Working with Ethnic Difference

Dr Abdullah Mia

Nothing is original.

Steal from anywhere that **resonates** with **inspiration** or fuels your **imagination**.

Devour old films, new films, music, books, paintings, photographs, poems, dreams, random conversations, architecture, bridges, street signs, trees, clouds, bodies of water, light and shadows.

Select only things to steal from that **speak directly to your soul**. If you do this, **your work (and theft) will be authentic**.

Authenticity is invaluable; originality is non-existent...

And don't bother concealing your thievery – celebrate it if you feel like it.

In any case, always remember what Jean-Luc Godard said:

"It's not where you take things from – it's where you take them to."

Jim Jarmusch

Preventing Defensive Behaviours

- Question the need for this person's views to match your own.

- Reframe irritations & annoyances as opportunities for growth.

- Recognize your need for additional information and/or experience.

- If appropriate, discuss the limitations of your knowledge and experience with the person.

- If appropriate & possible, use humour.

https://www.derailingfordummies.com/

Statements and Principles

- We will enact racism, consciously or unconsciously.

- We will not intend it, always.

- Differentiate between what is the person, what is the behaviour

- Move away from attacks, move towards understanding.

- Understanding does not mean condoning.

Hopes

- To commit to bringing ourselves, our personal self.
- To critically appraise the knowledge base
  - To orient ourselves to what we represent, and what the knowledge of ethnic minorities may be.
- To refresh our knowledge of 'race', culture and ethnicity and the impact on psychological therapies
- Understand the impact of culture on us, our clients and our interactions with wider systems.
- Explore two models of cultural adaptations to CBT; (Hays and Rathod)
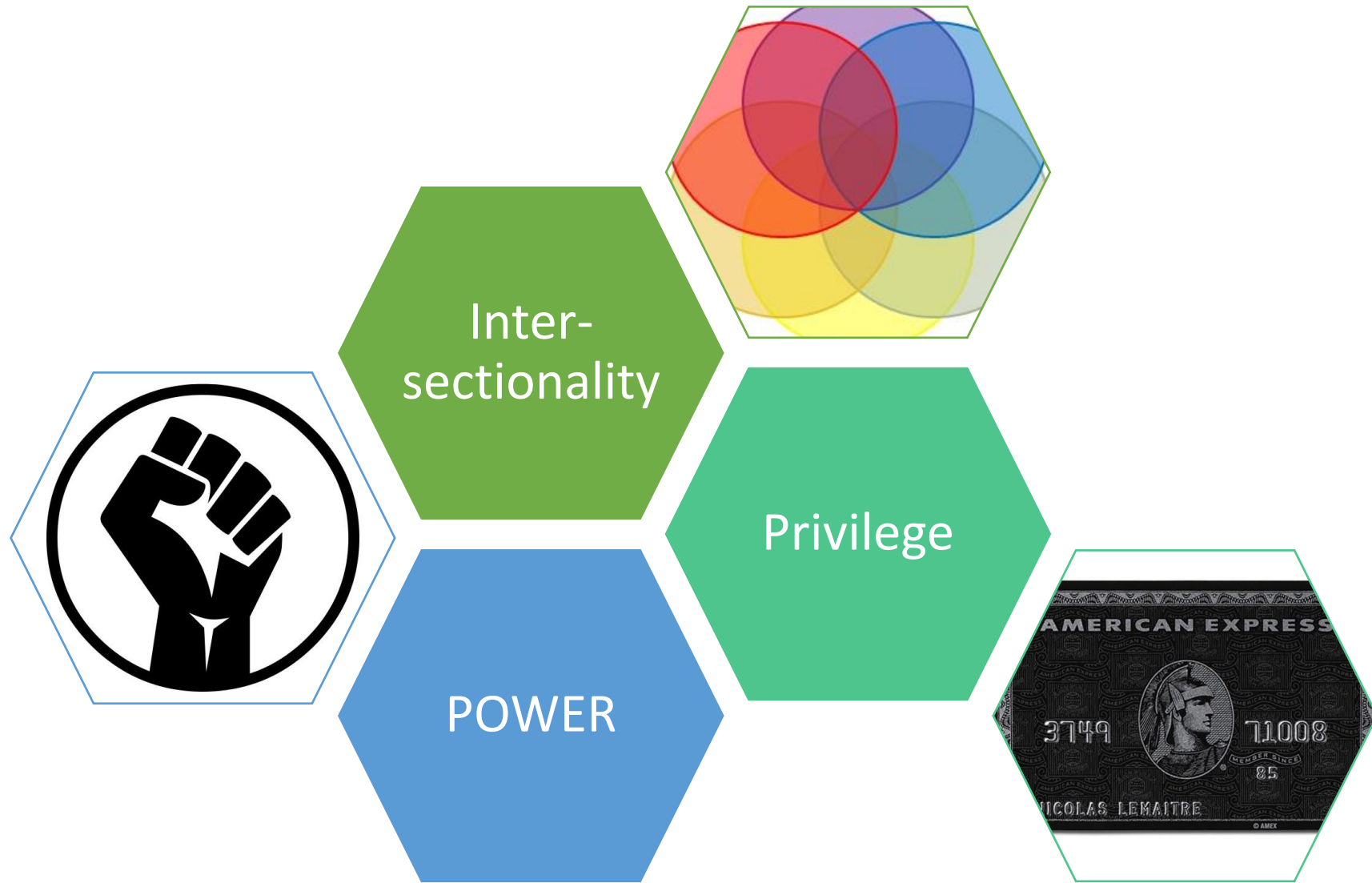
Drivers of Cultural Competence

- Population change

- Disparities in health status in different ethnic and racial groups

- Recognition of biases in health care decision making, recommendations (Schulman et al. 1999). Impact on access, effectiveness, availability of appropriate MH services

- Under-utilisation/ premature drop out

- Lower quality care

Higher-order drivers

- Social Justice

- Ethics

- Equity & fairness

Reflecting on ourselves

What's in a name?

- Please introduce yourselves by telling me your name, why you were named this, and what the name means to you?

- What is the purpose of this exercise?

- https://www.dailymotion.com/video/x7sr3t

My culture

Instructions

- Take a few minutes to think about how you will describe the main features of your culture.
  - Think of shared history, practices, beliefs and values

- What are your attitudes to family life in relation to roles, duties and obligations?
- What counts as success for you?

Culture and Me

- How does culture impact on the knowledge you hold?
- What are your experiences of alternative cultures?
  - Holidays, partners, friends,
  - How embedded are you in these cultures and alternative knowledge bases

- How do you understand and hold onto 'the other'
- How do you reconcile the conflict that what you know is one truth of possible multiple truths?

'Race', Racism and Me

- Therapist's responsibility for initiating exploration of difference between therapist-client dyad.

- Need to consider
  - Client/Therapist expectation
  - Therapist impulse to create a political alignment 'against the system'
  - The professionalization of advice over the discussion of difference
  - Is 'Race' spoken about in White-White dyads?
  - Caution not to dehumanise BAME clients by focussing on their being ethnicity.

