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BY RHODA GOLDMAN PLAZA

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Communication and Compassion



<https://www.homechoicehomecare.com/caregiver-wellness/coping-with-feelings-of-resentment-while-caring-for-an-aging-family-member/>

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A former RGP resident wrote a book, *Happy in the Old Folks Home*, whose title led me to expect a humorous exposé of life in assisted living. However, it was a story unpunctuated by happiness; a story of unremitting pain and suffering. It was hard to read; I kept waiting for redemption, change, a transformative illumination. But there was none.

I was shaken by the amount of suffering the writer was enduring, a person I saw almost daily. I had no idea that behind the door of her apartment, she suffered so much pain. I wished I could do something to alleviate it or to change it into something redemptive.

A few months later, for the May Olive Press, the opportunity arose to interview RGP resident Dr. Paul Ekman. Dr. Ekman, among his many accomplishments, collaborated with the Dalai Lama on a book titled *Emotional Awareness* and developed an *Atlas of Human Emotions*. In preparing for the interviews, I read about compassion, and what compassionate communication might be. Additional research in scholarly articles explained that old age—an existential condition—was suffering, and that although many wish to escape or avoid it, there is no alternative to old age.

Els van Wijngaarden (*Three reasons why we need narratives about suffering in old age*) wrote: “they (the elderly who were suffering) wished for somebody who just acknowledged their struggles and was willing to encounter their pain and sadness by listening to and connecting with their stories.” This is compassionate listening. Compassion is important because “we would not have society without it,” Dr. Ekman explained, and by extension, we would not have community without it. I suspect that many residents actively show compassion for fellow residents. But there are residents who do not share their suffering or express it obliquely. Listening for the unsaid and responding to it may be part of our compassionate communication.

katheryn allen-katz

Employee of the Month

Yan Yan Florida, Terrace Coordinator



Yan Yan, recently promoted to Terrace Coordinator, has been a caregiver and med-tech, primarily on the Terrace for the past six years. She started as a CNA in 2017. She graduated from high school in the Philippines, then came to the US before she had a chance

to go to college. After arriving, she worked in assisted living for about ten years before coming to RGP.

“In Memory Care,” Yan Yan explained, “staff communicates with residents differently than in assisted living. Since many residents are non-verbal, we use movement rather than talk; we use contact like holding hands and physically showing people what to do. When I approach a resident, I smile, to show warmth through body language.”

On the Terrace, time is a little more fluid, which means that although we have activity and dining schedules, we also have leeway and we try to manage our time and go with the flow. As a team of health services staff, we have learned how to find ways of working with our residents. If we see that one staff member is not succeeding, another staff member will step in and try. We are flexible. We know that many of the people we are working with have some form of dementia, and we also know that the disease affects people differently. We understand that we work with people who have lost the ability to remember, process information, or make decisions about daily life, we do not take things personally. My main motivation is to help people. For the Memory Care staff, our primary goal is to keep our residents safe and happy, and see big smiles on their faces.

Working in Memory Care is not for everyone. Some people have a gift for it. For new staff, I want to make sure, first of all, that they can control their temper, second that they have a passion for working with Memory Care residents, third that they show respect and preserve the dignity of residents.

A significant part of our work on the Terrace is working with families. We understand that many of them have been relieved of their 24/7 care-giving

status and want to reassure them that their family member is safe, respected, and well-taken care of in their new home.

I love working at RGP; it is the best place I have ever worked. We have a great department and team; we communicate often, support each other; Emma, Adrienne, and Samantha are awesome to work with. They are helpful, quick to respond to questions, open, and respectful to everyone. I think that because we work so well as a team, and support each other, we don't get burned out. Memory care is not like an emergency room where there is high stress and urgency the entire day; rarely are there stressful situations that last.”

