

Communicating Across Differences: A Domestic Case

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Abstract: In my teaching I have been defining an interculturalist as “a person who is committed to trying to communicate across cultural differences.” Face-to-face intercultural communication skills are founded on the relational approaches of interpersonal communication, but I recently discovered how intercultural experience can promote better interpersonal relationships in my culture of origin. During 2004 I had new opportunities to apply what I have learned over the past 35 years as a partner in an international marriage resident in a country of which I am not a citizen and as a teacher of interpersonal and intercultural communication. I found that my description of an interculturalist served as a good guide for the efforts I had to make during a critical time in the life of my US family. Attuning to inner states has been one of my emphases in promoting more skillful communication (Nagata, 2004), but while helping my parents, I encountered many states that were new to me. These included those of serious illness, debility, disability, and short-term memory loss. My greatest learning from my efforts was that if I could hold a communication space open at the center of the family in spite of my own occasional discomfort with what and how things were being communicated to me, I would frequently become aware of something important that would not have occurred to me at that time. Seen from the point of view of my current profession, this intense time with my US family could be considered a communication practicum with extraordinary challenges and what appears to be a peaceful resolution. Most importantly I feel a greater sense of connection with all the members of my family and respect and compassion for each and all of us.

Introduction

In my teaching I have been defining an interculturalist as “a person who is committed to trying to communicate across cultural differences.” Interculturalists typically have a personal stake in communicating in a more satisfying way with some of the people who are important in their lives that may not speak the same language natively or share the same culture. They are often motivated to continue developing their relational skills as they encounter and process differences and difficulties they do not yet understand and know how to manage skillfully. They are usually willing to make an ongoing effort to communicate to avoid or resolve misunderstandings. They are typically open to new experiences.

Face-to-face intercultural communication skills are founded on the relational approaches of interpersonal communication, but I recently discovered how intercultural experience can promote better interpersonal relationships in one’s culture of origin. During 2004 I had new opportunities to apply what I have learned over the past 35 years as a partner in an international marriage resident in a country of which I am not a citizen and as a teacher of interpersonal and intercultural communication.

This paper describes how I applied what I knew as an interculturalist to a personally demanding and highly stressful situation with my family of origin. I have added a few academic references, but I had virtually no time to read during the period described and was just living each day as it unfolded. Reflecting later, I found that my description of an interculturalist had served as a good guide for the efforts I had to make during a critical time in the life of my US family.

My elderly parents, who have resided in Wisconsin, USA, required the continual attention of their four children throughout 2004. We have cooperated to care for them across differences of various types beyond the real complications of time and space. These include generational differences and those of cognitive and communication style reflecting professional specializations and of inner states related to illness, debility, disability, and memory loss.

I am writing in the first person about my lived experience and will begin with family introductions to provide context. I am the eldest of four children whose parents were 85 and 89 during the period I will be describing. Our parents grew up in the same neighborhood in Chicago, knew each other since 1928, and had been married since 1941. They went to college during the Depression and my father, an electrical engineer, served in the US Army signal corps in the European theater during WWII. My mother raised the four of us, began to work as a special education teacher in 1961, and later became a school psychologist and administrator of special services for a large Wisconsin school district. My brother is three years younger, now 58; and he works as a mechanical engineer at a foundry an hour away from their home in an award-winning, rural Wisconsin retirement community. My two younger sisters are 54 and 53. My middle sister lives in rural Pennsylvania and has had to take three airplanes to travel to visit to them or drive for 16 hours. She is self-

employed as a textile artist and makes clothing, quilts, and dolls that she sells at craft fairs and galleries. My youngest sister lives a 6-hour drive away in a small Illinois town where she works as an assistant state's attorney in felony court. I am an educator who lives about 20 hours away by plane and ground transportation.

Generational Differences

Our mother began to have a series of significant illnesses in January 2004 when her kidneys failed because of what was later understood to have been a reaction to a medication that has subsequently been in the news and seems likely to be taken off the market. When I started to serve as her medical advocate in July, I could see that she did not ask questions and make requests of her doctors in a way that was effective in getting the attention she needed. After two months of living in their Midwestern retirement community that currently serves over 1000 people, I concluded that people of her generation — and perhaps at her stage of life — seem less likely to consider themselves as primarily responsible for their health and well-being. They seem more willing to accept, rather than challenge, the advice of their doctors.