Why I'm no longer talking to White people about 'race' – Reni Eddo-Lodge

- https://www.youtube.com/watch?v=2vJZdeSqfFY

White Privilege and White Fragility

- White Privilege – exists because of historical racism, biases and colonialization. It is a changeable concept, but summed up as

"having greater access to power and resources than people of color [in the same situation] do."

- White Fragility – state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves. (check out Robin DiAngelo).

Cause of Racial Stress	Effect on aspect of White Identity
Suggesting a White person's viewpoint comes from a racialised frame of reference	Challenge to objectivity
People of colour talking about their own racial perspective	Challenges to White taboos on talking openly about 'race'
People of colour choosing not to protect the feelings of White people in regards to 'race'	Challenge to White racial expectations and need/entitlement to racial comfort
People of colour not being willing to tell their stories or answer questions about their racial experiences	Challenge to the expectation that people of colour will serve White people
A fellow White person not providing agreement with ones racial perspective	Challenge to White solidarity

Cause of Racial Stress	Effect on aspect of White Identity
Receiving feedback that ones behaviour has a racist impact	Challenge to White racial innocence
Suggesting that group membership is significant	Challenge to individualism
An acknowledgement that access is unequal between racial groups	Challenge to meritocracy
Being presented with a person of colour in a position of leadership	Challenge to White authority
Being presented with information about other racial groups, in which they drive the action but not in stereotypical roles.	Challenge to White centrality

'Whiteness' as a construct

- ## Whiteness, White Privilege and White Fragility
  - Engaging with ourselves and what we represent

- ## Individual and Group
  - The individual responds to group and social norms, the group responds to social anxiety

- ## Representation and Responsibility

How should we understand racism?

- When we say the word racist or discuss racism, what do you think of?

  - 'Race' and difference is *constructed*, performatively *produced* and *embodied* in ways that protect particular investments, identities and privilege

- Can we discuss 'race' without racialising the other? Can we talk about embodied practices?

  - Think of discussions about 'ghettoisation', arguments regarding migration

Power (Hardy, 2001)

- Privileged vs Subjugated
  - Not concrete categories, a person can occupy different positions depending on different issues.

- Each have responsibility towards 'healing', however the responsibilities are not the same.

- What are your thoughts about what this might involve?

Responsibility of the Privileged

- Overcome mistaken notions about equality and inequality
  - We treat everyone equal so everyone is equal

- Acknowledge the existence of marginalisation, appreciate the inequality and suffering of the subjugated.

- Work with intentions and consequences
  - Noble intentions, ignoble utility

- Get used to not knowing 'the right way' of addressing inequality
  - There is a risk, and it does hurt at times, there will be hostility and anger

Responsibility of the Subjugated

- Find a way to regain one's voice
  - Reclaim one's heritage and history
- Allow the privileged to come to terms with their participation in injustice
  - It's OK when a White person becomes upset when they recognise their privilege – bad things *may* not happen as a consequence
- Find ways to deal with the subjugated need to 'take care' of the privileged
  - Allow White people to generate their responses, bear witness to the discomfort
- Find ways to channel the rage, along with its historical foundations

Your experiences of racial discrimination

- When was your first experience of racial discrimination?

- What was this experience like? Are you happy to share?

- Have you experienced any other forms of discrimination?

Structural Racism with Akala (who is really great)

- https://www.youtube.com/watch?v=611Fu5HU8Kc

- Racism = Prejudice + Power (social power)

Framework for White Identity Development (Helms 1990)

1. Contact

   Lack of racist awareness and participation in it. Black people evaluated according to White criteria.

2. Disintegration

   Acknowledgement of the individual's 'Whiteness', all individuals should be treated equally

3. Reintegration

   Identity accompanied by the belief that White privilege should be protected. Hostility and anger diminish with an acknowledgement of the socio-political implications of being White.

Framework for White Identity Development (Helms 1990)

4. **Pseudo-independence**

   Growing responsibility for racism at an intellectual level, but differences still interpreted from a White perspective

5. **Immersion – Emersion**

   Profound questions of an existential nature are faced: Who am I racially? Experience previous emotions that were denied or distorted

6. **Autonomy**

   Abandonment of personal, cultural and institutionally racist practices and a development of a more flexible world view

Non-critical focus

- Expressions of racism
  - Located in individual minds, social institutions or cultural practices

- Psychological consequences
  - Attitudes, stereotypes, representations, identities and self-esteem.

Critical Focus

- Making visible the racist* and racializing* practices, thereby creating a consciousness of these, hopefully unsettling and disrupting these practices

- Transgressing racialised* networks of power and examining social psychological dynamics of resistance.

Mainstreaming non-White perspectives

- Acknowledge racialised White practices, emphasise alternative knowledge
    - African Literature *www.royalafricansociety.org/africawrites2013*
    - Indian Folk Stories http://www.worldoftales.com/Indian_folktales.html

- Rites of Passage
    - African http://www.manuampim.com/AfricanInitiationRites.htm
    - Hindu http://tinyurl.com/oovsb5t
    - Faith based rites of passage?

- Newspapers

Language, Discourse and Politics

- If I do not speak in a language that can be understood, there is little chance for a dialogue. - Bell Hooks

- Paolo Friere (Pedagogy of the Oppressed)
  - Action without Reflection = Activism (Acting without Thinking)
  - Reflection without Action = Verbalism (Thinking without Acting)
  - Action with Reflection = Praxis (Thinking and Acting)

Discourse - Foucault

- Discourse operates in four ways;
  - creating the world in which we live;
  - generating knowledge and a 'truth';
  - communicating something about the people who 'speak' it;
  - facilitating degrees of social, cultural and even political power

Discourse - Politics

- Creating meaning through language creates beliefs about the significance of events, problems, social changes and policy changes
- Political language has the power legitimise particular regimes, beliefs and actions
  - Equality Act 2010
  - "multiculturalism failing"
  - Importance of British identity
  - Brexit – migration and immigration
  - "Picanninies, Letterboxes etc"

Some examples

- What forms of discourse are you privy to?
  - Newspapers, radio, films, street conversations, social networking sites, University lectures, politics, sport

- What other content do you access?

- How does this impact upon one's knowledge and mental health? https://www.buzzfeed.com/ellievhall/19insert-word-here-differences-between-time-magazine-us-and?utm_term=.egZ64EJ9yJ#.wdKRAE2x72

- How do you hold onto the 'other'?

Idioms of distress (Nichter, 2010)

- Multiple ways in which behaviours can be seen as idioms of distress.
  - Health seeking behaviours
  - Medicine taking behaviours
  - Use, and reframing biomedical nomenclature
  - Repeated use of diagnostic tests

- "Sinking Heart" – Punjabi women.

Expression and Interpretation of Distress

- Somatisation (Lipowski, 1987; Cheung, 1995)

- Explanatory Models (Kleinman, 1977; Lewis-Fernandez & Kleinman, 1994)

Notions of sickness and its treatment by those engaged with the clinical process both professionals and users of service.

