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Actively Caring for People: A Worldwide Movement for Safety, Security, and Peace

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Introduction: What Is Actively Caring?

The large-scale and long-term health, safety, and welfare of people requires us to routinely go beyond the call of duty on behalf of others' well-being. We call this "Actively Caring for People" or "AC4P". Research in social psychology[1], applied behavior analysis[2], and person-based psychology[3] provide principles and practical strategies for increasing the occurrence of AC4P behaviors throughout a culture. These are reviewed in this presentation.

Figure 1 presents a simple flow chart summarizing a basic approach to culture change. We start a culture-change mission with a vision or ultimate purpose--for example, to achieve an AC4P culture. With group consensus supporting the vision, we develop procedures or action plans to accomplish our mission. These are reflected in process-oriented goals which hopefully activate goal-related behaviors. Indeed, the popular writings of Covey[4], Peale [5], Kohn,[6] and Deming[7] suggest behavior is activated and maintained by self-affirmations, internal motivation, and personal principles or values. However, these authors as well as many motivational consultants miss a key component of human dynamics—the power of consequences.

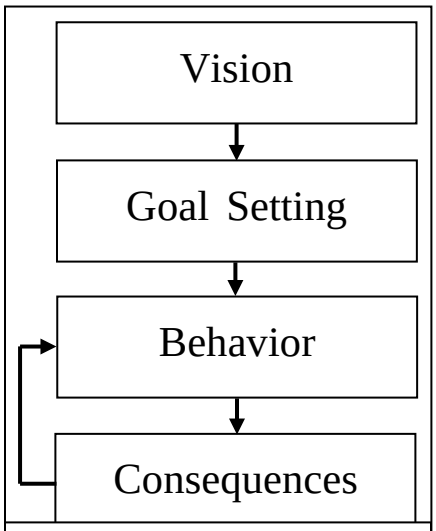


Fig. 1. An AC4P culture requires vision and behavior management.

Appropriate goal setting, self-affirmations, and a positive attitude can indeed activate behaviors to achieve goals and visions. But we must not forget one of B. F. Skinner's most important legacies—*selection by consequences*.[8] As depicted in Figure 1, consequences follow behavior and are needed to support the right behaviors and correct wrong ones. Without support for the "right stuff," good intentions and initial efforts fade away. For example, how long does a weight-loss plan as a New Year's resolution (vision) last if one cannot see initial weight loss (consequence) after the first few weeks of exercise (behavior) in an effort to lose 15 pounds (goal)? In *How to Win Friends and Influence People*, Dale Carnegie affirms, "Every act you have ever performed since the day you were born was performed because you wanted something."[9] Sometimes natural consequences are available to motivate desired behaviors, but often

extrinsic consequences (or external accountabilities) need to be managed to motivate the behavior needed to achieve our goals.

For example, I presume my students often have visions of earning an "A" in my university classes and they set relevant goals to study regularly in order to achieve that ultimate "A" grade. I hold them accountable to study the material by giving exams periodically throughout the semester. When the days for exams are announced in the course syllabus, students typically adjust their study behavior according to this accountability scheme. Specifically, they increase the frequency of studying successively as the day of the exam approaches, performing most of their studying behaviors the night before an exam.

However, when I change my assessment protocol from announced to unannounced exams, most students change their study behavior dramatically. Under this accountability system, students feel compelled to prepare for every class, anticipating a possible exam on any class day. Although students uniformly dislike this second approach, they are substantially more prepared for class when the consequence of an exam cannot be predicted.

It's noteworthy, however, some students study the course material consistently to reach their learning goals regardless of the external accountability agenda set by their teacher. These individuals are self-motivated and implement their own self-management procedures to keep them on track.

Whether motivated by external factors or self-imposed culpability plans, students' course-related behaviors following an exam are usually affected quite significantly by their test scores—the consequences of their test-taking behavior. But for a number of reasons, it's difficult to predict how a particular exam grade will influence an individual's goal-setting or study behavior. A high grade does not always motivate a higher rate of course-related studying, as would be expected from the principle of positive reinforcement; and a low grade does not lead to less studying as could be predicted from punishment theory. A sense of competence or confidence from a high grade could influence less study behavior; and fear of failure of receiving a low grade might surely affect more study behavior, including some self-management goal-setting and feedback strategies.

Regardless of the particular post-exam behaviors, the driving motivators are consequences. This is the lesson I want readers to understand and believe from this lengthy example. The "pop psychology" notion that people can overcome their challenges and achieve whatever they want through positive thinking, self-affirmations, and relevant goal-setting before their behavior is just not true. Without appropriate consequences to support the right behavior and correct the wrong behavior, goal-directed behavior will simply stop. In other words, people cannot reach their behavior-specific goals unless they receive relevant feedback to keep them on track. I'm talking about behavior-based feedback to support desirable behavior and correct undesirable behavior.

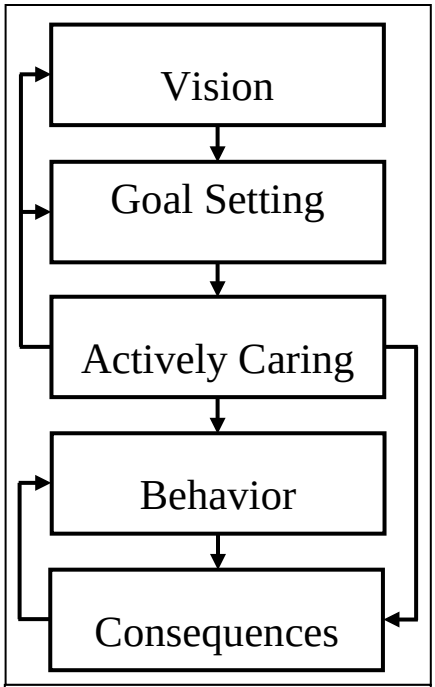


Fig. 2. Continuous improvement requires actively caring.

In Figure 2, a new box is added to the basic flow diagram in Figure 1. The point is simple but extremely important: Vision, goals and consequence contingencies are not sufficient for culture change. People need to *actively care* about the goals, action plans, and consequences. They need to believe in and own the vision. They need to feel empowered and encouraged

from peers to attain goals that support the vision. And peers need to give them rewarding, supportive, and corrective feedback to increase the quantity and quality of behaviors consistent with vision-relevant goals.

Corrective feedback provides the critical opportunity for individuals to improve their future behavior. Rewarding feedback is a powerful consequence for the maintenance of behavior, because it tells individuals what they are doing right. In most organizations, rewarding feedback is rare, so special attention is needed to increase this important feedback process. This is key to continuous improvement and to achieving an AC4P culture.

Three Ways to Actively Care

When individuals perform AC4P behaviors, they can improve environment factors, enhance person factors, or increase the frequency of others' AC4P behaviors. When people alter environmental conditions, or reorganize or redistribute resources in an attempt to benefit others, they are actively caring from an environmental perspective. Examples of AC4P behaviors in this category include: attending to housekeeping details, posting a warning sign near an environmental hazard, shoveling snow from a neighbor's sidewalk, washing another person's vehicle, organizing a colleague's desk, helping a party host collect recyclables, and cleaning up a spill or removing a trip hazard.