In *Another Country: Navigating the Emotional Terrain of Our Elders* (1999), Mary Pipher argues that there are two *time zones* in US society that she describes as *communal* culture, which was typical prior to the mid-20th century, and *individualistic* culture, which came after that. She writes, “Communal people were raised to trust those in authority. . . . They don't question their doctors” (p. 73). Pipher's description of these generational differences as cultures, reflecting habits, attitudes, and values that are taken for granted, reinforced my sense that intercultural communication skills were very helpful in my efforts to support our parents. As an interculturalist I have a tendency to look across the levels of behavior on the surface to underlying attitudes and more deeply to assumptions to help myself understand what is going on in interactions.

Because our father has had short-term memory problems during the past several years, our mother was unwilling to leave him to go into the hospital; and her condition worsened because of her delay. We four siblings all urged her to get medical attention, but she would not leave him alone in their home that was part of a cluster of small, one-story independent houses on the campus of their retirement community. As a result, her life was in danger by the time she finally called an ambulance to go to the emergency room of the local hospital at 5 a.m. one January morning. When I spoke to her in the intensive care unit later that day, she tearfully said to me, “Please don't put Daddy away!” I reassured her that we had no intention of putting our father anywhere, and my middle sister went immediately and stayed with him until our mother came home from the hospital ten days later. One or more of us has gone and helped whenever needed during the following eight months, but she would never ask us to come.

Our mother was unwilling to be open about our father's memory problems with people outside the immediate family, claiming that she wanted to preserve his dignity. This

felt like denial to us and left her isolated and increasingly lonely as he became less and less able to converse with reference to the recent past. At the same time she was determined that she would take care of him at home rather than institutionalize him. When she became ill, he responded with remarkable efforts and became her caretaker around the clock until she had professional nursing care from early August until her death in early September. He repeatedly stated that when he vowed at their wedding ceremony *to love and to cherish her in sickness and in health* that was what he intended to do. They shared this enduring commitment to each other.

We four children honored them and looked after our father in relays ourselves during our mother's illness and for two months until he was able to move to my youngest sister's home. His new living situation is highly preferable to what would have been the alternative, being *alone in one room* in the locked Alzheimer's unit at their retirement community. We, he most of all, feared that being without loving companionship and purposeful activity would hasten a decline into severe dementia and death.

Their mutual devotion and our mother's unwillingness to ask for and accept help in looking after him or herself contributed to the serious illness that began the decline in her health that ended in her death nine months later. Her nurse practitioner confirmed that she had previously seen this pattern of the prior death of the exhausted caretaker of a spouse with memory problems (Personal communication, Jean Frizzell, August 23, 2004). Since none of their parents lived so long and faced these health challenges, it is unclear whether their responses are particularly characteristic of their generation and not simply typical of the family. Generally speaking it does seem that my generation more easily changes partners and looks for help outside the family.

Professional Differences in Cognitive and Communication Style

In May my siblings requested that I coordinate communication with our mother's medical practitioners even though I live in a time zone more than half a day removed from them. My brother held their medical power of attorney but has significant health issues himself that occupy his time and often exhaust his patience for dealing with the US medical system. They requested my help because they said they thought I was the most *tactful* and because my husband is a medical doctor who could help me interpret the information and advice we were getting. I think that most of the communication skills I was able to use were the result of intercultural experience and choices I have learned to make rather than any innate gift I have for tact.

I accepted this important responsibility and set my intention to function as a mediator who holds a communication space open and facilitates the honest exchange of opinions as we worked toward reaching a consensus on whatever decision was required. I was careful not to withhold information from anyone in the family but did think carefully about how and when to communicate it. Although I lack professional mediation training, I aspire to the communication skills required to function successfully in promoting authentic

communication and consensus-based decision making and was motivated to keep learning as I served my family.

Mediation is challenging work even when the parties involved are strangers and the mediator does not have emotional investment in a specific outcome. I recognized that my being part of the family system would make functioning this way even more difficult, but I was determined to try my best. The stakes were very high. How we cared for our parents during this critical time would deeply affect the quality of our family life and our future relationships.