- Influence of cohort effects, gender & cultural background
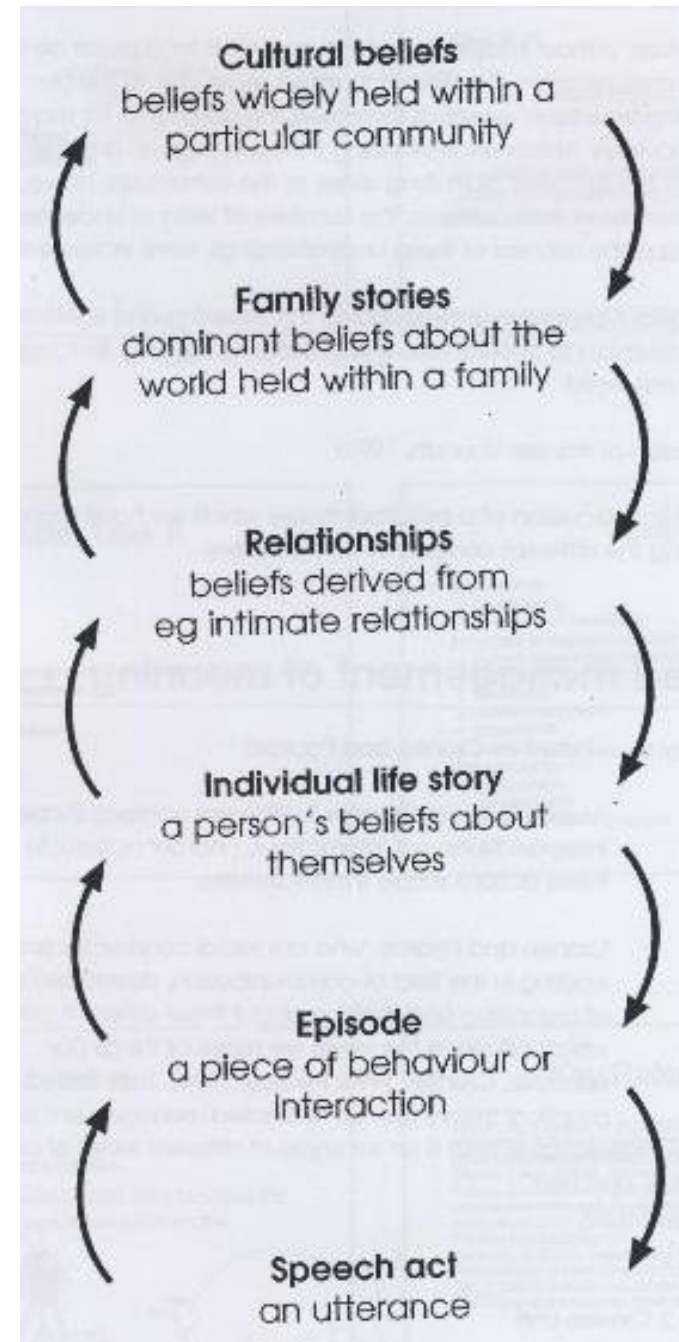
- Stoicism & meaning attached to it

Dangers of a 'single' story

- https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story?language=en

Co-ordinated Management of Meaning (Cronen and Pearce, 1994)

- Comes from Communications Theory & Social Constructionism

- Organises and thinks about the different contexts that can help us understand the way humans act and communicate.

- In therapy, provides a way of reflecting on origins of clients' (and clinicians') beliefs and the effect on their actions – can track a single comment "up" to its personal and cultural origins and, vice versa, can track cultural beliefs down to single comments

Cultural beliefs
beliefs widely held within a particular community

Family stories
dominant beliefs about the world held within a family

Relationships
beliefs derived from eg intimate relationships

Individual life story
a person's beliefs about themselves

Episode
a piece of behaviour or Interaction

Speech act
an utterance

Epistemology, Knowledge and Empiricism

- Current understanding

- Theories of truth (Plato), justification (Socrates), ethics (Aristotle)

- Theory of knowledge that comes only or primarily from sensory experience.
  - Emphasis on evidence, *a priori* reasoning, testing of scientific hypotheses

- Use in psychology
  - Evidence based treatments, alignment towards tangible and testable hypotheses, studies focussing on knowing that which is testable and observable

Epistemology, Knowledge and Empiricism

- Eastern Philosophy
    - Confucianism (ethics and balance of opposites), Taoism,

- Indian Philosophy
    - Nyaya (justice, logic), Purva Mimamsa (Vedic ritual),

- Buddhist Philosophy
    - atman (self-existant soul); anatta (non-Self); anicca (impermanence); *dhukka* (suffering)

- Islamic Philosophy
    - Avicenna (critic of Aristotle), Ibn Khaldun (sociology and social philosophy)

Theoretical basics

- Body and Mind - in many cultures these are not split

- Self and ego boundaries – inter-dependence over independence, which influences how a person seeks help, before or after family involvement

- Individuality and collectiveness – Explanations of change may not line up with cultural values. Change processes focussing on personal development over family/group development.

Working with Interpreters

Department of Health DVD – Working with Interpreters

Or https://vimeo.com/52956758

Our Profession

Basic Assumption Group Processes

- **Dependency** – All difference is denied or ignored

- **Fight/Flight** – Superficial awareness, but group fights or flees the task of addressing issues

- **Pairing** – A pairing is formed to rescue the organisation. Interactions with the pair are adversarial, envious or positive.

- **Incoherence** – The group fractures into smaller identities, but overall holds the same position

- **Oneness** – Racially or ethnically similar group members may be given more power and privilege to enact dominance

- **Me-ness** – Individuals engage in attaching to the outside of the group, but do not engage within it.

History within the BPS

- 1980s - Transcultural Psychiatry
- 1990s - 'Race' and Culture Faculty
- 2000s - Decline of Faculty: queries of post-racial?
- 2010s - Inclusivity Strategy
- 2020s – Diversity and Inclusion Taskforce

- What's different? If little, then what's stopping us?

Brief points for practice

- Undertake a language needs analysis for the area your service covers, consider how best to meet this need.
- Undertake training to work with interpreters
- Check interpreter is appropriately qualified
- Allocate 10-15 minutes before to prepare them AND yourselves.
- Be mindful of confidentiality issues if working within a small community
- Match for gender and age, where appropriate. NEVER USE A CHILD.
- Allocate 10 – 15 minutes at the end to debrief interpreter and consider support for interpreter.

The Individual and The Group

- Foulkes:
  - *"man is a group animal, each individual is basically and centrally determined by the world in which [he] lives, by the community or group he forms."*

- We belong, by communicating*.
  - An inability to communicate distress is involved in mental health difficulties

'Like Me-Not Like Me'

- Individuals align themselves with those they perceive as similar.
  - This is also paralleled by others in the group

- Holding an uncomfortable paradox*
  - Protection from the group at the cost of their sense of belonging

- Sublimation of difference
  - Try to mimic the group, to engage with the work, but can have negative impact on individuals

Racism through a group lens (Dalal, 2002)

- The stranger in the group is seen as a threat.
  - *Difference is seen as a threat*

- The scapegoat
  - Expressions of a groups desire to punish, be met with an individuals urgent need and expectation to be punished*.