Person-based actively caring occurs when people attempt to make others feel better. They address an individual's emotions, attitudes or mood states. Examples of person-based actively caring include: listening proactively to others, expressing concern for another person's difficulties, complimenting an individual's academic or work performance, sending a get-well card, and posting "Birthday Wishes" on a person's Facebook. This type of AC4P behavior will likely boost people's self-esteem, optimism, or sense of belonging--which in turn increases their propensity to actively care, as explained later in this presentation. Also included here are *reactive* AC4P behaviors performed in crisis situations. For example, if you save someone from drowning, administer cardiopulmonary resuscitation (CPR), or give a drunk driver a ride home, you're actively caring from a person-based perspective.

From a proactive perspective behavior-focused actively caring is most beneficial, but is also the most challenging. This happens when people apply an instructive, supportive, or motivational intervention to increase or improve another person's desirable behavior. When we teach others how to promote AC4P behavior or provide supportive comments or possible improvements regarding observed behavior, we are actively caring from a behavioral focus. For example, teachers and athletic coaches do this when they help another person achieve a desired performance goal. Plus, recognizing the positive AC4P behavior of others in a one-to-one conversation is also actively caring with a behavior focus.

Why Categorize AC4P Behaviors?

So why go to the trouble of categorizing AC4P behaviors? Good question! It's useful to consider what these behaviors are trying to accomplish, and realize the relative difficulty in performing each of them. Environment-focused AC4P behavior might be the easiest approach for some people because it usually does not involve interpersonal interaction. When people contribute financially to a charity, donate blood, or complete an organ donor card, they do not interact personally with the recipient of the contribution. These AC4P behaviors are certainly commendable and may represent significant commitment and effort, but the absence of personal encounters between giver and receiver warrants consideration separate from other types of AC4P behavior.

Certain conditions and personality traits might facilitate or inhibit one type of AC4P behavior and not the other. For example, communication skills are needed for actively caring on the personal or

behavioral level. And different aspects of those communication skills usually come into play. Behavior-focused AC4P is more direct and usually more intrusive than person-focused actively caring. It's more risky and potentially confrontational to attempt to direct or motivate another person's behavior than it is to demonstrate concern, respect or empathy for someone.

Helping someone in a crisis situation certainly takes effort and requires special skills, but there is rarely a possibility of rejection. On the other hand, attempting to correct someone's behavior could lead to negative, even hostile, reaction. Actually, effective behavior-based AC4P, as in interpersonal coaching, usually requires both interpersonal skills to gain the individual's trust, along with behavior-based skills to support desired behavior and/or correct undesired behavior.

A Hierarchy of Needs

The hierarchy of needs proposed by the humanist Abraham Maslow[10] is probably the most popular theory of human motivation. It's taught in a variety of college courses, including introductory classes in psychology, sociology, economics, marketing, human factors, and systems management. It's considered a stage theory. Categories of needs are arranged hierarchically, and it's presumed people don't attempt to satisfy needs at one stage or level until the needs at the lower stages are satisfied.

First, we are motivated to fulfill our physiological needs, which include basic survival requirements for food, water, shelter and sleep. After these needs are under control, we are motivated by safety and security needs--the desire to feel secure and protected from future dangers. When we prepare for future physiological needs, we are proactively working to satisfy our need for safety and security.

The next motivational stage includes our social-acceptance needs--the need to have friends and to feel like we belong. When these needs are gratified, our concern focuses on self-esteem, the desire to develop self-respect, gain the approval of others, and achieve personal success.

When I ask audiences to tell me the highest level of Maslow's Hierarchy of Needs, several people usually shout "self-actualization." When I ask for the meaning of "self-actualization," however, I receive limited or no reaction. This is probably because the concept of being self-actualized is rather vague and ambiguous. In general terms, we reach a level of self-actualization when we believe we have become the best we can be, taking the fullest advantage of our potential as human beings. We are working to reach this level when we strive to be as productive and creative as possible. Once accomplished, we possess a feeling of brotherhood and affection for all human beings, and a desire to help humanity as members of a single family--the human race.[11] Perhaps it's fair to say these individuals are most ready to perform AC4P behavior.

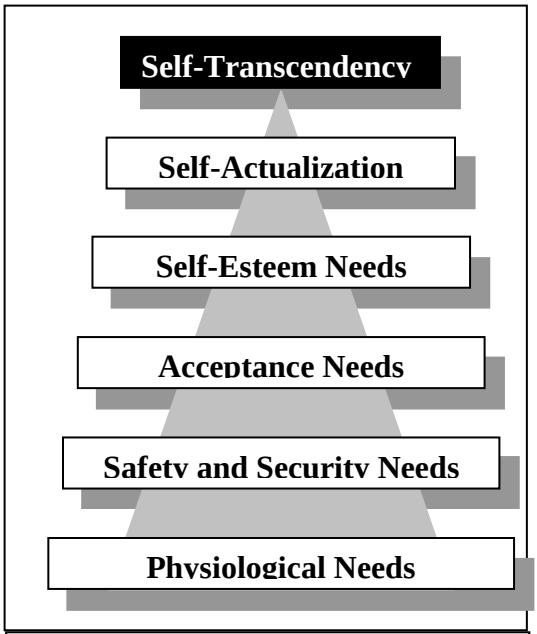


Fig. 3. The highest need in Maslow's revised hierarchy reflects actively caring.

Maslow's Hierarchy of Needs is illustrated in Figure 3, but self-actualization is not at the top. Maslow[12] revised his renowned hierarchy shortly before his death in 1970 to put self-transcendence above self-actualization. Transcending the self means going beyond self-interest and is quite analogous to the AC4P concept. According to Viktor Frankl[13], for example, self-transcendence includes giving

ourselves to a cause or to another person and is the ultimate state of existence for the healthy individual. Thus, after satisfying needs for self-preservation, safety and security, acceptance, self-esteem, and self-actualization, people can be motivated to reach the ultimate state of self-transcendence by reaching out to help others--to perform AC4P behavior.

It seems intuitive that various self-needs require satisfaction before self-transcendent or AC4P behavior is likely to occur. However, there is little research support for ranking needs in a hierarchy. In fact, it's possible to think of a number of examples where individuals have performed many AC4P behaviors before satisfying all of their own needs. Mahatma Gandhi is a prime example of a leader who put the concerns of others before his own. He suffered imprisonment, extensive fasts, and eventually assassination in his 50-year struggle to help his poor and downtrodden compatriots.

I'm sure you can think of individuals in your life, including yourself perhaps, who reached the top level of self-transcendence before satisfying needs in the lower stages. I'll show later in this presentation, however, that while satisfying lower–level needs might not be *necessary* for AC4P behavior, people are generally more willing to actively care after satisfying the lower need levels in Maslow's hierarchy.