My intention in human relationships is to be an *everyday peacemaker* (Chambliss, 2002) with *dual perspective* (Wood, 2004). *Everyday peacemaking* is a commitment to living the conviction that *peace begins within*. The first step is using bodymindfulness (Nagata, 2002) to tune into one's inner state, recognize and get the somatic-emotional information it brings, and process it with equanimity until it becomes a *complete experience* (Young, 1997) so that it is possible to communicate without an emotional charge or with a greatly reduced one. The second step is tuning into the other person to empathize with his or her experience and to understand her or his way of viewing the world to the greatest extent possible. Interpersonal communication scholar Julia Wood (2004) defines dual perspective as "understanding both our own and another person's perspective, belief, thoughts, or feelings" (Phillips & Wood, 1983 cited p. 36). When interacting with an understanding of both one's own state and standpoint and those of the other person, it may be possible to avoid or to resolve whatever difficulties might arise. This can prevent or clean up *unfinished business* left over from earlier interactions that affects ongoing communication between people.

Everyday peacemaking is a way of being in the world. We may not feel completely satisfied with our own efforts or the results of them, but believing that everything we do can lead to relational learning can motivate ongoing efforts to keep communicating across differences. My awareness of intercultural communication theory, especially regarding categories of communication styles, helped me to recognize what was taking place in interactions and to be bodymindful of my own responses.

As I made the rounds of our mother's almost daily appointments with what turned out to be eight medical specialists, I became her advocate during her consultations with them and coordinated communicating their advice to my siblings and our husbands. Because of our mother's debility and our father's memory problems, I needed to explain and interpret things for them repeatedly. It quickly became apparent that my engineer brother expected quantitative information and standards of measuring her medical status whereas my sisters and I were more oriented toward qualitative descriptions of her state and prognosis. Each approach has its own knowledge claims and expressive style, and I found I had to keep honoring and moving between them in spite of my own proclivities.

My learning curve was very steep. I had to find out about all the various tests she was having and to collect and chart the numbers that were resulting from her almost daily examinations of one sort or another. I had to learn about the US medical delivery and payment system and all the related English terminology. My lawyer sister typically

questioned motives behind medical decisions involving expenses, and she and my brother were often ready to challenge the desirability of proposed medications and the wisdom of some of the doctors' recommendations. My husband, who works for a pharmaceutical company and is responsible for drug development and safety reporting, has a broad view of the advantages and disadvantages of various medications. I am blessed with excellent health and rarely take any medication, but I tried to restrain myself from judging our mother's situation on the basis of what I have been able to choose for myself so far in my life.

I had to keep switching between different types of information to attend to and to report and to adjust my communication style to be sure I understood and could get through to each person. Sometimes I needed to listen quite a while before I could get a word in edgewise and was very indirect. Other times I had to explain complex material and opinions at length and question people very directly and assertively. I often felt like I was in training to be an interpreter and needed to be fluent in more than one approach to the use of the same language. The communicative flexibility required and the fast pace of the constant shifts I needed to make exceeded any previous life experience I had ever had.

I attempted to maintain good relations with all parties, to listen to everyone, to gather and summarize information, and then to facilitate arriving at decisions. This was time-consuming, sometimes exhausting, and not always completely successful; but we proceeded this way throughout the two months I spent with my family prior to our mother's death.

The intensity, pace, and variety of experiences involved made it very challenging to process anything to completion. As a result there were often multiple issues pending and unresolved at any one time. Again my experience as an interculturalist served me well because I expect myself to be able to tolerate ambiguity and know the value of this effort.

Two approaches I used regularly were especially helpful. First, I sought to be bodymindful of my own experience. Bodymindfulness was essential, however, sometimes I was too overloaded and exhausted to do more than just recognize what I was feeling. Second, I tried to make sense of my experience in writing. Writing long emails at night to report the events of the day to my siblings and our husbands helped me sort through and record what was going on. This effort was crucial for keeping everyone informed so we could all participate in deciding what needed to be done, by whom, and when. As I reread these emails now, it astonishes me how much was happening very quickly and how responsive everyone was in making their unique contributions to the wellbeing of the family.

My greatest learning from all these efforts was that if I could hold this communication space open at the center of the family in spite of my own occasional discomfort with what and how things were being communicated to me, I would frequently become aware of something important that would not have occurred to me at that time. Exasperated expressions of strong emotion often carried valuable truths. Equally important were quiet, empathic efforts to convey the mysteries associated with motivating recovery or accepting the approach of death. Sharing of our dreams and relevant narratives from teachers and friends were particularly significant in guiding us with good timing and helping us to

comprehend what we were experiencing as a family. This was a powerful lesson in the value of including diverse viewpoints and communication styles.