Organisational behaviours

- Belief that employees should inhabit organisational values
  - *e.g. Trust values*

- Increased anxiety and feelings of trauma when this does not match expression of internal values
  - These feelings are 'projected' into an 'other', that holds these

- Constant sacrificing of own internal values leads to fear of annihilation, which must be escaped
  - These are the 'undiscussables' within an organisation e.g. racism

Organisational consequences

Employment tribunals

Former NHS trust manager awarded £1m for race discrimination

'Unconscious bias' in internal inquiry led to unfair dismissal of black worker, tribunal found
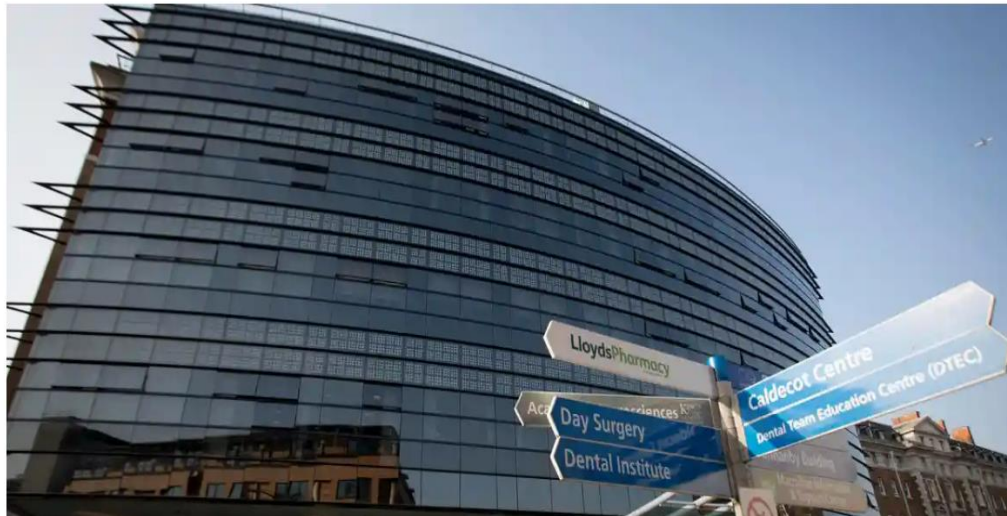
Organisational problem

You are working for an organisation that has recently completed the NHS Staff Survey. The results indicate that there is a high number of staff from minority groups that under report their experiences of prejudice to colleagues, but do on the survey.

The results indicate that many staff from BAME communities experience racism, furthermore, they feel unable to speak about it. This has often led to a high turnover of ethnic minority staff, which in turn has had impact on the relationship with service users.

What interventions would you initiate to ensure staff felt valued, and able to speak about experiences of racism safely?

How would you initiate this? What would you need?

Knowing our history

- Beck (1979)
  - "an active, directive, time-limited, structured approach", based on the theory that "affect and behaviour are largely determined by the way in which an individual structures the world".

- What possible critiques are there in the 'real' world?

Cognition and Ontology

- Cognitive processes operate in context-independent manner.

- Limited notion of cultural and historical relativity of human cognition.

- Culture is seen to be traversed to discover the rational world.

- Personal cognitive causation of events – de-emphasis of context, culture and history*

CBT: Perspectives on Adversity

- Generalisability of CBT is questioned
  - Think development of CBT and subsequent application – contexts.
  - Certain groups are not suitable for a *type* of therapy.

- Social adversity is acknowledged but individual focus remains
  - Continues to operate within adversity by either facilitating coping strategies or seeking deeper meanings.

- Social adversity is influencing; therefore longer-term CBT
  - Classed as 'unchartered territory', where there is understanding and emphasis on therapeutic relationships.

Incongruent experiences

- CBT focusses on personal and/or private meanings; this is distinct from objective and/or public meanings.

- Meanings are constructed by the person, rather than pre-existing. What pre-existing meanings could there be?

- Is there an impact of social meanings and sociological perspectives? Are there examples of social meanings? Perhaps prejudices and/or assumptions?
  - Classism, Racism, Sexism, Heterosexism etc.

Post-modern approaches – "I am linked, therefore I am"

- Combines history but challenges notion of a singular version of truth in relation to human experience – rather multiple truths.

- Reliance on combining a range of theory – critical and literary theory combined with others.

- Rationality and morality form from relationships

- Lends itself well to social constructivism.

- Contradiction in itself.

