Luther King Jr. (1986) exemplified the use of nonviolence in social justice and social change. Peter Ackerman and Jack Duvall (2000) document numerous social movements that effectively used nonviolent techniques to achieve great change. Marshall Rosenberg (2005a, 2005b) has written creatively on applying nonviolent communication in all aspects of personal and social relationships. However, as yet, nonviolence has not been specifically applied to (re)parenting abused children. This we intend to do.

Internalizing the Goal

There are a number of challenges. The first challenge is how to help foster carers and adopters internalize the goal of becoming loving nonviolent people. In large measure, this is an educational challenge to expose foster carers and adopters to nonviolent perspectives, understandings and practice. To this end books and pamphlets explaining the philosophy of love and nonviolence in everyday language will be essential. As, too, will be courses designed to help foster carers and adopters work through issues of care and nonviolence.

Identifying Character Traits

When the goal is internalized, it becomes clear what character traits are required to become the kind of person most likely to achieve the goal. We identify twelve virtues of loving nonviolent (re)parenting (derived from Fitz-Gibbon 2012a). In traditional moral philosophy these character traits are called virtues. While each is important on its own, the sum is more than the parts. The foster carer who develops these virtues will become a certain kind of person, most

likely to function according to them in any given situation. In our larger work we explain these in more detail:

- Goodness (beneficence),
- No harm (non-maleficence, ahimsa),
- Fidelity (faithfulness),
- Reparation with forgiveness,
- Fairness (equality, justice),
- Respect (mindfulness),
- Gracefulness,
- Care,
- Courage,
- Kindness, gentleness,
- Moderation,
- Non-possessiveness.

Acquiring Habits

How do we become that which we want to be? According to Neo-Aristotelianism, virtues are produced through habits. This is neither a “quick fix,” nor an easy road to walk. Baby steps are required rather than large leaps. Daily practice is the norm. Examples abound from playing a musical instrument, to learning to drive a car, to learning how to quilt. All are learned by practice.

In Neo-Aristotelianism, every virtue has an associated habit. If you want to acquire the virtue of tightrope walking, you will need the habit of getting on the wire every day. And falling

off. And getting back on again. This requires intentionality and commitment. To become a loving nonviolent (re)parent also requires intentionality and commitment.

We list here the habits that correspond to the twelve virtues of loving nonviolence, again leaving a detailed analysis to our larger work:

- Doing good
- Not harming
- Keeping faith
- Repairing wrongs and forgiving
- Treating fairly and equally
- Respecting with attentiveness
- Being thankful
- Caring
- Being courageous
- Acting kindly and gently
- Acting moderately
- Not possessing

Conclusion

We have been appointed Visiting Scholars at the Research Foundation of SUNY / Center for Development of Human Services / Buffalo State College. We will continue to work on a synthetic construct of nonviolent philosophy, ethical Neo-Aristotelianism, and practical caring skills for (re)parents. Challenges include trying to find a way to help foster carers and adoptive parents

learn to internalize the goal of becoming lovingly nonviolent, against the flow of the dominant culture; to continue to take complex philosophical concepts and make them accessible to all, without losing meaning inherent in the philosophy; and to develop clearly ways of forming the habits of loving nonviolence to produce their corresponding virtues.

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