When a friend who is a high-level Japanese diplomat recently heard my description of these efforts, he commented that my approach had been very Japanese. He said that when working internationally he has found success by keeping multiple parties engaged in discussion and in getting to know each other while working toward a multinational agreement. He observed that many of his colleagues from other nations have not known how to do this but have responded to his self-effacing leadership. I hope that this is the kind of international contribution that Japan can make more often. It seems it has been a Japanese gift I have been able to bring to my US American family at a crucial time.

Differences of Inner States

Attuning to inner states has been one of my emphases in promoting more skillful communication (Nagata, 2004); but while helping our parents, I encountered many states that were new to me. These included those of serious illness, debility, disability, and short-term memory loss. Facing the feelings they evoked required a commitment to bodymindfulness and to being willing to tolerate discomfort. Probably I will not truly understand these states until I experience them directly myself, but I was deeply affected by them as I tried to continue communicating while they were a significant part of our parents' states of being throughout each day. Making meaningful connections with them required greater efforts and more creativity than I had ever been called on to demonstrate before, but the results were unforgettable.

Serious Illness, Debility, and Disability

Our mother and father have always led highly active and purposeful lives. It was a great shock for me to see our mother in bed most of each day when I visited in March. I was amazed with her willingness to spend so much time resting because her energy was very low and somewhat impatient with her desire to be waited on. Indeed her lack of regular movement led to her developing blood clots that moved into her lungs in late April, and I rushed to her bedside from New York where I was visiting my son and his wife during Golden Week. She insisted that I should not come, and later asked my sister why I had. My sister simply replied, "She wanted to see you." None of us quite understood why she reacted this way to our wanting to be with and to support our parents. Perhaps she had not yet recognized how serious her condition was.

Her health continued to decline and when I arrived in mid-July, she was so weak that she was having significant difficulty walking, speaking, eating, and using her hands. She was no longer independent and the combined efforts of my father and me were not enough to care for her adequately at home. She had repeated falls and wanted to use a wheelchair rather than a walker, but she hated her condition and told us that she wanted to die rather than live that way.

I struggled against her stated desire to give up and leave us and tried to do everything I could to promote her recovery. We were on a round of doctor's appointments trying unsuccessfully to get a diagnosis of her mysterious weakness. I assisted her with her physical therapy teasing her that I was in training as a physical therapist and had to practice helping her with her exercises. I became very aware of how to use a walker safely and of how to help a person transfer from a bed, chair, toilet, or car to a wheelchair. I developed acute awareness about potential barriers and dangers to movement using either of these appliances. I began to see the world around me in terms of restrictions I had never felt before. I managed the household, cooked food that I hoped would promote her health, and organized their imminent move into an assisted living apartment that was designed to make her life much easier.

Our father demonstrated extraordinary acumen and finesse when he humorously responded to her announcing one night at dinner that she "just wanted to dig a hole and crawl into it and die." Although he greatly feared her loss, he wryly observed that the community where they lived had many regulations; and he was sure that would not be allowed. This effectively put an end to that particular conversation.

It was highly disturbing to hear our mother repeatedly tell us that she wanted to die, and it took me three weeks before I grasped that she had lost the will to live. Advice from an old friend catalyzed this dawning realization when she described her own learning that there comes a time when it is wise to shift from struggling to promote a loved one's recovery to simply being with her in the moment (Personal communication, Ann Richards Anderson, August 14, 2004). This insightful conversation reinforced my conviction that part of the power of naming what is happening is that it promotes consciousness that can immediately move us forward. I tried to shift my bodymindset from resisting the flow of our mother's movement toward the end of life to making whatever connections were possible moment by moment.

When I first arrived in July, I had not really been able to understand or to accept that our formerly vibrant and energetic mother was not determined to overcome whatever it was that was the matter with her. She was so weak and everything had become such an effort that there was nothing she felt she could enjoy. When I saw that she was no longer interested in eating, in reading, or in watching her favorite TV programs, I realized that she was withdrawing and no longer engaged with life except for our attempts to communicate with her.