IAPT BAME Positive Practice Guide

- Service level changes to improve access

- Adaptations to therapy*

- Engagement with service users and communities

- Workforce and staffing representative of community

Our Work
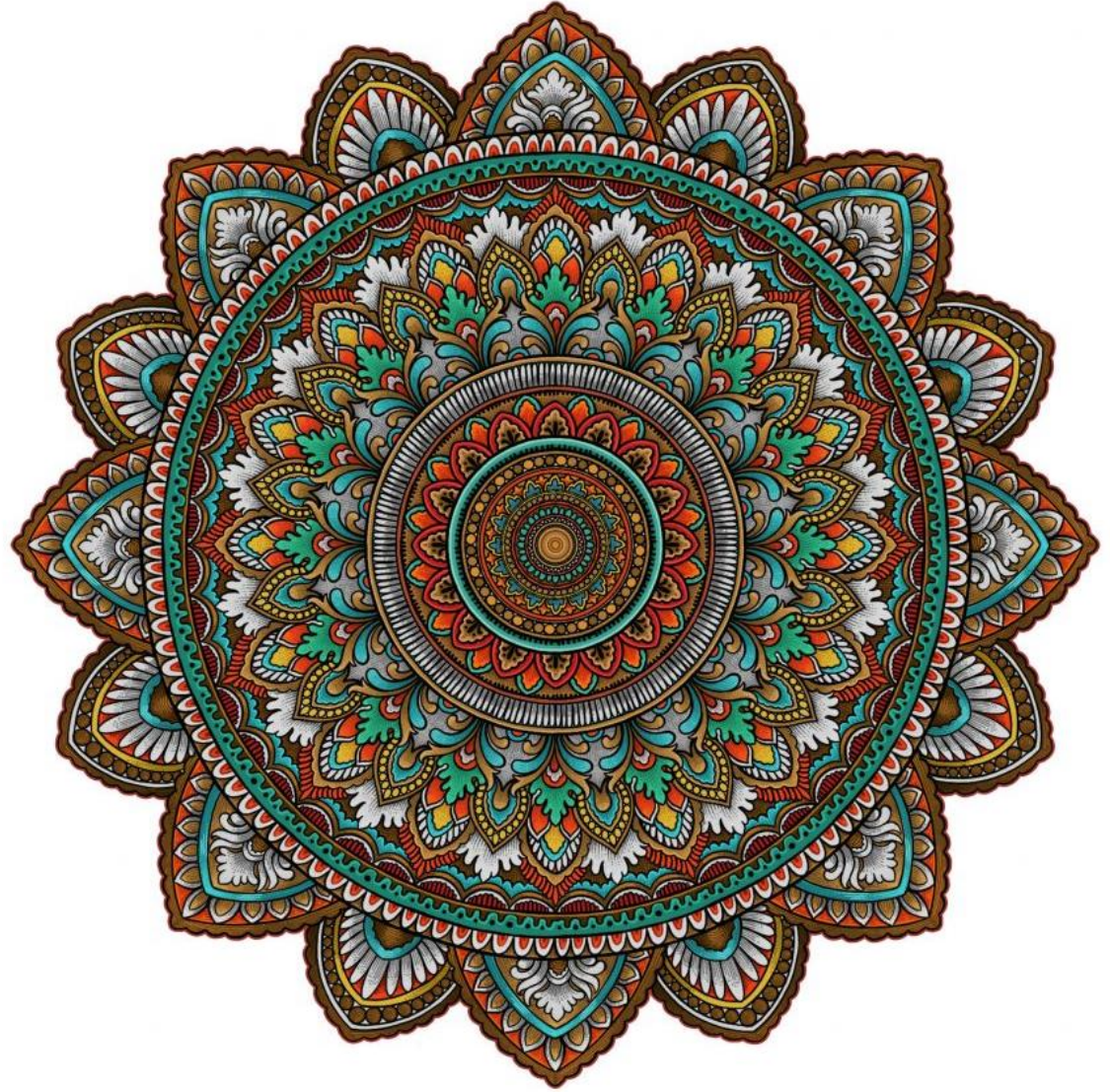
Ethnomonoculturism I

- Belief in superiority
  - What is seen as civilized, intellectual, gracious, class, reason over emotion, individualism, capitalism, meritocracy, written over oral tradition etc.

- Belief in inferiority of others
  - Other lifestyles are inferior to those mentioned above
  - Communication styles are animated and with affect
  - Sincerity, authenticity and genuineness seen with passion, which is diminished in 'Whiteness' centred cultures.

Ethnomonoculturism II

- Manifestations in Institutions
  - Policies, practices and structures of institutions (think HR policies)
  - Normative practices based on a particular understanding, which are unspoken, and unwritten.

- Invisibility of Whiteness in Worldviews
  - Universality of what is subscribed to, and all should subscribe
  - Framing 'other' as Black, Asian, which centers 'White' as norm implicitly
  - Power

Learning to speak - Nonverbal

- Proxemics
  - Use and interpretation of interpersonal space – understanding different cultures experience of 'personal space'. Standing closer may be increased engagement, not hostility.

- Kinesics
  - Referring to body movements and expressions – restraint of facial expressions may be a sign of respect, not deception

- Paralanguage
  - Vocal cues that are used – pauses, volume, indirect communications to be metaphorical or allegorical

Learning to speak - Sociopolitical

- If I do not speak in a language that can be understood, there is little chance for a dialogue. - Bell Hooks

- Paolo Friere (Pedagogy of the Oppressed)
  - Action without Reflection = Activism (Acting without Thinking)
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Being Silenced

- Managing Racial Stigma
  - Regularly being aware of how one is perceived, increased vigilance.

- Managing Racial Microaggressions
  - Having to explain oneself, pathologizing communication style, fetishization of bodies, questioning ones experience, enduring reductionism regarding ethnicity.

'Race' in the therapy room

- Therapist's responsibility for initiating exploration of difference between therapist-client dyad.
- Need to consider
  - Client/Therapist expectation
  - Therapist impulse to create a political alignment 'against the system'
  - The professionalization of advice over the discussion of difference
  - Is 'Race' spoken about in White-White dyads?
  - Caution not to dehumanise BAME clients by focussing on their being ethnicity.

Racial Trauma

… but our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience that dislodges brains, blocks airways… Ta-Nehisi Coates, Between the World and Me

Racial trauma is specifically located in society, the social; an individuals membership to a racial group, and the status that group holds.

Responding to Racial Trauma

- Acknowledgement and validation

- Assessment of impact [of racial trauma]

- Working with cognitive distortions

- Processing strong emotions

- Responding to loss

- Locating an alternative narrative to what has been internalised

Dave - Black

- https://www.youtube.com/watch?v=mXLS2IzZSdg

- What feelings are evoked?

# Culturally Adapted CBT (Rathod, Phiri and Naeem, 2019)
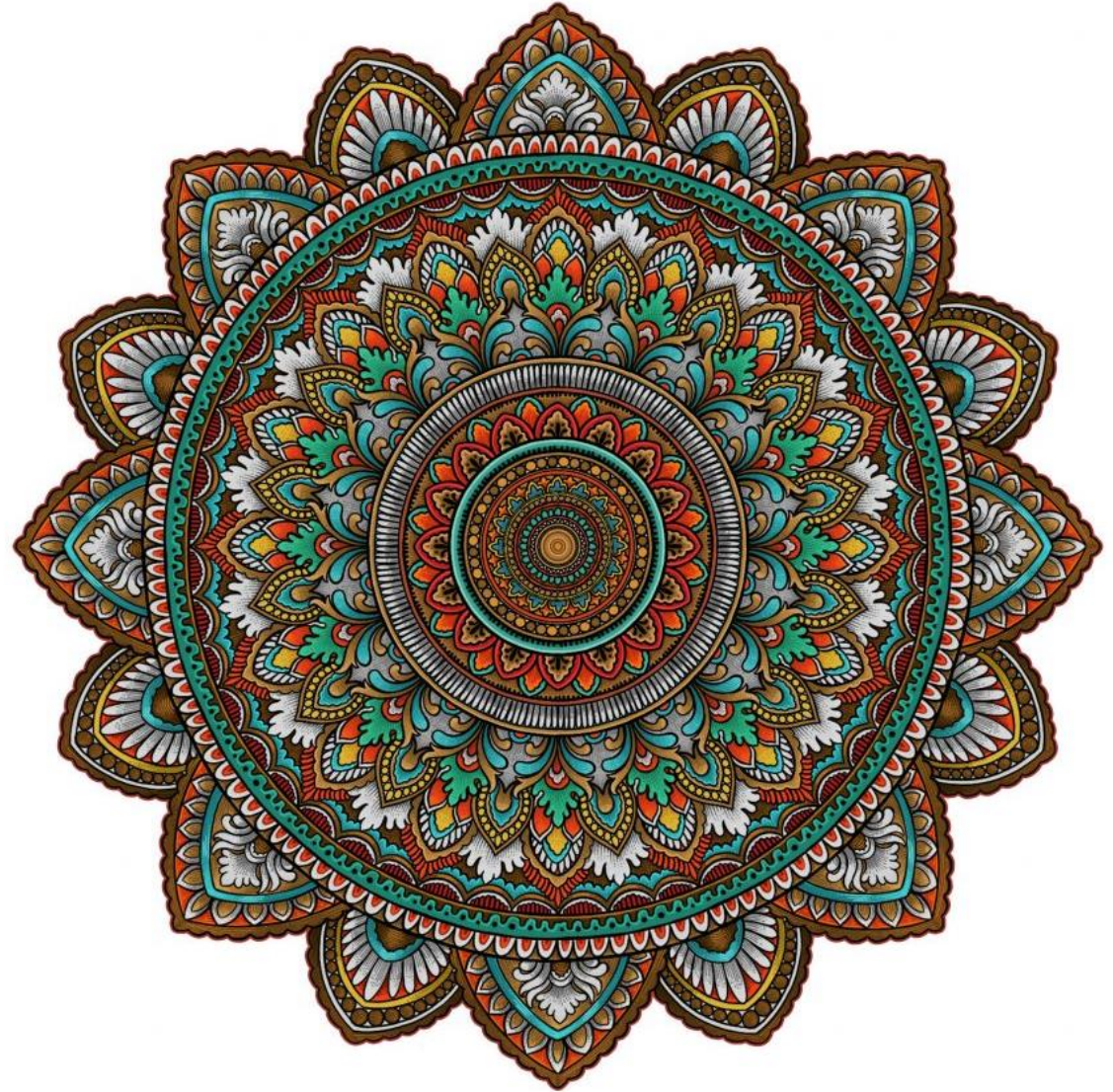
Setting and environment

- To consider the impact of meeting in a clinic setting; what this may mean for family responsibilities (similar to other low-income families).