May Birthdays

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Roberto Pellegrino
Director of Food Services

Communication About, Around, Relating to Food

How do we show compassion, empathy and understanding in dining? We express compassion on the plate—visually. How we arrange the food, the placement, the style, colors, the marriage of ingredients, the garnish, together they are a message that hopefully adds life, pop, and love. We want our meals to feel balanced and harmonious. People eat with their eyes. The plate has to look nice—this is our way of showing that we care about the people we serve.

Although people eat with their eyes, they also eat with their memories, preferences, and their emotions. So, we know we are not just talking about food. Although our conversation is focused on food, we have to remember that residents are expressing experiences and we may be providing more than a food-solution. We have worked to develop communication through the suggestion box, the dining committee, and, best of all, my in-person stroll through the dining room during meals.

After many years in senior living dining, I have a sense of what people want, but I am already ready to hear specifically what will make residents happy. We want residents to know that our part of the food-communication is getting to know their food likes and dislikes. I always say, “we have to know what is broken so we can fix it.” We need specific comments, about particular items. I have noticed that 80%-90% of our interactions are good. There is the 10% who are not satisfied; I suspect that they remember how things were “before.” We want to get things right, and we will work with the new staff to provide meals that residents request and favor, but we can never go back to the way it was.

My walk about during meals is my way of developing relationships and rapport with residents. I like to joke since I think it makes people feel better. Hence,

We cannoli do so much.

His legacy will become a pizza history.

What did the bacon say to the tomato? Lettuce get together!

That’s my sense of humor. Kind of dry. As Director of Food Services, it’s important to have a sense of humor and also be a good listener. I take time with residents as I walk through the dining room, to give time for people to understand that I truly want to hear from them. Residents have things to say, not necessarily about food. It’s the conversation, the responding back and forth conversations that developing a relationship.

Compassionate listening is part of what I do. When I hear from residents that they are unhappy with a particular item—“I want this bagel to taste exactly like the bagel I ate when I was fifteen years old in NYC at the café in Greenwich Village, (and this isn’t it),” I have to remember that food is memory and we cannot reproduce the bagel the resident ate fifty years ago. But we can acknowledge that event and talk about that bagel and the events at the café in Greenwich Village. We can try to find that bagel although we know that it may exist only in the resident’s memory.

Similarly, when we try to make favorite Jewish dishes from a resident’s childhood—their grandmother’s borscht, or gefilte fish, or brisket—a compassionate answer might be “I know that you miss your grandmother’s food; we will try our best to make your grandmother’s recipe.” It’s both the respect and consideration that we feel toward our residents that we attempt to make food a positive means of communication.



Health Notes

Adrienne Fair, MSN, RN,
Assistant Executive Director

Communication and Care

There is certainly a delicate balance to providing care and assistance to residents and families. On one hand, it is best if residents can maintain as much independence as possible, stay active, and keep up their daily routines despite health challenges. On the other hand, most residents will at some point need more physical support which in turn creates a need for more emotional support as well. When facing health crises, memory loss, and in particular the end of life, compassionate communication is so important. I am often reminded of Maya Angelou's famous words: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

RGP care staff are incredibly busy with the daily routines of physical assistance, medications, health emergencies, and yes, viral outbreaks – but nevertheless strive to provide compassion and emotional support to residents and families as well. I am inspired by the relationships I see between caregivers and the residents they are caring for. This is particularly important because caregivers know when someone has a change from their usual baseline. Nursing staff are then able to assess further and seek advice from the resident's primary healthcare provider if necessary. This follows Hildegard Peplau's Interpersonal Nursing Theory which emphasizes mutual respect, safety, and empathetic communication. This is especially important for residents with limited communication due to the later stages of dementia.