She was having so much difficulty with word retrieval, forming sentences, articulation, and voice projection that she was hard to understand, especially for our father. She began to ask me to tell him what she had tried to say when he did not understand the first time she spoke. I balked at this thinking that I did not want to come between the two of them since I expected to be leaving soon after seeing them safely into a new living situation where they would have round-the-clock support. Eventually I became her interpreter and after I left to return to Japan, she was not really able to communicate much in words any more. This turned out to be three days before she died. I have partially reconciled myself

to my having left her with the thought that her ending the effort to communicate verbally was a significant step in her letting go of her connection to this world, which is what she desired.

Memory Loss

My middle sister described her time of living with our father during our mother's first hospitalization in January as *being in an altered state*. When I lived with them during the summer, I understood what she meant. No matter how important or touching a conversation or an event might be, he was unlikely to remember it just a short time later. I constantly sought ways to be with him that could bridge this vacuum of recent experience without either making him feel somehow diminished or denying the reality of his experience and ours with him.

One poignant example occurred when my youngest sister came from Illinois to talk with him and our mother about offering him a home should he need one. She wanted to set both their minds at rest about how he would be taken care of if our mother died, which seemed increasingly likely. At my sister's request I had previously told our mother of her intention, and the next night my sister dreamed that our mother came to her and handed over her wedding rings. My sister felt this was our mother's communicating in another way and accepting her offer. The dream suggested that she really understood that our father would be taken care of by us. Then she was able to let go and consciously choose to die.

When my sister came to visit, she talked with both our mother and father separately. She spent several hours using a floor plan of her home describing the changes they could make to accommodate his living with them. He was very moved by her offer. About two hours after my sister left, I talked with her on her cell phone as she drove home. When I handed him the phone to speak with her, his comment was, "Where's she going?" In spite of the import of his accepting her invitation to live with her and her husband with gratitude and relief, he did not remember that she had just been visiting us. It seemed that no matter how significant the interaction, there was no lasting impression.

I had to find ways to keep bringing important topics into our conversation, but reference to the impending death of a loved one is not easily or lightly done in daily conversation. I decided to allow my own emotions to surface and to share them with him, which I did not typically do as he usually talks about practical matters or his memories of his growing years, WWII, or our earlier family life. I made it a point to put my hand on his arm and look into his eyes so I was sure we were really engaged. Then I would talk about my deep feelings. He would always listen, even if he didn't say much. This way I tried to keep gently reminding him of some of the reality of what was happening, but I was never sure what he might be retaining.

We have always wondered about his diagnosis of early Alzheimer's because in so many ways he functions remarkably well and continues to have an integrated personality. Throughout his life, he has been a punster and has risen to new heights in the frequency and variety of word play he entertains us with. One of his most charming and moving

humorous asides was, “They tell me I have Alzheimer’s, but it’s easy to forget about.” In order to make puns, you have to be paying careful attention to the conversation and reframe something about it to create an unexpected juxtaposition. This requires concentration, verbal flexibility, and quick wit, which he demonstrated repeatedly every day. Throughout this painful period, he was remarkably upbeat and continually used humor to sound lighter notes.

Another puzzling ability our father has is dream recall. One day at lunchtime he told me about a dream he had the night before. I have been interested in and recorded my dreams for years and have found that unless I write them down as soon as I wake up, they are easily forgotten. But here he was some five or six hours later describing the following dream. I am writing it from memory and adding explanations but will set it off so that it is clear.

Nancy, the woman who had formerly administered the independent living houses in their community, asked him to reverse the flow of the waterwheel that is in the courtyard of the health care center where we often sat with our mother so she could enjoy the fresh air and flowers. After trying to do that, he went back to the cluster of houses where they lived and everything was dark. He looked and looked for someone but couldn’t find anyone.

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He recounted this dream spontaneously without any attempt at interpretation, particularly of what it revealed about his emotional state. Our father does not easily express his feelings. When he is asked how he is feeling, he typically replies, “With my fingers.” When I told our mother about this dream, she was very interested and exclaimed somewhat enviously, “He always has the best dreams!” I said I thought the dream was about the current situation and paraphrased the meaning I made of it.

“The woman in charge of their *living* situation asked him to *reverse the flow* of water, which suggests emotion and life itself. He is a Mr. Fix-it type of person and tried to do as she asked, but he *did not report success*. Then he went back home, but it was *dark* and there was *no one there*.”