- What may you and your institution represent in terms of institutional racism?

- *Adjustment*: Think about length, number and frequency of sessions.
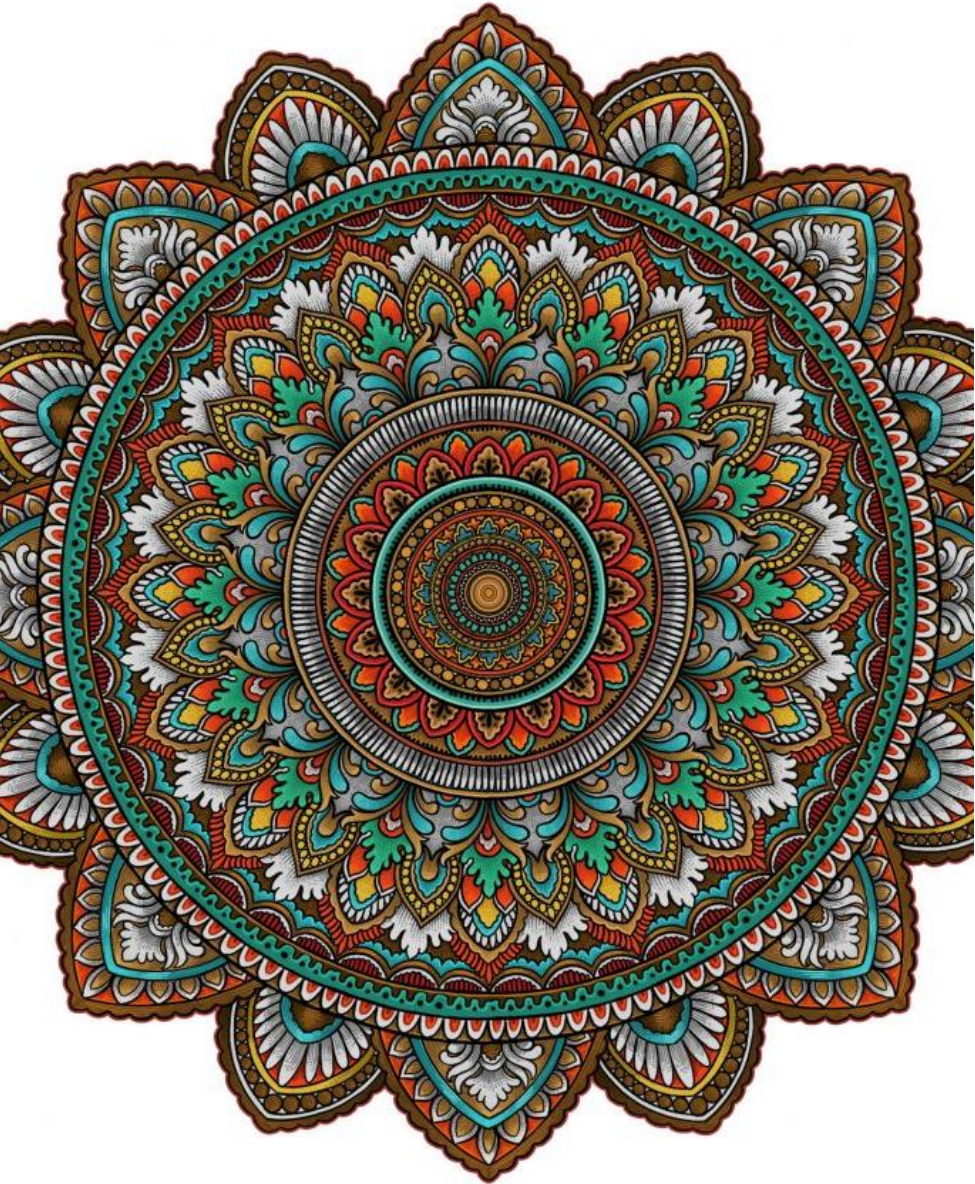
Therapeutic Relationship

- Personal engagement is important in developing therapeutic alliance. There is evidence for the value of increased personal and friendly style.

- Disclosure to build trust and respect.

- *Adjustment:* Use of limited and measured personal disclosure. Feeling safe to use personal experiences.
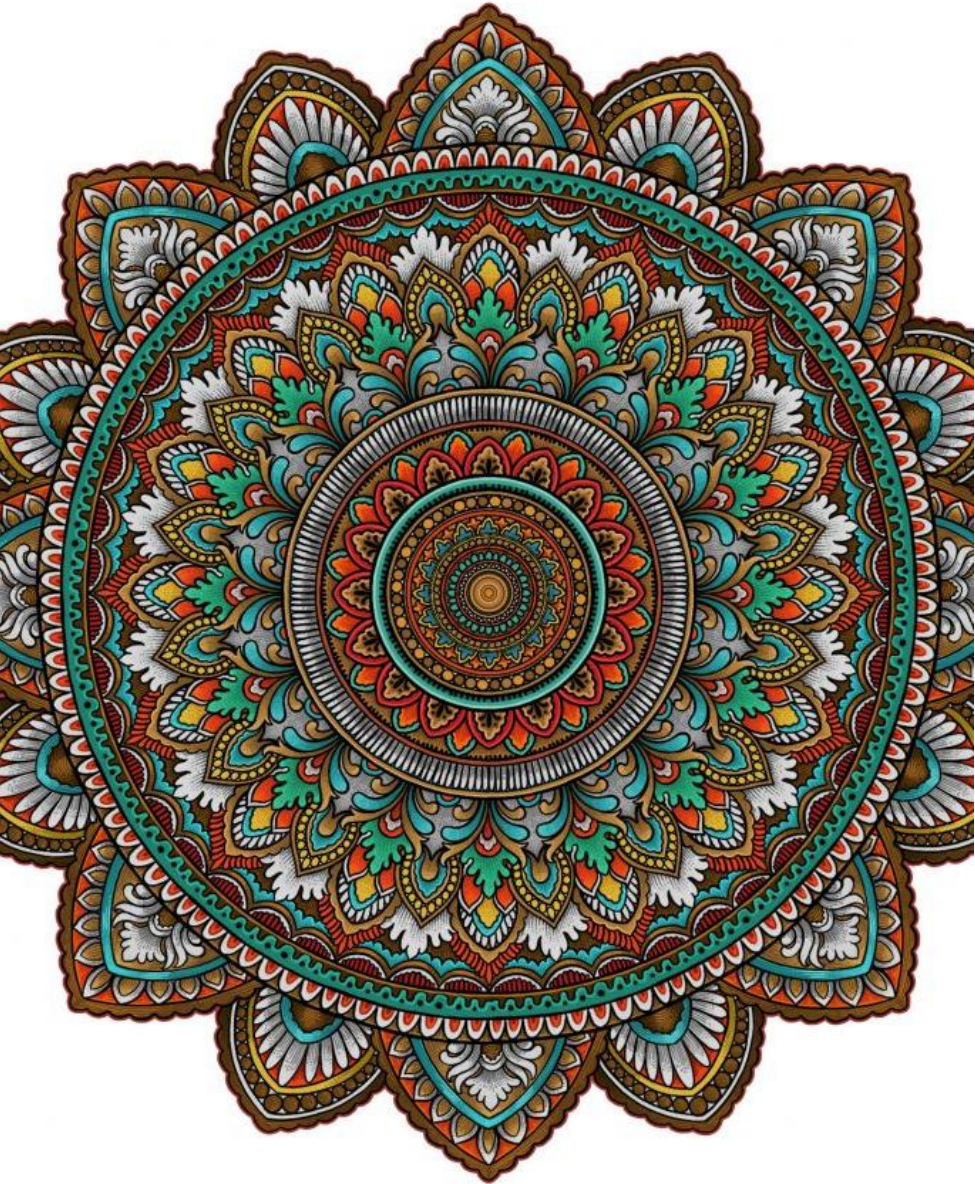
Therapeutic Style