Psychological Science and AC4P

Walking home on March 13, 1964, Catherine (Kitty) Genovese reached her apartment in Queens, New York, at 3:30 a.m. Suddenly, a man approached her with a knife, stabbed her repeatedly, and then raped her. When Kitty screamed "Oh my God, he stabbed me! Please help me!" into the early morning stillness, lights went on and windows opened in nearby buildings. Seeing the lights, the attacker fled; but when he saw no one come to the victim's aid, he returned to stab her eight more times and rape her again. The murder and rape lasted more than 30 minutes, and was witnessed by 38 neighbors. One couple pulled up chairs to their window and turned off the lights so they could get a better view. Only after the murderer and rapist departed for good did anyone phone the police. When the neighbors were questioned about their lack of intervention, they couldn't explain it.

The reporter who first publicized the Kitty Genovese story, and later made it the subject of a book[14], assumed this bystander apathy was caused by big-city life. He presumed people's indifference to their neighbors' troubles was a conditioned reflex in crowded cities like New York. After this incident, hundreds of experiments were conducted by social psychologists in an attempt to determine causes of this so called *bystander apathy*.[15] This research discredited the reporter's common-sense conclusion. Several factors other than big-city life contribute to bystander apathy. In fact, common sense suggests if more people are present during a crisis, there's a greater chance a victim will receive help.

Lessons from Research

Professors Bibb Latané, John Darley and their colleagues studied bystander apathy by staging emergency events observed by varying numbers of individuals. Then they systematically recorded the speed at which one or more persons came to the victim's rescue. In the most controlled experiments, the observers sat in separate cubicles and could not be influenced by the body language of other subjects. In the first study of this type, the participants introduced themselves and discussed problems associated with living in an urban environment. In each condition, the first individual introduced himself and then casually mentioned he had epilepsy and the pressures of city life made him prone to seizures. During the course of the discussion over the intercom, he became increasingly loud and incoherent, choking, gasping, and crying out before lapsing into silence. The experimenters measured how quickly the participants left their cubicles to help him.

When participants believed they were the only witness, 85 percent left their cubicles within three minutes to intervene. But only 62 percent of the participants who believed one other witness was present left their cubicle to intervene, and only 31 percent of those who thought five other witnesses were available attempted to intervene. Within three to six minutes after the seizure began, 100 percent of the lone participants, 81 percent of the participants with one presumed witness, and 62 percent of the participants with five other bystanders left their cubicles to intervene.

The reduced tendency of observers of an emergency to help a victim when they believe other potential helpers are available has been termed the *bystander effect*, and has been replicated in several situations[16]. Researchers have systematically explored reasons for the bystander effect and have identified conditions influencing this phenomenon. Some suggest ways to prevent bystander apathy --a critical barrier to achieving an AC4P culture. Keep in mind this research only studied reactions in crisis situations, behaviors we categorize as reactive, person-focused AC4P behavior. It seems intuitive, though, the findings are relevant for both environment-focused and behavior-focused AC4P behaviors in proactive situations.

Diffusion of Responsibility. A key contributor to the bystander effect is a presumption someone else should or could assume the responsibility. It's likely, for example, many observers of the Kitty Genovese rape and murder assumed another witness would call the police, or attempt to scare away the assailant. Perhaps some observers waited for a witness more capable than they to rescue Kitty.

Does this factor contribute to lack of intervention when someone needs help? Do people ignore or deny opportunities to actively care for another person (i.e., a stranger) because they presume someone else will help? Perhaps some people assume, "If those who know the person seeking assistance don't care enough to help, why should I?"

Social psychology research suggests teaching people about the bystander effect can make them less likely to fall prey to it themselves.[17] Often, people have a "we-they" attitude or a territorial perspective ("I'm responsible for the people in this area; you're responsible for those in that area"). Eliminating this "we-they" perspective increases people's willingness to actively care for others.[18]

An AC4P Norm. Many, if not most, U.S. citizens are raised to be independent rather than interdependent. But intervening for the benefit of others, whether reactively in a crisis situation or proactively to prevent potential crises, requires sincere commitment toward interdependence. Social psychologists refer to a *social responsibility norm* as the belief people should help those who need help. Subjects who scored high on a measure of this norm, as a result of upbringing during childhood or special training sessions, were more likely to intervene in a bystander intervention study, regardless of the number of other witnesses.[19]

Knowing What to Do. When people know what to do in a crisis, they do not fear appearing foolish and do not wait for another, more appropriate person to intervene. The bystander effect was eliminated when observers had certain competencies, such as training in first-aid treatment, which enabled them to take charge of the situation.[20] In other words, when observers believed they had the appropriate tools to help, bystander apathy was decreased or eliminated.

It's Important to Belong. Researchers demonstrated reduced bystander apathy when observers knew one another and had developed a sense of belonging or mutual respect from prior interactions.[21] Most, if not all, of the witnesses to Kitty Genovese's murder did not know her personally, and it's likely the neighbors did not feel a sense of community with one another. Situations and interactions that reduce

a "we-they" or territorial perspective and increase feelings of relatedness or community will increase the likelihood people will actively care for each other.

Mood States. Several social psychology studies have found people are more likely to offer help when they are in a good mood.[22] And the mood states that facilitated helping behavior were created very easily, for example, by arranging for potential helpers to find a dime in a phone booth, giving them a cookie, showing them a comedy film, or providing pleasant aromas. Are these findings relevant for cultivating an AC4P culture?

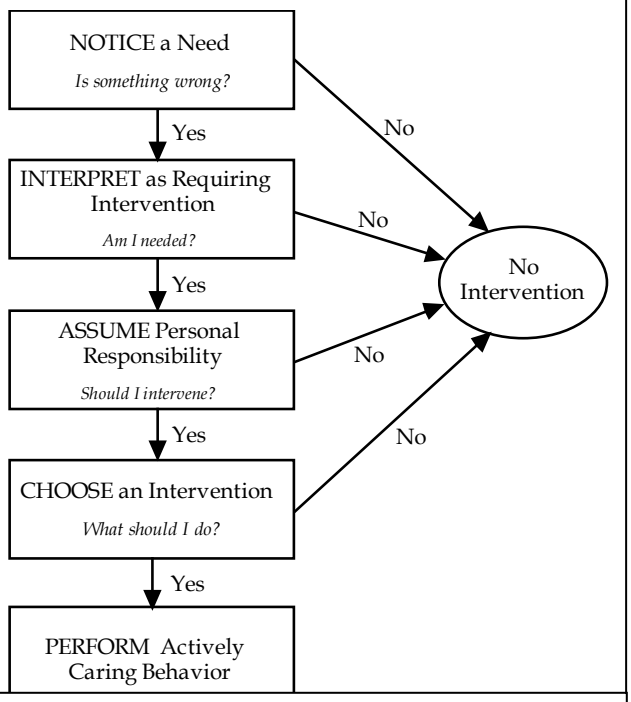


Fig. 4. AC4P behavior requires four sequential decisions.

Daily events can elevate or depress our moods. Some events are controllable, while others are not. Clearly, the nature of our interactions with others can have a dramatic impact on the mood of everyone involved. Perhaps remembering the research on mood and its effects on helping behavior will motivate us to adjust our interpersonal conversations with others.