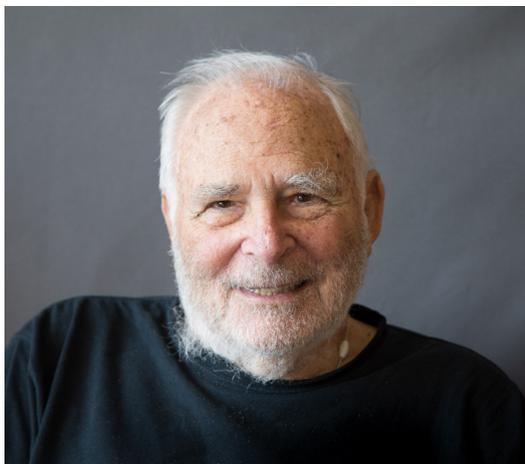
Dorothea Orem set forth the Self Care Nursing Theory in which the nurse promotes the patient's ability to care for themselves. Assisted Living embodies this theory –the goal is for residents to maintain their autonomy as long as possible, enjoying physical wellbeing and a fun social life. Care staff may provide assistance as the ability for self-care wanes. RGP is an interconnected community where residents communicate with each other as well as with staff and families. No one person can support a community as well as a healthy, compassionate, interconnected community can support itself/each other.

I would refer to one more nursing scholar, Virginia Henderson who posited the Need Theory. This theory emphasizes each person's needs for maintaining health and well-being. RGP, as a community, provides support for all the need categories that Henderson delineated: psychological, physiological, spiritual, and social. RGP offers activities, healthy cuisine, social interaction, nursing support, compassionate caregivers, Rabbinical support, and Shabbat services. And within this system of care and support, individual staff-members, residents, and families are communicating together.

I often feel pulled in many directions, and I need to remind myself to take the time to listen with compassion. It helps to remember that, unlike time, compassion is not a limited resource. Maybe I'll end by quoting a song I learned when volunteering at my daughter's preschool years ago: "Love is something if you give it away, you end up having more." (Malvina Reynolds, *The Magic Penny*)

Source: Alligood, Martha Raile (2021). *Nursing Theorists and Their Work*, 10th Edition. Elsevier.

Resident of the Month—Dr. Paul Ekman



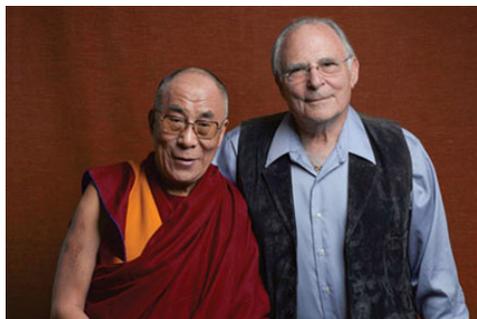
“Magellan was my hero when I was young,” Dr. Ekman related, “because he was a great explorer and went to places few people had ever been. I wanted to be like Magellan and discover things that people didn’t know or wanted to know. When I began my research on human emotions in Papua New Guinea on a tribe which had not come into contact with other cultures, I had to walk four days in the jungle to find them. I felt very much like Magellan as he sailed to places no one had ever been before. Researching human emotions in the way I did and developing the *Atlas of Human Emotions* for the Dalai Lama were like Magellan in that the research involved areas that had not been mapped before. However, unlike Magellan,” Dr. Ekman said, “I wanted to do good in the world. I wanted to be of help and service to others.”

Dr. Ekman’s research spanned many subjects; he has written more than fifteen books and two hundred articles. He said that “My greatest contribution is getting the evidence for the universality of facial expressions. I’m in no position to know what helps people, I don’t do clinical work, but it gives people more understanding of what goes on inside them.” He also co-discovered micro facial expressions.

He theorized that some basic human emotions (happiness, enjoyment, sadness, anger, fear, surprise, disgust, and contempt) are innate and shared by everyone, and that they are accompanied across cultures by universal facial expressions.*

When asked what inspired his lifelong professional dedication to mapping emotions through facial expressions, Dr. Ekman replied, “I was brought up to believe that the purpose of life is to be of help to others. I decided to study clinical psychology, but changed my mind when I saw that applied research could be used to help many more people.”