- Balancing the importance of rational, collaborative and cognitive approaches with experience, instructive and meditative approaches.

- These are built into third wave approaches like ACT, mindfulness based CT.
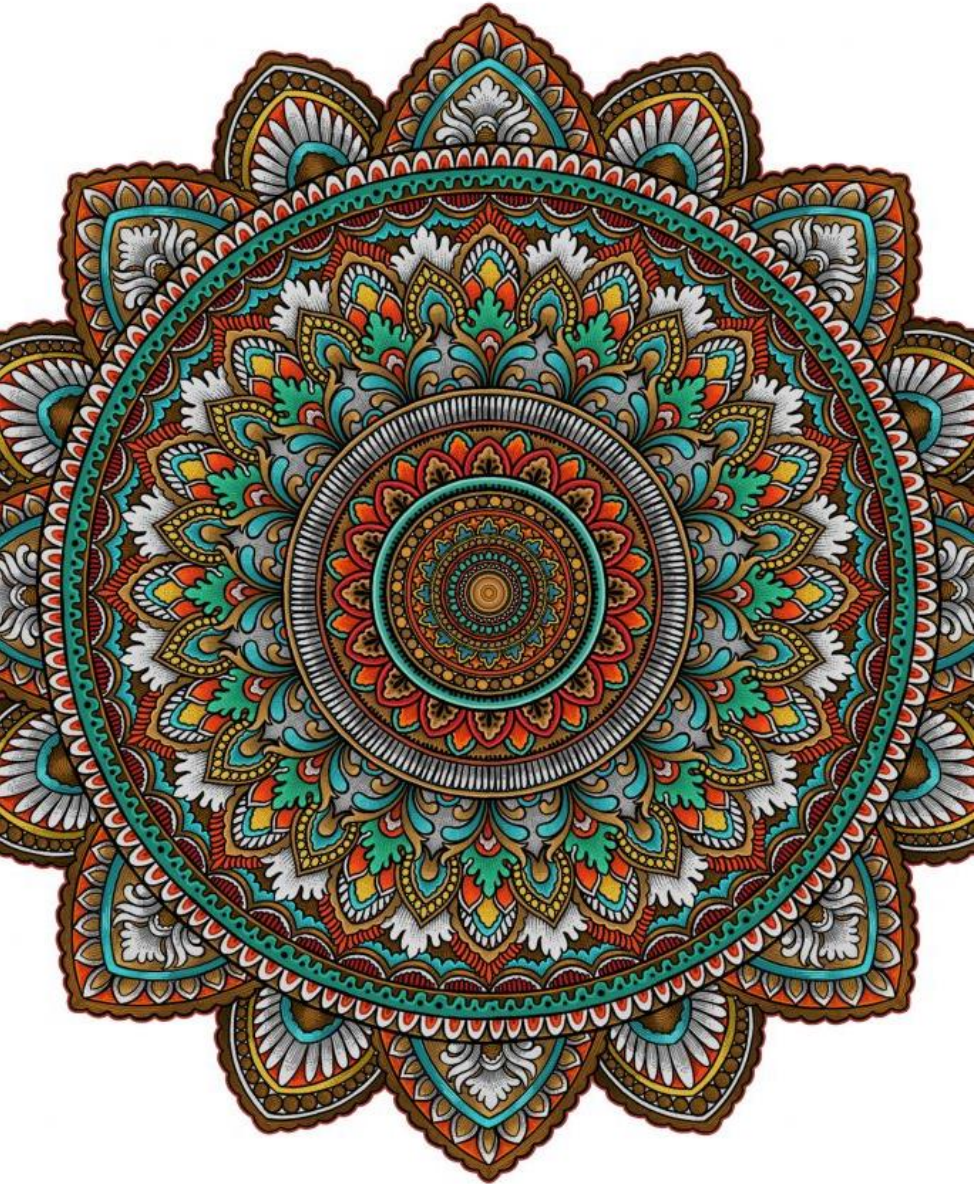
Family structures and goals

- Families function as a unit, and are involved in the therapeutic process.

- *Adjustment:* Families can be used as a strength to help engage with homework tasks and provide social support.