Beliefs and Expectancies. Social psychologists have shown that certain personal characteristics or beliefs influence one's inclination to help a person in an emergency. Specifically, individuals who believe their world is fair and predictable, a place where good behavior is rewarded and bad behavior is punished, are more likely to help others in a crisis.[23] Also, people with a higher sense of social responsibility and the general expectancy that people control their own destinies showed greater willingness to actively care.[24]

The beliefs and expectancies that influence AC4P behaviors are not developed overnight and obviously cannot be changed overnight. But a particular culture, including its policies, appraisal and recognition procedures, educational opportunities and approaches to discipline, can certainly increase or decrease perceptions or beliefs in a just world, social responsibility, and personal control, and in turn influence people's willingness to perform AC4P behavior.[25]

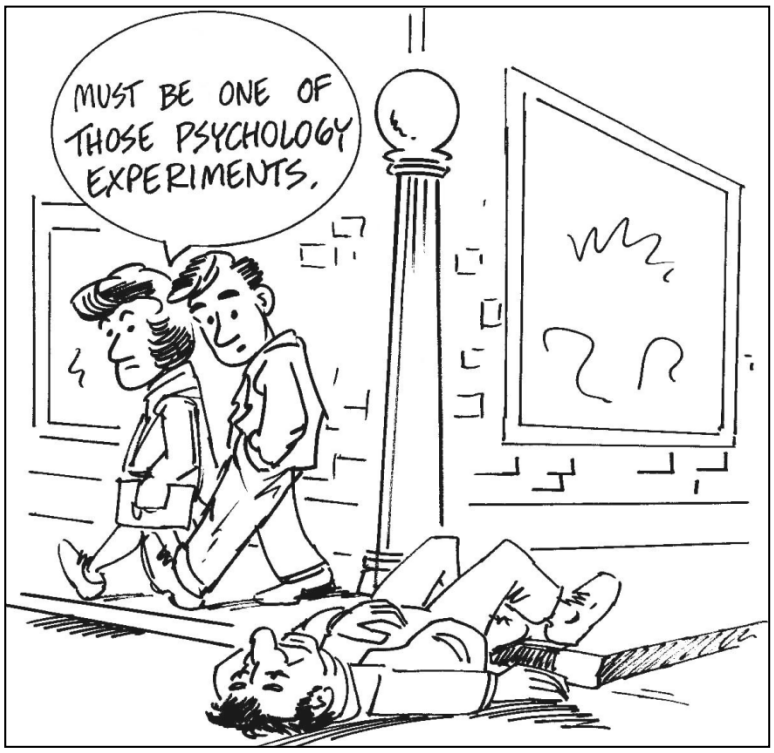
Deciding to Actively Care

As a result of their seminal research, Latané and Darley[26] proposed that an observer makes four sequential decisions before helping a victim. These four decisions (depicted in Figure 4) are influenced by the situation or environmental context in which an AC4P opportunity occurs, the nature of the crisis, the presence of other bystanders and their reactions, and relevant social norms and rules. Although the model was developed to evaluate intervention in emergency situations--where there is need for direct, reactive, person-focused AC4P behavior -- it is quite relevant for the other types of actively caring.

Step 1: Is Something Wrong? The first step in deciding whether to intervene is simply noticing something is wrong. Some situations or events naturally attract more attention than others. Most emergencies are novel and upset the normal flow of life. However, as shown by Piliavin[27], the onset of an

emergency such as a person slipping on ice or falling down a flight of stairs will attract more attention and helping behavior than the aftermath of an "injury," as when a victim is regaining consciousness or rubbing an ankle after a fall. Of course, we should expect much less attention to potential problems in daily, nonemergency situations at work, in school, and at home.

Similarly, in active and noisy work environments, people narrow their focus to what is personally relevant. We learn to tune out irrelevant stimuli. In these situations, environmental hazards are easy to overlook. Even less noticeable and attention-getting are the ongoing behaviors of people around us. Yet these behaviors need proactive AC4P support or correction. But, even if the need for proactive participation is noticed, AC4P behavior will not necessarily occur. The observer must interpret the situation as requiring intervention. This leads us to the next question answered before deciding to intervene.



Step 2: Am I Needed? We can come up with a variety of excuses for not helping. Distress cues, such as cries for help, and the actions of other observers can clarify an event as an emergency. When we are confused, we look to other people for information and guidance. In other words, by watching what others are doing, we figure out how to interpret an ambiguous event and how to react accordingly. Therefore, the behavior of others is especially important when stimulus cues are not present to clarify a situation as requiring intervention.[28]

Thus, in situations where the need for intervention or corrective action is not obvious, we seek information from others to understand what is going on and to receive direction. This is the typical state of affairs when it comes to noticing a need for AC4P behavior or recognizing another person's AC4P behavior. In fact, the need for *proactive* AC4P behavior is rarely obvious. When I ask my students to look for AC4P behavior around them and then recognize the person with an "AC4P Thank You Card", I typically receive less than 10% compliance. The most frequent excuse for not recognizing AC4P behavior is ,"I didn't see actively caring worthy of a thank-you card."

Step 3: Should I Intervene? In this stage you ask yourself, "Is it my responsibility to intervene?" The answer would be clear if you were the only witness to a situation you perceive as an emergency. But you might not answer "yes" to this question when you know other people are also observing the same emergency, or cry for help. In this case, you have reason to believe someone else will intervene, perhaps a person more capable than you. This perception relieves you of personal responsibility. But what happens when everyone believes the other guy will take care of it? This is likely what happened in the Kitty Genovese incident, and many other tragedies just like that one.

A breakdown at this stage of the decision model doesn't mean the observers don't care about the welfare of the victim. Actually, it's probably incorrect to call lack of intervention "bystander apathy".[29]

the bystanders might care very much about the victim, but defer responsibility to others because they believe other observers are more likely or better qualified to intervene. Similarly, employees might care a great deal about the safety and health of their coworkers, but feel relatively incapable of acting on their caring. People might resist taking personal responsibility to AC4P because they don't believe they have the most effective tools to make a difference.

In addition to having a "can do" attitude, people need to believe it is their personal responsibility to actively care for others. In many situations, it's easy to assume it's someone else's responsibility to help. The challenge in achieving an AC4P culture is to convince everyone they have a responsibility to actively care for others. Indeed, a social norm or expectancy must be established that everyone shares equally in a daily assignment to keep everyone healthy and productive. Furthermore, AC4P leaders need to accept the special responsibility of teaching others any techniques they learn at conferences or group meetings that could increase a person's perceived competence (or self-efficacy) to actively care more effectively. All this is easier said than done, of course. Unfortunately, if we don't meet this challenge many people are apt to decide AC4P is not for them.

Step 4: What Should I Do? This last step of Latané and Darly's decision model points out the importance of education and training. Education gives people the rationale and principles behind a particular intervention approach. It gives people information to design or refine intervention strategies, leading to a sense of ownership for the particular tools they help to develop. Through training, people learn how to translate principles and rules into specific behaviors or intervention strategies. The bottom line here is people who learn how to intervene effectively through relevant education and training are more likely to be successful agents of an AC4P intervention.

