

## Holding Space for Healing & Resiliency – What We Know and Yet Still Fail to Apply

*“I believe that the community - in the fullest sense: a place and all its creatures - is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.” - Wendell Berry*

We need to change how we think of recovery community organizations across our national care system. What is done is far too often managed by agencies not grounded in recovery community or narrowly funded in ways not inclusive of the diverse groups served. This kind of change would require us to explore uncomfortable truths and deep structural stigma within our institutions about addiction and recovery and embrace community as the true healing agent that it is.



We don't collaborate with recovery community in ways that support its varied resources and strengths. To do so is perhaps the most important thing we could do to augment healing across our entire care system. As a corollary, we know that addiction counseling does not work well when it is overly prescriptive. Care must be individualized and engage the patient in ways that work for them for it to be effective. Why do we fail to apply this very same critical lesson to recovery community level engagement?

I started thinking about this after I ran across a post by Jason Schwartz - [Sentences to Ponder](#). I then ran across the identical referenced section while reading Bill White's retrospective - [Recovery Rising](#):

*“...I do want to suggest that something got lost along the road to professionalization. What got lost was a relationship between two people that transcended the roles of counselor and client. What got lost was our deep involvement in the community and in local communities of recovery. What got lost was our recognition of the power of community to heal and sustain people. John McKnight in his recent book, *The Careless Society: Community and Its Counterparts*, argues that compassion shifted from a cultural value to a job description as paid helping roles replaced functions of families, extended families, neighbors, co-workers and friends. He argues that we don't need more agencies or larger agencies, but that we desperately need more community. In medicalizing alcohol and other drug problems in hopes we could escape its social stigma and moral censure, we turned our backs on the power of community and created an ever-growing distance between ourselves and those we are pledged to serve.”*

Bill was writing about Robert McKnight book, [Careless Society: Community and its Counterparts](#). We do great harm to the community we serve when we prescriptively dictate a narrow set of goals for them. We rob agency from the community and improperly shift power to the external agent. In a parallel process, one of the things that make addiction counseling so special is that when it is done properly, it holds space for healing in a spirit of humility and deep empathy. Bill White describes it well in a piece he did for [Counselor Magazine](#) in 2004 titled [“the historical essence of addiction counseling.”](#) It honors healing as a highly individualized process not under the rigid control of the counselor.

### **Honoring Individuals in Care by Holding Space to Explore Their Inherent Strengths and Resiliency**

Seasoned clinicians know that we fail the people we serve when we are overbearing or too prescriptive in the therapeutic relationship. Reflecting on my early years as a counselor, I learned fairly quickly that my way was not the best way or even the right way.

Like many new counselors, I made a lot of mistakes. I thought I knew what the person needed to do and could essentially dictate their care. My false expectation was that I would tell them, they would listen, and change would occur. Thankfully, I learned quickly and overcame my misguided thinking. I learned change is a highly individualized process. People must be involved and steer their own recovery process for it to work over the long term.

In those early days, I lacked insight into the full spectrum of strengths the people I was working with possessed. Most of our forms in our service systems focus on deficits when what we should be emphasizing is their strengths and the ecology

of the communities they live in. People are so very much more than the labels and deficits endlessly delineated in the paperwork we all gathered every time they drew the courage to walk through our doors.

My effectiveness dramatically improved as I learned more of the craft of being a good counselor. I listened more deeply and reflectively. I helped people explore who they were, why they reacted as they did and most importantly the incredible resources they had, but far too often had hidden from themselves. This kind of change takes time and open examination. I was gifted with good mentors and a care system that did not jam people through the process too quickly and fail them in the long run.

I learned so much from the people I was privileged to work with. I learned people are resourceful and resilient. I learned that people who walked into my offices in rags and carrying all their possession on this earth in a trash bag were capable of dramatic change beyond either of our most optimistic initial expectations. I learned that every individual has resources we miss unless we hold safe space for them. A place to explore and nurture the immense capacity for positive change every human possesses. A process that heals people in ways I could never predict or control.

It healed me too. It helped keep me stay vital despite what was occurring around me. The work of helping people within our public care systems is profoundly difficult. I have witnessed a lot of pain and destruction. I have seen and experienced a great deal of trauma. Our systems, insensitively burying us in paperwork, even as we tried to wade through it to help people heal in ever shorter durations of care at lower levels of intensity than what the person needed to get better. I am glad my formative years occurred before services became so constricted.

There is a dark side of our care systems just like every other institution, yet through it all, I, like many other veteran workers who stayed with the work saw that we could, at times be part of a miracle. I have spoken to a lot of service providers and every one of them to a person identified this is why they stayed doing the work, to be small part of the transformative process. To help nurture healing which emerges as hope, purpose and connections are restored.

### **Honoring Recovery Community as Force of Transformative Healing with Inherent Strengths and Resiliency**

I took on a project a few years ago to understand how the [New Recovery Advocacy Movement](#) came to be. There would have not been a movement that transformed the way that America understands and talks about recovery without the SAMHSA [Recovery Community Support Program](#) (RCSP) grants. Having conducted a number of key interviews with the original grant recipients, the federal grant officer was identified by several interviewees as key to what was accomplished. I interviewed [Cathy Nugent](#) to try and find out what it was that she did that helped them come together.

I learned she was a clinician skilled in the art of group process. She brought the grant holders together and helped them see their own strengths. She acknowledged that she was not an expert on recovery, that people in recovery are the real experts. She used her skill set to help those initial RCSP grant holders to develop their inherent strengths.

I once heard [Don Coyhis](#), founder of [White Bison](#), and a key leader in the [Wellbriety movement](#) talk about that grant. He shared from a podium about being asked to conduct it using evidence-based practices, He noted that the Native American community had several thousand years of what worked for them and asked how many years of evidence the federal government had.

In an act of wisdom the strengths of this community were respected. They were not diminished by the bureaucracy. Honoring the strengths of that community was the proper action and illustrative of what our system must do more broadly. Communities are diverse. Each has its own culture. They can blossom when provided the proper resources. A sum far greater than its individual parts.

How we fail people in care and communities of recovery when we do not hold space for them:

- We rob them of their own autonomy and stifle their inherent creativity.
- We fail to honor their inherent strengths by restricting them to our limited vision of what they can accomplish.
- We limit their capacity to actualize and help their own members heal in ways that they know far better than we do.
- We impoverish our entire system from a deeper reservoir of resources, skills and social connections to draw from.

What would recovery look like if we supported recovery in communities in ways that honored community diversity and strengths? I imagine what would happen is similar to what happened when I shifted my individual practice, and I was more open to possibility. The people I served went farther than I could imagine when I got out of their way.

What a lesson. What possibility.

We have not done nearly enough to unleash the power of change waiting to emerge from within our recovery communities across America. We stand on the verge of nearly infinite possibility. To deeply honor and support the healing power of community would be to shift our paradigm of healing to the exact thing our nation needs more than anything else at this point in history. More cohesive community.

I dare to imagine we can accomplish so much more than we are now.

I hope you do too. Article link - [HERE](#)