- Be mindful of the impact of adverse relationships
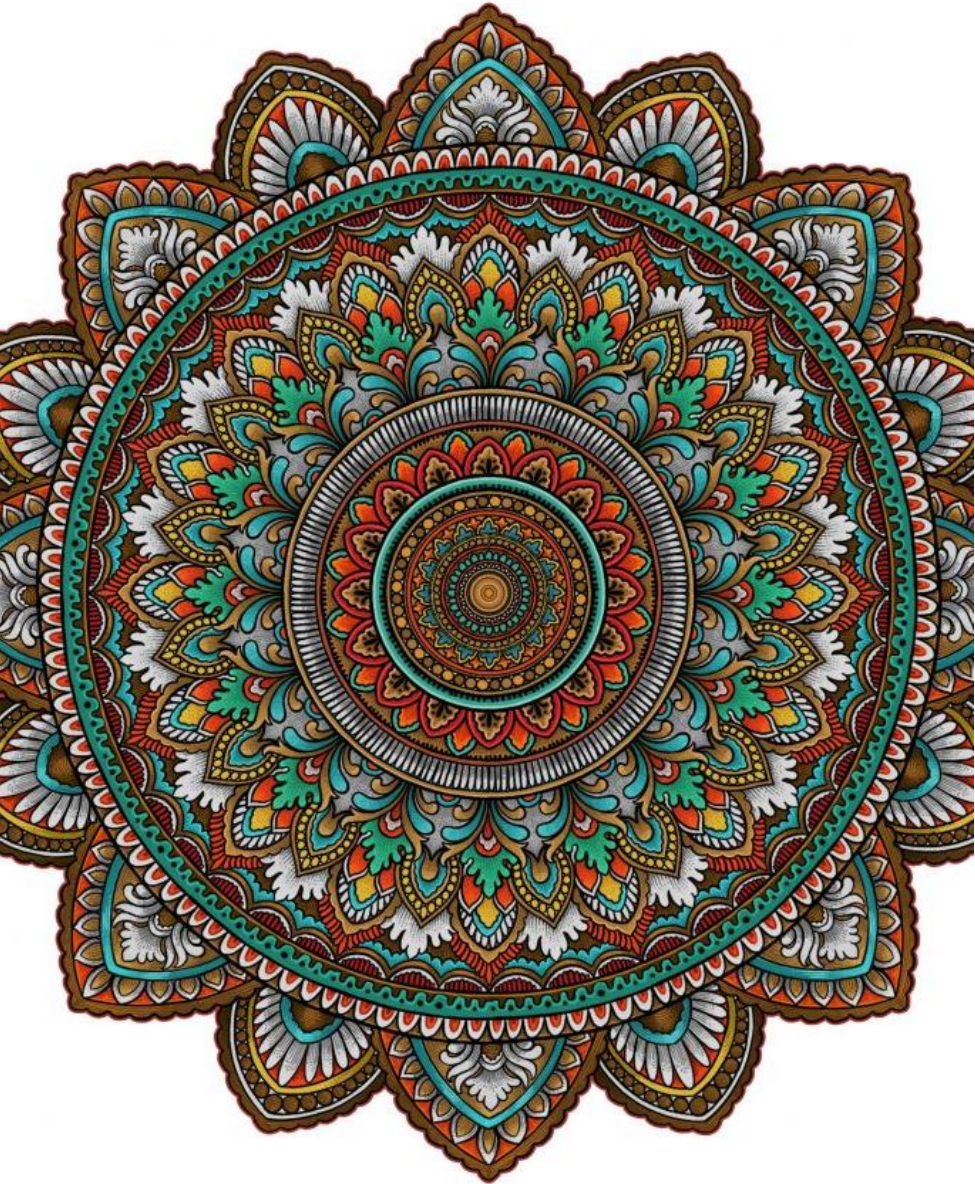
Role of religion

- Spiritual and religious development is important to many cultures. Therapists anxiety about being ignorant contributes to a lack of confidence, which result in key issues not being discussed.

- *Adjustment:* Continue to be curious. Build up strong relationships with religious organisations in the community.

Culturally Responsive CBT

Hays, 1995

Assess the person's and family's needs with an emphasis on culturally respectful behaviour

- Mostly Eurocentric models of engagement emphasise *rapport*, when working with BME clients, it is not uncommon for *respect* to be a more valued concept.

- Keep in mind ADDRESSING and ask yourself "Could the discomfort I'm sensing be linked to issues of respect?"

- Consider questioning style, small self-disclosure (non-relevant), whether the information shared could reinforce the dominant cultures prejudices.

Identify culturally related strengths and supports

- Whilst CBT extends its assessments to include strengths, a culturally competent assessment should include this AND pay explicit attention to the cultural connection a person has.

Consider

- Personal strengths – pride in one's own cultural identity and skills

- Interpersonal supports – traditional celebrations, families, rituals, storytelling rituals

- Environmental supports – prayer, meditation, cooking access to nature, eating preferred foods.

- May be difficult to elicit these as seen as immodest.

Clarify what part of the problem is primarily environmental and what part is cognitive with an attention to cultural influences

- Greater importance due to the wider systemic interactions for many ethnic minority clients.

- Location of problem to be balanced between internal and environmental process. Explicit focus and curiosity on cultural factors.

For environmentally based problems, focus on helping the client to make changes that minimize stressors, increase personal strengths and supports, and build skills for interacting more effectively with the social and physical environment.

- Group therapy can be delivered as a classroom experience – the 'learning' experience may be more valued than the 'therapy' experience

- Communication skills training to manage and work with dominant cultures, learning nuanced communication.

- Culturally congruent self-care activities – often this can be similar to non-ethnic minority clients, but emphasis placed on reducing shame and returning to culturally close behaviour

Validate clients' self-reported experiences of oppression.

- Explicit focus should be placed in the assessment and during interventions (cognitive challenging and interpretation bias)

- Consider emphasising and validating experiences of oppression, overt and covert, microaggressions.

Emphasize collaboration over confrontation, with attention to client-therapist differences.

Ellis emphasises use of vigor and force and Beck emphasised collaboration

- Consider positioning yourself structurally against 'problems'
- Emphasise alignment and 'togetherness' against stressors
- Requires you to pay attention to systems of privilege and oppression.

With cognitive restructuring, question the helpfulness (rather than the validity) of the thought or belief.

- Questioning the validity or rationality of a behaviour or belief may be seen as naïve or uncaring.

Consider

- Utility of the belief or behaviour – using curiosity gain insight
- Emphasise clients own understanding, knowledge and expertise
- Only following a <u>strong</u> trusting relationship would it be appropriate to consider challenging beliefs

Do not challenge cultural core beliefs

- Unless the client is open to this, it may be interpreted as the therapist being uncaring, disrespectful and/or naïve.

- Also relies on your ability to manage your own values and beliefs, and not hold that these are 'correct'.

Use the client's list of culturally related strengths and supports to develop a list of helpful cognitions to replace the unhelpful ones.

Completing the feedback loop….

- Can reframe and rephrase the earlier identified culturally related strengths and supports as parts of a wider 'self-statements'.

Develop weekly homework assignments with an emphasis on cultural congruence and client direction.

- Co-construct homework tasks –
  - "What is the smallest possible step you could take that would feel like you are making progress?"
  - Or…..."what is the smallest *healing*…"

- Follow through with an explanation of why the step has to be small.

Strategies to talk about 'race' in teams

Successful strategies

- Understand one's own racial identity
  - Make the invisible, visible.

- Acknowledge and be open to admitting own racial bias
  - Explicitly in the organisation

- Become comfortable and open to discuss race and racism
  - Goes beyond within the professional environment, and into the personal

Successful strategies

- Understand the meaning of emotions in different cultures
  - Discomfort and confusion is normal, understanding the specifics

- Validate and discuss feelings when expressed
  - Using the space to allow the feelings, and not quickly move to rationalize or understand

- Manage process, not content
  - Make observations and work with the process, explore the feelings behind the content

Successful strategies

- Forewarn, plan and purposefully hold conversations
  - Begin discussions around media, film, music, gently introduce things and build to deeper conversations

- Validate, Encourage, and Express Admiration and Appreciation
  - This is hard work, and risky, therefore share your feelings towards their actions.