This decision logic suggests certain methods for increasing the likelihood people will actively care. Specifically, the model supports the need to teach people how to recognize a need for AC4P behavior at the environment, person, and behavior levels and what intervention strategies are available in each case. Plus, people need to learn how to give supportive feedback and genuine recognition for those who emit AC4P behavior. It's also imperative to promote AC4P as a core value of the particular culture. This means everyone assumes responsibility for the health, safety, and welfare of others in their culture and never waits for someone else to act.

Cultivating an AC4P Culture

Many factors that influence one's propensity to actively care can be sustained under the general label – culture. A work culture, for example, can incorporate an accountability system that encourages interpersonal helping, and the daily interactions of people influence certain person states that affect one's propensity to go beyond the call of duty for another person's well-being. In other words, the frequency of AC4P behavior varies *directly* with extrinsic response contingencies and *indirectly* as a function of certain dispositional person states.

<u>The Direct Approach.</u>

For almost 20 years, I have promoted the use of a special "Actively-Caring Thank You Card" at my University for recognizing individuals following their AC4P behavior. As depicted in Figure 5, the front of this brightly-colored card includes the mascot of our athletic teams and two university sponsors. The definition of AC4P behavior is given on the back of the card, along with specific examples of actively caring. Several organizations have customized this thank-you card for their culture. I have seen this simple thank-you-card process cultivate a sense of interdependence and belongingness throughout a workgroup, as well as help people feel good about their AC4P behavior.

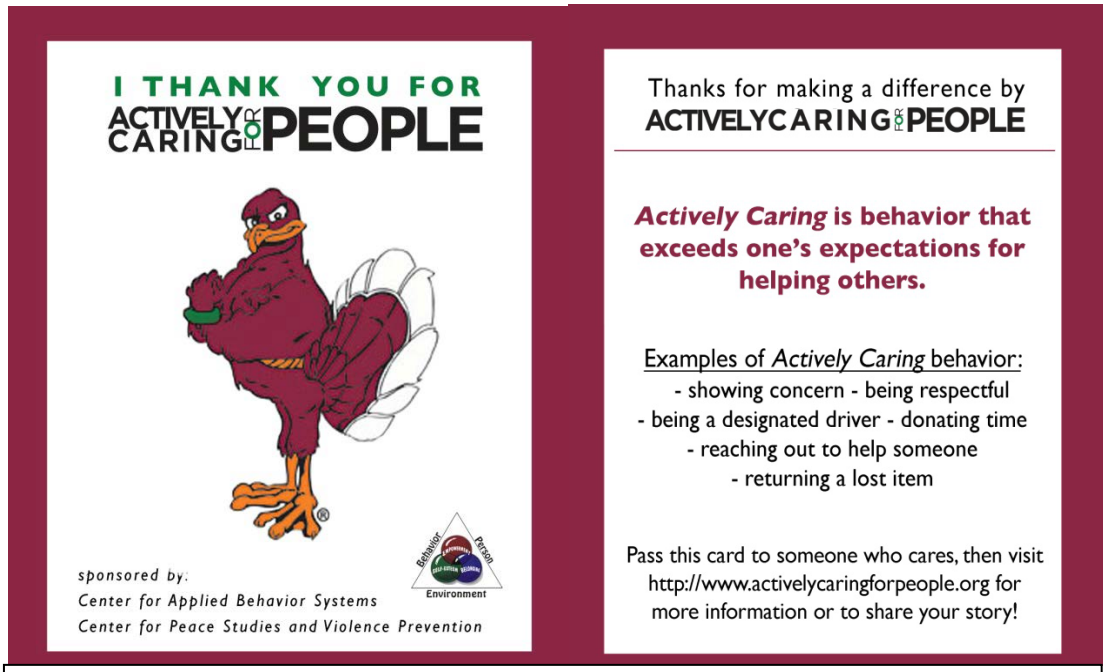


Fig. 5. We use the AC4P thank-you card to reward AC4P behavior.

In their 2005 book, *Measure of a Leader,* Aubrey and James Daniels describe a creative device they have used successfully for years to motivate discretionary behaviors throughout an organization. Specifically, they hang a chart in a conspicuous location that lists the names of all employees in a certain work area. Then they give each person a sticker identifying that individual. Subsequently, whenever a worker is helped by colleague, that person puts his or her identifying sticker on the chart, next to the name of the person who performed the AC4P behavior.

The Daniels brothers report dramatic culture change as a result of this public accountability system for interpersonal AC4P behavior. "Not only does it give recognition for those who help, but it is an antecedent for others to take the initiative in finding ways they can help other team member".[30]

In addition, for almost 20 years I have been promoting the use of a green wristband, embossed with the words "Actively Caring for People," to recognize people for their AC4P behavior. Over the years, I've distributed about 50,000 of these wristbands after my keynote addresses at conferences and organizations. Recently my students have used this recognition approach to reduce bullying and promote AC4P behavior in various educational settings.[31]

For these latter applications, the AC4P wristbands were redesigned to include a different identification number per wristband as well as the website (www.ac4p.org) where people can a) share their AC4P stories (with the number of the wristband they gave or received), b) track worldwide where a particular AC4P wristband has been, and c) order more AC4P wristbands. An average of 1,000 individuals log on this website per month, and to date more than 5,000 AC4P stories have been shared on this website, and more than 30,000 AC4P wristbands have been ordered. We believe this particular accountability system for activating and rewarding AC4P behavior has great potential for spreading the actively-caring paradigm worldwide and inspiring the development of AC4P cultures.

Genuine appreciation and recognition can have dramatic positive effects on a person's attitude, mindset, and disposition. Indeed, a recognition system that directly acknowledges AC4P behavior can result in a spiraling cycle of propitious culture change. Positive regard for people's AC4P behaviors increases the frequency of the target behavior directly, while simultaneously feeding the five person states

that set the occasion for more actively caring. These person states are defined next, as well as ways to augment them.

The Indirect Approach

Psychological science considers both the observable (outside) and non-observable (inside) aspects of individuals. Indeed, long-term behavior change requires people to change *inside* as well as outside. The promise of a positive consequence or the threat of a negative one can maintain the desired behavior while the response-consequence contingencies are in place. But what happens when they are withdrawn? What happens when people are in situations, like at home, when no one is holding them accountable for their behavior? If people do not *believe* in the AC4P way of doing something and do not *accept* AC4P as a value or a personal mission, don't count on them to choose AC4P behavior when no one's watching. In other words, if people are not self-motivated to actively care, the frequency of AC4P behavior will be much less than desired.

Figure 6 illustrates how person factors interact with the basic activator-behavior-consequence model of behavior-based psychology.[32] Activators direct behavior and consequences motivate behavior, but as shown in Figure 6, these events are first filtered through the person. Numerous internal and situational factors influence how we perceive activators and consequences. For example, if we see activators and consequences as disingenuous ploys to control us, our attitude about the situation will be negative. If we believe the external contingencies are genuine attempts to help us do the right thing, our attitude will be more positive. Thus, personal or internal dynamics determine how we receive activator and consequence information. This can influence whether environmental events enhance or diminish what we do. Let's consider five person states that influence one's propensity to perform AC4P behavior.