Dr. Ekman studied at the University of Chicago and graduated from New York University (NYU) with a BA in 1954. His master’s thesis project involved facial expressions and body movement; he subsequently received a PhD from Adelphi University in clinical psychology in 1958. While he was doing an internship at UCSF Langley Porter Psychiatric Hospital, he noticed that patients sometimes lied about their mental state, convincing others that they were ok, then went home and committed suicide. These occurrences strongly affected him as he began to recognize the suffering of these patients. Dr. Ekman’s work in lie detection inspired the well-known TV series *Lie To Me*, where he served as the scientific advisor.



In March 2000, Dr. Ekman was invited to Dharamsala, India as a member of a group of Western scientists who engaged in a series of dialogues with the Dalai Lama. Dr. Ekman and the Dalai Lama continued a collaborative relationship; another series of discussions resulted in the book, *Moving Toward Global Compassion*. The book, a conversation between Dr. Ekman (Western scientific research) and the Dalai Lama

(Buddhist thought), covers the topics of emotions, human suffering, and the practice of cultivating empathy and compassion. In 2016, Dr. Ekman responded to the Dalai Lama's request to develop a map of the emotions and he produced *The Atlas of the Emotions*. "The Atlas of Emotions was created in order to give people the opportunity to see the variety of emotions that human beings experience. It can be used to better understand your own emotions, what you're feeling at the moment, and why you're feeling it. I suspect there are emotions that people would have a harder time identifying otherwise, but I don't know what they are and I haven't done any research. I've just created it and now it's time to find out how it works and how helpful or not it is to people."

In talking about compassion, Dr. Ekman warned, "Compassion is an overused word. It has lost its meaning. I would like to reframe compassion to mean a desire to be of help to others. But it is also essential to feel compassion for yourself."

However defined, compassion is important. Dr. Ekman stated "We would not have society without it. It is the concern for the well-being and suffering of others. One of my papers covered this topic," Dr. Ekman said. Although Darwin has been credited with the theory of survival-of-the-fittest in evolution, in *The Descent of Man and Selection in Relation to Sex*, Darwin wrote: "(Compassion) will have been increased through natural selection for those communities, which included the greatest number of the most sympathetic members, would flourish best, and rear the greatest number of offspring."**

"However, for a person to feel compassion for another, they need to know the other's particular circumstance. What gets in the way of compassion is selfishness and the focus on the material rather than the spiritual aspect of life," said Dr. Ekman.

Looking back on his diverse and ground-breaking professional life, Dr. Ekman said, "I couldn't have had more fun!"

* <https://www.paulekman.com/about/paul-ekman/>**
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/

**<https://www.paulekman.com/wp-content/uploads/2013/07/Darwins-Compassionate-View-Of-Human-Nature-2010.pdf>



Dr. Eve Ekman and Dr. Paul Ekman

Google I/O'19 - Eve Ekman & William Russell Interview, Sep 9, 2019, excerpts. Eve Ekman, Director of Training at the Greater Good Science Center at UC Berkeley

"The Dalai Lama is passionate about finding our way to a calm mind. He thought maybe we need a map to get there. So the idea was to take the best of what we know from emotion research and create a way for people to actually visualize emotions

So it seems so simple to be aware of our emotions. And yet, for most of us, we avoid, suppress, deny anything that doesn't feel good which actually doesn't help us understand ourselves or understand others. So this is just one more portal and way for people to get into these ideas of emotional awareness, well-being, empathy, connection, and compassion.

Emotional intelligence.

The whole goal of emotional intelligence isn't to change from lots of emotion to no emotion. It's to understand and identify what is the message this emotion is telling you. And then respond in a way that's the most effective, constructive. And that's empathy, right?

That is an ability to recognize what's happening to another and then identify what's the best response This is a core value of humans. And without it, we wouldn't have survived as a species.