It seemed this dream was preparing him for the irreversible flow of his wife’s life that would leave him in darkness and solitude.

I used the discussion of this dream to talk about the likelihood that she would not live much longer, and we had to be ready to let her go. I consciously made openings and facilitated discussion between them of these hard topics. He had seemed to doze off while she and I were talking about medication that made her drowsy and unavailable. I told her it felt to me like her spirit had gone away, maybe as a trial run over to the other side in preparation for her leaving us. She agreed and said she appreciated the understanding we children were showing but was worried that father would be terribly hurt if she did not recover. I woke him so he could join our conversation, but I suspected he was just

pretending to sleep and had been listening all along. I repeated what she had said, and he vehemently protested, "Yes, I would be hurt!" I looked at him, took his hand and put it on hers, and said, "None of us wants to say goodbye, but the time may come when we have to be ready to say, 'Go and rest in peace, Louise.'" We three sat holding hands and weeping for a while with a deep sense of connection. As we left, she thanked us both for *everything*. This is just one example of how I tried to verbalize what I was feeling and sensed was happening around me and to promote authentic connection between us all. I do not think he could have reported what had taken place in the courtyard that afternoon, but something seemed to have stayed with him at a deep level. Later that evening, he thanked me in a general way for my help and encouragement.

The next evening my mother told our father, brother, and me that she had decided to apply for hospice care (Munley, 1983; <http://www.hospicenet.org/html/concept.html>) that would only provide comfort, not promote her recovery. She asked us to accept her decision to die because she no longer felt she had the quality of life she wanted. My brother and father tried to suggest additional tests that might lead to a clear diagnosis and a treatment plan, but she firmly repeated that she had decided against any more tests, tubes, or needles. I suggested that our father go and take her hand and she said to him, "Fred, I need to hear you say, 'Yes, Louise, you may go.'" He said a lot of other things, but not that; so I said, "Father, she needs to hear you say, 'Yes.'" Finally he did. Then we left the two of them alone.

That night at home he and I talked at length about how he always thought he would go before her since he is older. He said he would rather have cut out his tongue than say, "Yes." I listened and told him that I felt our acceptance was our final gift so that she could die peacefully. I had come to realize that choosing our death is our final freedom. He and I sat together a long time that night.

A few days later, we had an appointment with the doctor who questioned our mother about her wish to die and her request for hospice orders to be written. After showing her understanding of what our mother had said, she turned to us and asked, "And how does the family feel?" I was sitting next to our father so she faced us both as she asked this question, but I kept quiet and waited for him to speak first. Finally he calmly said, "It is very hard for me to accept, but I have agreed because she has asked me to." He remembered, and he said just what was needed at that moment. He was present and connected when he most needed to be in spite of whatever his memory problems are. Our mother was visibly relieved.

The doctor withdrew all our mother's medications except for those that would keep her comfortable. She more or less stopped eating and drinking. She had told us that she wanted to go quickly so that it would not be a prolonged ordeal for any of us. Twelve days later she slipped peacefully away. We all miss her but know she is not suffering any longer.

Not long after the memorial service we held for our mother in mid-September, our father told my middle sister, who was staying with him:

The other night I dreamt that your mother called me on the phone and said she was out on the highway and the car had broken down. I asked her to check the gas gauge. She did that and said to me, "It says E." I told her, "E does not stand for enough, but empty."

My sister asked him what he thought his dream meant, and he began with a literal interpretation. Then she asked him some questions about what gas and a car represent to him. "Car means problems," he said at first; and then he described it as transportation. "Gas is fuel." Finally as they worked with the dream, he came to see that our mother had run out of energy in this life; and her body had broken down. We felt that this dream was our mother's way of communicating to her engineer husband that she had run out of life force and could not keep going.

I will close my reflections on family communication across many kinds of differences here. I have often observed that my life in Japan has been an intercultural communication laboratory, a relentless series of lessons in skills I never seemed to have in sufficient quantity at the moment when they were needed. Seen from the point of view of my current profession, this intense time with my US family could be considered a communication practicum with extraordinary challenges and what appears to be a peaceful resolution. Thanks to my life as an interculturalist, my communication skills served in this situation better than might be expected. Most importantly I feel a greater sense of connection with all the members of my family and respect and compassion for each and all of us.

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