Self-Esteem ("I am valuable"). One's self-concept, or feeling of worth, is the central theme of most humanistic therapies.[33] According to Carl Rogers and his followers, we have a real and an ideal self-concept. That is, we have notions or dreams of what we would like to be (our ideal self) and what we think we are (our real self). The greater the gap between our real and ideal self-concepts, the lower our self-esteem. Thus, the mission of many humanistic therapies is to help a person reduce this gap.

It's important to maintain a healthy level of self-esteem, and to help others raise their self-esteem. Research shows that people with high self-esteem report fewer negative emotions and less depression than people with low self-esteem.[34] Those with higher self-esteem also handle life's stresses better.[35]

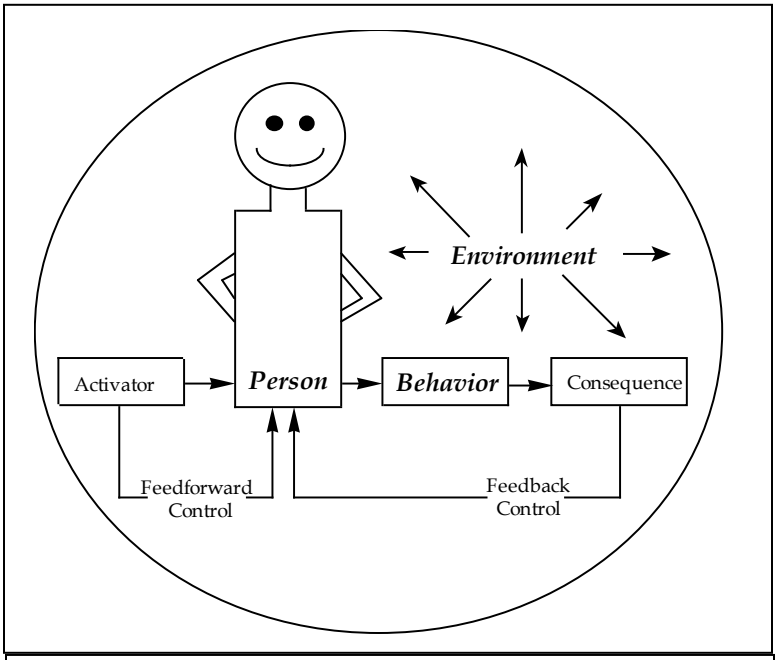


Fig. 6. Activators and consequences to change behaviors are filtered through the person.

Researchers have also found that individuals who score higher on measures of self-esteem are: a) less susceptible to outside influences[36], b) more confident of achieving personal goals[37], and c) make

more favorable impressions on others in social situations.[38] Plus, people with higher self-esteem help others more frequently than those scoring lower on a self-esteem scale.[39]

Empowerment ("I can make a difference"). In the management literature, empowerment typically refers to delegating authority or responsibility, or sharing decision-making.[40] In contrast, the AC4P perspective of empowerment focuses on how a person reacts often giving more power or influence. From a psychological perspective, empowerment is a matter of personal perception. Do you feel empowered or more responsible? Can you handle the additional assignment? This view of empowerment requires the personal belief that "I can make a difference."

Perceptions of personal control[41], self-efficacy[42], and optimism[43] strengthen the perception of empowerment. An empowered state is presumed to increase one's motivation to "make a difference," perhaps by going beyond one's normal routine on behalf of the well-being of another person. There is empirical support for this intuitive hypothesis.[44] Let's look more closely at these three person states that affect our propensity to actively care.

Self-Efficacy. Self-efficacy is the idea that "I can do it". This is a key factor in social learning theory, determining whether a therapeutic intervention will succeed over the long term.[45] I'm talking about your self-confidence. Dozens of studies have found people who score relatively high on a measure of self-efficacy perform better at a wide range of tasks, showing more commitment to a goal and working harder to pursue it. They also demonstrate greater ability and motivation to solve complex problems at work, have better health and safety habits, and are more successful at handling stressors.[46]

Self-efficacy contributes to self-esteem, and vice versa; but these constructs are different. Simply put, self-esteem refers to a general sense of self-worth; self-efficacy refers to feeling successful or effective at a particular task. Self-efficacy is more focused, and can vary markedly from one task to another. One's level of self-esteem remains rather constant across situations.

Personal Control. Personal control is the feeling that "I am in control". J. B. Rotter[47] used the term *locus of control* to refer to a general outlook regarding the location of forces controlling a person's life--internal or external. Those with an *internal* locus of control believe they usually have direct personal control over significant life events as a result of their knowledge, skill, and abilities. They believe they are captains of their life's ship. In contrast, persons with an *external* locus of control believe factors like chance, luck or fate play important roles in their lives. In a sense, externals believe they are victims, or sometimes beneficiaries, of circumstances beyond their direct personal control.[48]

Personal control has been one of the most researched individual difference dimensions in psychology. Since Rotter developed the first measure of this construct in 1966, more than 2,000 studies have investigated the relationship between perceptions of personal control and other variables.[49] Internals are more achievement-oriented and health conscious than externals. They are less prone to distress, and more likely to seek medical treatment when they need it.[50] In addition, having an internal locus of control helps reduce chronic pain, facilitates psychological and physical adjustment to illness and surgery, and hastens recovery from some diseases.[51] Internals perform better at jobs that allow them to set their own pace, whereas externals work better when a machine controls the pace.[52]

Optimism. Optimism is reflected in the statement, "I expect the best". It's the learned expectation that life events, including personal actions, will turn out well.[53] Optimism relates positively to achievement. Martin Seligman[54] reported, for example, that world-class swimmers who scored high on a measure of optimism recovered from defeat and swam even faster compared to those swimmers scoring low. Following defeat, the pessimistic swimmers swam slower.

Compared to pessimists, optimists maintain a sense of humor, perceive problems or challenges in a positive light, and plan for a successful future. *They focus on what they can do rather than on how they feel*.[55] As a result, optimists handle stressors constructively and experience positive stress rather than negative distress.[56] Optimists essentially expect to be successful at whatever they do, and so they work harder than pessimists to reach their goals. As a result, optimists are beneficiaries of the self-fulfilling prophecy.[57]

Fulfilling an optimistic prophecy can enhance our perceptions of personal control, self-efficacy, and even self-esteem. Realizing this should motivate us to do whatever we can to make interpersonal conversations positive and constructive. This will not only increase optimism in a certain culture, but also promote a sense of group cohesiveness or belonging-- another person state that facilitates AC4P behavior.

Belonging ("I am a team member"). In his best seller, *The Different Drum: Community Making and Peace*[58], M. Scott Peck challenges us to experience a sense of true community with others. We need to develop feelings of belonging with one another regardless of our political preferences, cultural backgrounds and religious doctrine. We need to transcend our differences, overcome our defenses and prejudices, and develop a deep respect for diversity. Peck claims we must develop a sense of community or interconnectedness with one another if we are to accomplish our best and ensure our survival as human beings.

It's intuitive that building a sense of community or belonging among our friends and colleagues will increase the frequency of their AC4P behaviors. Improvement in behavior requires interpersonal observation, feedback and recognition, and for this to happen, people need to adopt a collective win/win perspective instead of the individualistic win/lose orientation so common in many work and educational settings. A sense of belonging and interdependency leads to interpersonal trust and caring--essential features of an AC4P culture.