I think that I would be really excited for people to become deeply interested in their emotions and not at a 'I'm going to fix this, thinking way, but my emotions exist in my body. When I feel angry, there's tightening in my jaw and construction in my chest. And when I fell anxious, wow! There's my shoulder. And just that level of awareness, what we call meta-awareness or meta-cognitive awareness means you have some space away from the experience and you might not be so reactive."

Dr. Eve Ekman



Emma Davis
Director of Programming and Counseling

Self-Compassion

In talking about communication and compassion, I think it is important to also acknowledge the value of having compassion towards oneself. This is a topic that often comes up for discussion in the monthly Memory Loss Support Group. As we age, our capacities change and our ability to participate in activities or hobbies can change. So often, I see residents express frustration or anger towards their changing abilities. Yet, when I ask them what they would tell a friend in the same situation, their response is one of kindness and caring. Why is it that we can be more empathetic toward another than we can with ourselves?

Often this challenge arises for residents struggling with memory loss. They may be frustrated, sad, or angry that their memory is not what it used to be, and they cannot navigate the world as they used to. These feelings are understandable and completely valid, yet it is also true that they are doing the best they can. You can be angry or frustrated and still be compassionate towards yourself.

But what does it mean to be compassionate with oneself? Compassion towards the self can come in the form of self-care. Here are some examples created by the RGP Memory Loss Support Group:

- Take three deep breaths; inhale for the count of four, exhale out for the count of four
- Count to ten (or twenty if you need to!)
- Take a break; walk away from a stressful situation and come back later
- Listen to a favorite song
- Call a friend
- Treat yourself to a favorite snack whether it's a cappuccino or frozen yogurt

- Meditate
- Go for a walk
- Get some fresh air; sit on the patio for 10 minutes
- Stretch
- Take a nap
- Buy yourself some flowers
- Put on an outfit that makes you feel fabulous
- Do something creative; paint, draw, write
- Cuddle with a pet

But self-compassion is also telling that voice in your head that wants to berate you when you make a mistake or tell you you're not good enough, to be quiet! "Research indicates that self-compassion is one of the most powerful sources of coping and resilience we have available to us, radically improving our mental and physical wellbeing," wrote Kristin Neff, co-founder of the Center for Mindful Self-Compassion. The more you practice self-compassion, the more your capacity for compassion and empathy towards others can grow. In a sense, it's a practice what you preach situation—if we want to be compassionate towards others, we need to be compassionate towards ourselves too.



Candiece Milford,
Managing Director of Marketing

“A Little Consideration, A Little Thought For Others, Makes All the Difference.” *

When pondering writing about compassion, I wondered what the difference is between compassion and empathy. I believe the most beautifully stated difference I found is that “without empathy, compassion is immobile.” In other words, compassion is action and empathy is more personal and passive. To successfully work in an environment like Rhoda Goldman Plaza (RGP), I believe one must be able to feel both empathy and compassion.

How do I do this in my role with meeting the families and prospective residents of RGP? I think that when we remember that all of us are in the process of becoming elderly ourselves, we find it easy to sense their emotions and recognize their needs.

Sometimes, we can be compassionate only through our replies because we cannot always fill peoples’ needs. For those not eligible to move into RGP, I try to help them the best way I can—through referrals, education, sometimes, explaining options.

Below are the kinds of situations with which I deal every day and attempt to answer with compassion:

- The ones that deeply move me are either the financially challenged or elders in rent-controlled situations. These are excruciating calls because there is an assumption that either Medicare or Medicaid will pay for part of the monthly fees. Neither will pay anything. To have to hang up the phone after delivering such harsh news to an adult child who is cornered, needing to find a place for a parent without strong finances, is very hard. I always try to provide resources for them.

- Others are planning ahead however, their goals don’t always align with our inventory—they want to duplicate their giant homes in an expensive urban environment, and we cannot accommodate. I always give referrals.
- There are calls that are not appropriate to RGP—we are not a skilled nursing community. Sometimes, people have such compromising medical conditions, they are not appropriate for our licensing ability to care for them. I always give referrals.
- Sometimes I get calls from people whose parents cannot return home but are in the process of being discharged from the hospital and they desperately need a place to recuperate. Very often we do not have an apartment for them. I do my best to give them referrals, practical advice, and education about the options open to them after the immediate crisis is resolved.