- We use more rewards than penalties with ***family*** members.
- We don't pick on the mistakes of ***family*** members.
- We don't rank one ***family*** member against another.
- We brag on the accomplishments of ***family*** members.
- We respect the property and personal space of ***family*** members.
- We pick up after other ***family*** members.
- We correct the undesirable behavior of ***family*** members.
- We accept the corrective feedback of ***family*** members.
- We are our interdependent with ***family*** members.
- We actively care because they're ***family***.

Fig. 7. A *family* perspective in an organization helps to cultivate an AC4P culture.

In my numerous group discussions with employees on the belonging concept, someone inevitably raises the point that a sense of belonging or community at their plant has decreased over recent years. "We used to be more like family around here" is a common theme. For many companies, growth spurts, continuous turnover--particularly among managers--or "lean and mean" cutbacks have left many employees feeling less connected and trusting. It seems, in some cases, people's need level on Maslow's hierarchy has regressed from satisfying social acceptance and belonging needs to concentrating on maintaining job security, in order to keep food on the table.

Figure 7 lists a number of special attributes prevalent in most families, where interpersonal trust and belonging are usually optimal. We are willing to actively care in special ways for the members of our immediate family. The result is optimal trust, belonging, and AC4P behavior for the health, safety, and welfare of our family members. To the extent we follow the guidelines in Figure 7 among members of our everyday peer group, we will achieve an AC4P culture. In other words, following the principles in Figure 7 will develop trust and belonging among people, and lead to the quantity and quality of AC4P behavior expected among family members--at home, at work, at school, and everywhere in between.

In Summary

The five person states presented here as influencing people's willingness to actively care are shown in Figure 8 as an "AC4P Model." Each of these person variables has a prosperous research history in psychology and some of this research relates directly to the AC4P Model. Research that tested relationships between these person states and actual behavior has supported this model[59], although much more research is needed in this domain.

A particularly important question is whether the AC4P person states are both antecedents and consequences of an AC4P act. It seems intuitive that performing an act of kindness that is effective, accepted, and appreciated could increase the helper's self-esteem, self-efficacy, personal control, optimism, and sense of belonging. This, in turn, should increase the probability of more AC4P behavior. In other words, one act of caring, properly appreciated, should lead to another... and another. A self-supporting AC4P cycle is likely to occur.

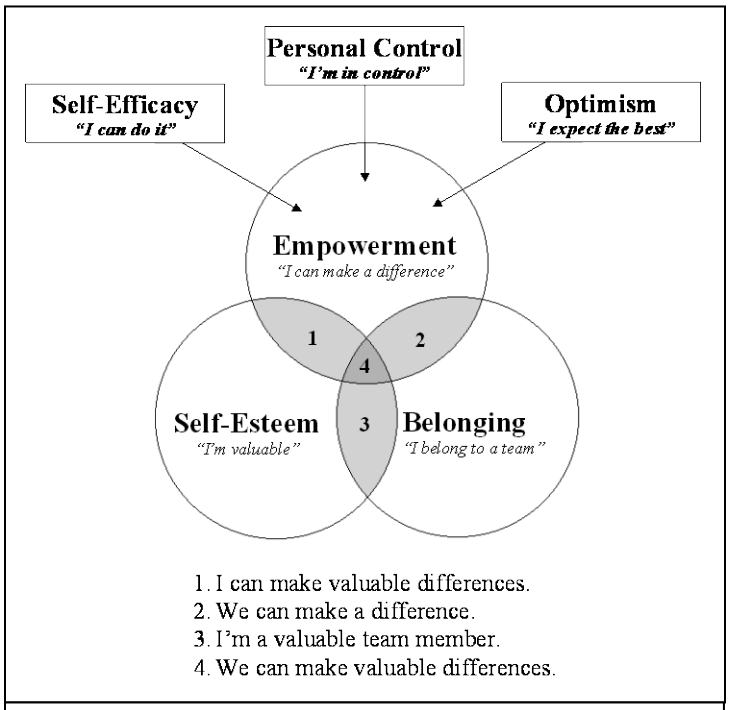


Fig. 8. Certain person states influence a person's willingness to actively care for the well-being of others.

Enhancing the AC4P Person States

Sometimes at seminars and workshops I hear participants express concern that the AC4P person-state model might not be practical. "The concepts are too soft or subjective," is a typical reaction. Teachers, parents, work supervisors, and individual employees accept the behavior-based approach to performance improvement because it's straightforward, objective, and clearly applicable to educational, work, and family settings. But person-based concepts like self-esteem, personal control, optimism, and belonging appear ambiguous, "touchy-feely," and difficult to deal with. "The concepts sound good and certainly seem important, but how can we get our arms around these 'warm fuzzies' and use them to promote an AC4P culture?"

These person states are more difficult to define, measure and manage than behaviors. But, we just can't ignore the importance of how people *feel* about a behavior-change intervention. For people to accept a behavior-change process and sustain the target behaviors over the long term, we must consider internal person states while designing and implementing an intervention. After introducing the AC4P Model (Figure 8) at my workshops, I often divide participants into discussion groups. I ask group

members to define events, situations, or contingencies that decrease and increase the person state assigned to their group. Then I ask the groups to derive simple and feasible action plans to increase their assigned state. This promotes personal and practical understanding of the concept.

Feedback from these workshops tells me the AC4P Model may be soft, but it's not too hard to grasp. Action plans have been practical and quite consistent with techniques used by researchers. Also, there has been substantial overlap of practical recommendations--workshop groups dealing with different person states have come up with similar contributory factors and action plans. Let's take a look at what workshop participants have come up with for factors and strategies regarding each of these person states:

Self-Esteem. Factors consistently mentioned as shaping self-esteem include communication techniques, reinforcement and punishment contingencies, and leadership styles. Participants suggest a number of ways to build self-esteem, including: a) Provide opportunities for personal learning and peer mentoring; b) Increase recognition for desirable behaviors and individual accomplishments; and c) Solicit and follow up on a person's suggestions.

It's essential to give more positive (or supportive) than negative (or corrective) feedback, and when offering corrective feedback focus on the act, not the actor. Emphasize an error only reflects behavior that can be corrected, not some deeper character flaw. Don't come off as a judge of character, implying a mistake suggests some subjective personal attribute like "carelessness," "apathy," "bad attitude," or "poor motivation." And, be a patient, active listener. Allow the person to offer reasons for their error or poor judgment. Resist the temptation to argue about these. Giving a reason or excuse is just a way to protect one's self-esteem, and it's generally a healthy response. Remember, you already made your point by showing the error and suggesting ways to avoid the mistake in the future. Leave it at that.

If a person doesn't react to corrective feedback, it might help to explore feelings. "How do you feel about this?" you might ask. Then listen empathically to assess whether self-esteem has taken a hit. You'll learn whether some additional communication is needed to place the focus squarely on what is external and objective, rather than on subjective, internal states.

Self-Efficacy. As clarified above, self-efficacy is more situation specific than self-esteem, and so it fluctuates more readily. Job-specific feedback should actually affect only one's perception of what's needed to complete a particular task successfully. It should not influence feelings of general self-worth. Keep in mind, though, that repeated negative feedback can have a cumulative effect, chipping away at an individual's self-worth. Then it takes only one remark, perhaps one you would think is innocuous and job-specific, to trigger what seems like an overreaction.

Hence, it's important to recognize our communication may not be received as intended. We might do our best to come across positively and constructively, but because of factors beyond our control, the communication might be misperceived. One's inner state can dramatically bias the impact of interpersonal feedback.

Achievable Tasks. What makes for a "can do" attitude? Personal perception is the key. A supervisor, parent, or teacher might believe he or she has provided everything needed to complete a task successfully. However, the employee, child, or student might not think so. Hence, the importance of asking, "Do you have what you need? We're checking for feelings of self-efficacy." This is easier said than done, because people often hesitate to admit they are incompetent. Really, who likes to say, "I can't do it?" Instead, we try to maintain the appearance of self-efficacy.

I have often found it necessary to ask open-ended questions of students to whom I give assignments, in order to assess whether they are prepared to get the job done. In large classes, however, such probing for feelings of self-efficacy is impossible. As a result, many students get left behind in the learning process (frequently because they skipped classes or an important reading assignment). As they get farther and farther behind in my class, their low self-efficacy is supported by the self-fulfilling prophecy and diminished optimism. Sometimes this leads to "give-up behavior" and feelings of helplessness.[60] All too often, these students withdraw from my class or resign themselves to receiving a low grade.

Personal Strategies. Watson and Tharp[61] suggest the following five steps to increase perceptions of self-efficacy. First, select a task at which you expect to succeed, not one you expect to fail. Then, as your feelings of self-efficacy increase, you can tackle more challenging projects. A cigarette smoker who wants to stop smoking, for example, might focus on smoking 50 percent fewer cigarettes per week rather than attempting to quit "cold turkey." With early success at reducing the number of cigarettes smoked, the individual could make the criterion more stringent (like smoking no cigarettes on alternate days). Continued success would lead to more self-efficacy.

Second, it's important to distinguish between the past and the present. Don't dwell on past failures. Instead, focus on a renewed sense of self-confidence and self-efficacy. Past failures are history--today is the first day of the rest of your life.

Third, it's important to keep good records of your progress toward reaching your goal. Our cigarette smoker should record the number of cigarettes smoked each day, and note when the rate of smoking is 50 percent less for a week. This should be noted as an achievement, and then a new goal should be set. Focusing on your successes (rather than failures) represents the fourth step in building self-efficacy.

The fifth step is to develop a list of tasks or projects you'd like to accomplish and rank them from easiest to most difficult to accomplish. Then, whenever possible start with the easier tasks. The self-efficacy and self-confidence developed from accomplishing the less demanding tasks will help you tackle the more challenging situations on your list.

Focus on the Positive. Many of the strategies I've presented for improving person states include a basic principle--focus on the positive. Whether attempting to build our own self-efficacy or that of others, success needs to be emphasized over failure. Thus, whenever we have the opportunity to teach others or give them feedback, we must look for small-win accomplishments and give genuine approval before commenting on ways to improve. Again, this approach is easier said than done.

Failures are easier to spot than successes. They stick out and disrupt the flow. That's why most teachers are quick to give negative attention to students who disrupt the classroom, while giving only limited positive attention to students who remain on task and go with the flow. Furthermore, many of us have been conditioned (unknowingly) to believe negative consequences (penalties) work better than positive consequences (rewards) to influence behavior changes.[62]

Personal Control. Employees at my seminars on AC4P have listed a number of ways to increase perceptions of personal control, including: a) setting short-term goals and tracking progress toward long-term accomplishment; b) offering frequent rewarding and correcting feedback for process activities rather than only for outcomes; c) providing opportunities to set personal goals, teach others, and chart "small wins"[63]; d) teaching employees basic behavior-change intervention strategies (especially feedback and recognition procedures); e) providing people time and resources to develop, implement and evaluate

intervention programs; f) showing employees how to graph daily records of baseline, intervention, and follow-up data; and g) posting response feedback graphs of group performance.

It's noteworthy the perception of personal control is analogous to perceptions of personal choice and autonomy. In other words, when people believe they are in control of a situation or challenge, they generally feel a sense of personal choice. "I choose to take charge of the mission which is within my domain of influence."

Optimism. As discussed earlier, optimism results from thinking positively, avoiding negative thoughts, and expecting the best to happen. Anything that increases our self-efficacy should increase optimism. Also, if our personal control is strengthened we perceive more influence over our consequences. This gives us more reason to expect the best. Again, we see how the person states of self-efficacy, personal control and optimism are clearly intertwined. A change in one will likely influence the other two.

Belonging. Here are some common proposals given by my seminar discussion groups for creating and sustaining an atmosphere of belonging among employees: a) Decrease the frequency of top-down directives and "quick-fix" programs, b) increase team-building discussions, group goal-setting and feedback, and group celebrations for both process and outcome achievements; and c) use self-managed or self-directed work teams.

When groups are given control over important matters like developing a behavior-improvement observation and feedback process or a particular AC4P initiative, feelings of both empowerment and belonging can be enhanced. When resources, opportunities, and talents enable team members to assert, "We can make a difference," feelings of belonging occur naturally. This leads to synergy, with the group achieving more than could be possible from participants working independently.

In Conclusion

The information reviewed in this presentation is relevant for achieving an AC4P culture at work, at school, at home, and throughout a community. Bottom line: Continuous improvement in any endeavor involving human dynamics requires people to actively care for others as well as themselves. The research-based principles reviewed here are relevant to increasing the frequency of AC4P behavior throughout a particular culture.

A variety of practical intervention procedures were also given. Some of these influence techniques increase AC4P behavior indirectly by benefiting the person states that facilitate one's willingness to actively care. Other influence strategies target AC4P behaviors directly, but often have an indirect positive affect on the person states that enhance one's propensity to actively care.

Indirect strategies are deduced from the AC4P Model. Any procedure that increases a person's self-esteem, perception of self-efficacy, personal control, and optimism, or sense of belonging or interdependence in a system will indirectly benefit AC4P behavior. A number of communication techniques enhance more than one of these states simultaneously, particularly actively listening to others for feelings and giving genuine praise for other people's accomplishments.

We need only reflect on our own lives to appreciate the power of personal choice, and how the perception of personal control makes us more self-motivated, involved, and committed to a particular mission. The perception of choice activates and sustains AC4P behavior. Perceptions of belonging are important, too. They increase when groups are given control over important decisions and receive genuine

recognition for their accomplishments. Synergy is the ultimate outcome of belonging and win/win interpersonal involvement. It occurs when group interdependence produces more than what's possible from going it alone.

AC4P behaviors are the building blocks of an AC4P culture. The more AC4P behaviors occurring among people in a given work, school, or family setting, the more likely will an AC4P culture evolve. Because people are rarely held accountable for performing AC4P behavior, it usually takes self-motivation to initiate and sustain the kind of behavior needed for an AC4P culture. The realistic narrative by Geller and Veazie[64] explains how to increase perceptions of self-motivation, thus setting the stage for AC4P behavior.

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