All in all, compassion in education is an action-oriented goal and after seventeen years in this business, I am more than happy to help them in any way I can.

I feel blessed to do the work I do. It is deeply rewarding and allows me elevate my empathy to the next level into active compassion to facilitate and support those who need help.

* *Winnie the Pooh* (Christopher Robin)

What I Have Learned at Rhoda Goldman Plaza

By Linda R. Bernstein, Pharm.D., M.J.S.

Spiritual Care Intern, Rhoda Goldman Plaza



It is hard to believe that in a few weeks my spiritual care internship at Rhoda Goldman Plaza will be ending. When I first came in the doors on Post Street, walked up to the library and sat down next to you, there was a bit of puzzlement on your faces.

Who is this person with the yarmulke (skull cap) on her head? Some people were a

bit reticent to speak to me. They thought I had some kind of agenda. People asked me, what will you be doing here? I said I will be providing spiritual care. What's that exactly? People were curious to know. They were wondering was I going to preach religion, tell them to go to synagogue, or make them read the Bible?! I said, I am here to provide emotional support. I don't have an agenda of any kind. I just want to talk, to get to know you... just "schmooze"! When I said that, there was an audible sigh of relief.

Yes, over these past months I have had the opportunity to get to know most of you, in some form or another. We shared music in the library, chatted in the café, met in your room to share stories and sing; you showed me your family photos and I showed you mine. We prayed together with Rabbi Me'irah Iliinsky during Friday services and got together for my Broadway concert and sing along. I have shared in your happy and sad times, your moments of relief and worry, your feelings of contentment and frustration. Most importantly, you have taught me what pastoral care is. I would like to share with you some of the things I have learned through my experiences at Rhoda Goldman.

When I first started my internship, I was not sure how I could best serve you. By training and by nature, I am a problem solver—any problem, I can solve it and provide practical solutions. But when it comes to spiritual care, providing solutions is sometimes the least helpful. Rather than problem solving I learned that pastoral care is more about supporting people's

emotions, by listening and showing empathy during tough times. Providing people a chance to talk about what is on their mind, can alleviate distress, suffering, and loneliness. Pastoral support is all about the listening, and that's not easy to do if you like to talk and give advice, like I do! In the beginning, I had to tell myself "Linda, don't say anything. Silence is OK. Give the person the space to talk and time to express their feelings." You wouldn't think that listening is all that difficult. In fact, it is a very intense process. I had to train myself not to say anything, to be quiet and just listen. After a while, I realized that in some cases, silence is golden and listening is the best kind of help one can offer.

Many of you have reached out to me on more than one occasion and I have valued the close relationships we have built together. Our meetings began by getting to know each other. Eventually, we developed a mutual trust, and you expressed appreciation to have the opportunity to share your feelings openly and honestly. People have said to me... "I can't believe that I shared these things with you, and that has been so helpful."

The many conversations I have had with you have also increased my sensitivity to the tough issues you face as seniors. One of those issues is the profound sense of loss one can feel during a big life transition like when one goes from independent to assisted living and after someone has just lost a spouse. Wanting to be close to his or her children, the person moves here, often to the other side of the country and finds themselves in unfamiliar surroundings. The new resident has not only lost their spouse, but their way of life, identity, family, friends, their home, sometimes the ability to drive and fully take care of themselves. It is difficult to come to grips with the fact that as we approach the end of life, we can't be the person we once were. Sometimes there is despair, a feeling of hopelessness which

lead to withdrawal and isolation. That's where pastoral care can be helpful. Sure, some people don't want to talk, or don't recognize how comforting it is to talk. That's OK, as everyone has their own style and preferences in seeking outside support. But if they are willing to talk about their feelings, it can be uplifting, give them strength and a new outlook.

As a pastoral care intern, I found that listening and having one on one conversations helps residents to reflect on their life and express concerns they have. I've seen that even if residents don't remember the details of our conversation because of memory issues, they still feel it has been a good experience.

I can summarize the important lessons I have learned here at Rhoda Goldman in one word... that is empathy. I had to learn how to listen compassionately. Be understanding of what the resident is going through, avoiding biases and judgment, and to understand what things are important to them in the moment.

You don't have to be a spiritual care intern to be a good listener! Anyone can do it and provide support to a family member, neighbor, or fellow resident in distress. I witnessed many instances when residents welcomed a new resident to their table, comforted a person in mourning, helped to guide a confused resident to the next activity or provided a comforting word of encouragement. All of us can do our part to do "*tikkun olam*"... heal the world.

If you feel like you are struggling or know someone who needs help don't hesitate to reach out the appropriate staff member.

Thank you to Emma Davis and the Activity staff for their support and for the opportunity to serve all of you. Let's stay in touch!

Compassionate Listening

Rabbi Yehoshua Gerzi

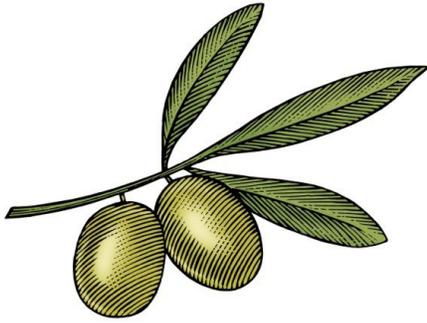
(a partial transcription of Rabbi Gerzi's YouTube talk)

"When you are really listening, compassionately listening, to the other person, the person has all of the wisdom in front of them. They have all the wisdom inside of them. And many a time they were never listened to, never guided, never given real permission to express themselves in a safe way. They were never really seen and heard.

So when I sit with somebody... I have in mind first of all, I will sit and listen so that I can get to know you better... I will listen to you so that you can listen and hear yourself as the words come out. I am going to be here, be patient, and listen... Listen with a quiet mind... reflect...

This experience of really being listened to is transformational. When you can really listen to somebody... you are allowing the person to hear themselves. We all have deep wisdom. And we don't need someone to tell us what to do. They can figure out their patterns... and figure out where they are going right and where they are not going right. Sometimes it's just being listened to that opens up that inner wisdom that was always there... Once the person finds that wisdom, then they can find it again and again. Listening, and reflecting, and allowing the person to share their wisdom.

For the full lecture and other Rabbi Gerzi's talks go to:
https://www.youtube.com/watch?v=j_08-LONaZQ



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*Founded by Jewish Family and Children's
Services and Mount Zion Health Fund*

RHODA GOLDMAN PLAZA

The appeal of Rhoda Goldman Plaza is undeniable. Older adults and their families prefer our unsurpassed assisted living and memory care community enriched by culture and tradition.

Residents enjoy superb, “made-from-scratch” cuisine that is always well reviewed by our most vocal critics; our residents! While our dining selections please the appetite, accommodations showcase spacious, private apartments designed to maximize space and comfort. In fact, we’re re-defining your life as Living Well With Assistance— we believe our community is every bit as good as a five-star hotel. And, professionally trained, courteous staff promotes your health and well-being with choices of activity programs both on and off-site.

Our Terrace Memory program provides specialized memory care to residents through therapeutic activities that enhance physical, mental, and emotional health. Both privacy and companionship are afforded on our self-contained Terrace.

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Visit Rhoda Goldman Plaza today by calling 415.345.5072.

Founded by Jewish Family and Children's Services and Mt. Zion Health Fund in 2000, Rhoda Goldman Plaza (RGP) was established as a non-profit assisted living facility to provide a better and more secure life for older adults.