Beloved Community

peer respite as a non-carceral & liberatory mental health possibility

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- Presently based in **Madison, WI** @ Solstice House Peer Respite & Warmline
- Harm reductionist, facilitator & writer
- **Interests:** Grassroots, liberatory & non-carceral community networks. Studying Deathwork & conflict transformation
- Supporting fellow PWUD, restorative justice, housing, DEIB, mutual aid.
- Crisis through a lens of **grief, community health access** & **public health**

- Milwaukee native currently residing in **Madison, Wisconsin.** Peer Supervisor at Solstice House Peer Respite & Warmline
- Harm reductionist, radical prison intellectual & community enthusiast
- **Interests:** Non-carceral pathways towards love and liberation. Grassroots community organizing rooted in revolutionary change
- Supporting others through a lens of lived experience including queerness, incarceration, sex work, substance use & mental health trauma
- Proud mother of three precious cats

group discussion

In your own words, share what crisis/distress feels like to you.

If words fall short, try these options:

Source images (photos, online art)
Play a song out loud (mute yourself)
Draw something (any medium)

When you felt this way,

<u>Who</u> did you connect with?

<u>How</u> did you connect?

<u>What</u> was helpful?

what does "crisis" mean?

A time of intense difficulty, trouble, or danger.

Similar: *catastrophe, calamity, cataclysm, emergency, disaster, plight, mess, dilemma, setback, reversal, upheaval, drama, trouble, hardship, extremity, distress, difficulty.*

A time when a difficult or important decision must be made.

Similar: *critical point, decisive point, turning point, crossroads, critical period, climax, culmination, height, point of no return.*

How does **pathology paradigm** & **medicalization** shape our personal understanding of felt experiences and embodiment?

How do our collective experiences become reduced to symptomology?

We are relegated to problematization, categorization, assumed disturbance & disease paradigm -- **in exchange of meaning.**

Is there space for all of me?

embracing complexity

Crisis or distress is defined by the person who is experiencing it. **It does not define a person, or our community.** Human beings are not limited with respect of measurable time or allowable definitions.

This may be a singular time of intensity, a recurring period or a part of everyday life.

Ongoing difficulty should never be considered nuisance, “attention seeking” (connection seeking) or other harmful assumptions. **We all deserve to be loved.**

Holding space for the complexity of our existences and expression within them, allows flexibility, validation & availability.

By doing this, we are communicating **inherent worthiness of care & personhood.**

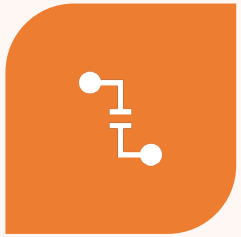
clinical

- Hierarchal model offering “help”
- Elicits change, sets & reaches goals
- Progress/values based in solving problems
- Assessment model: measures, scales, data
- Prescriptive / defined wellbeing & wholeness
- Scientific, promise of solution

peer

- Relational model: community, solidarity, imperfection
- Facilitates trust, upholds choice, promotes advocacy
- Self-defined meaning, based in relationship
- Mutual practice offering connection & support
- Self-determined experience of self & community
- Collectivist, intention of movement

Crisis in Cultures of Assessment & Liability



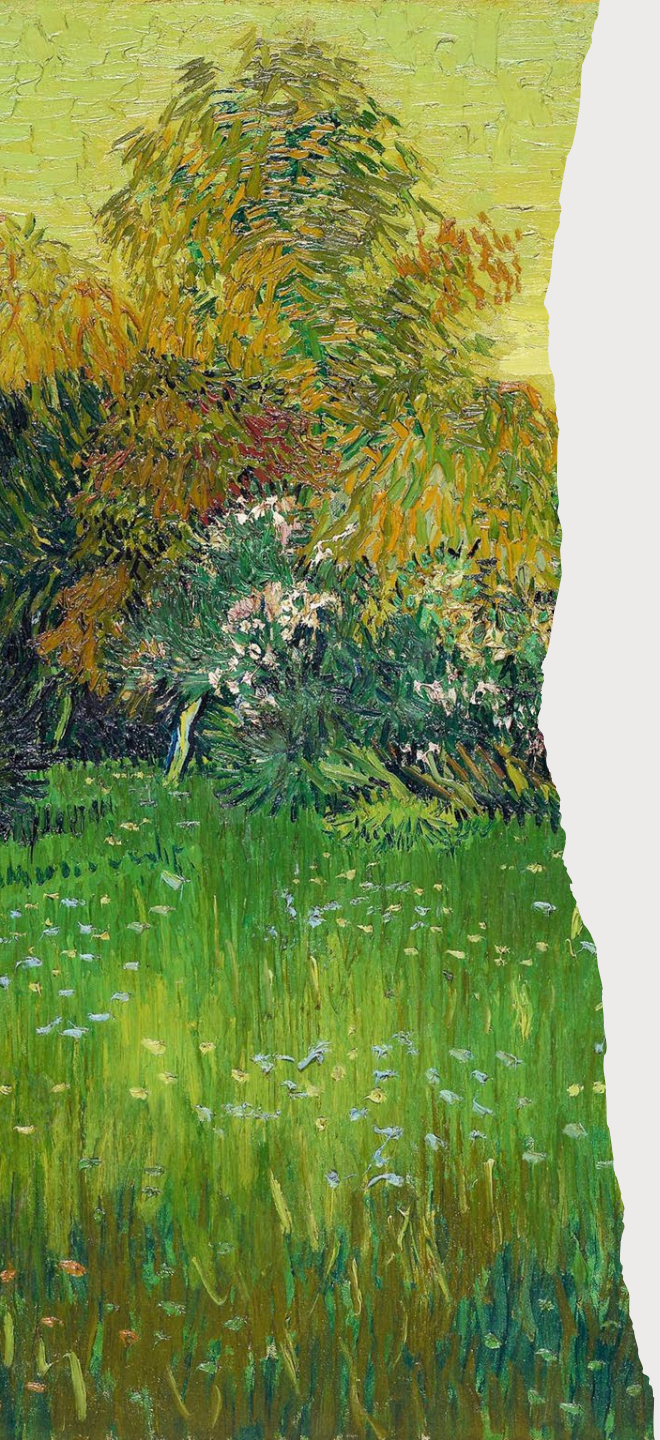
Should be solved & prevented (problematization)

Is temporary- should end (de-escalation)

Has a cause or specific reason (reactionary)

Disrupts order, increases costs (capitalized)

Is a team effort, needs group action (militarized)



non-carceral

Decentralized & Interdependent

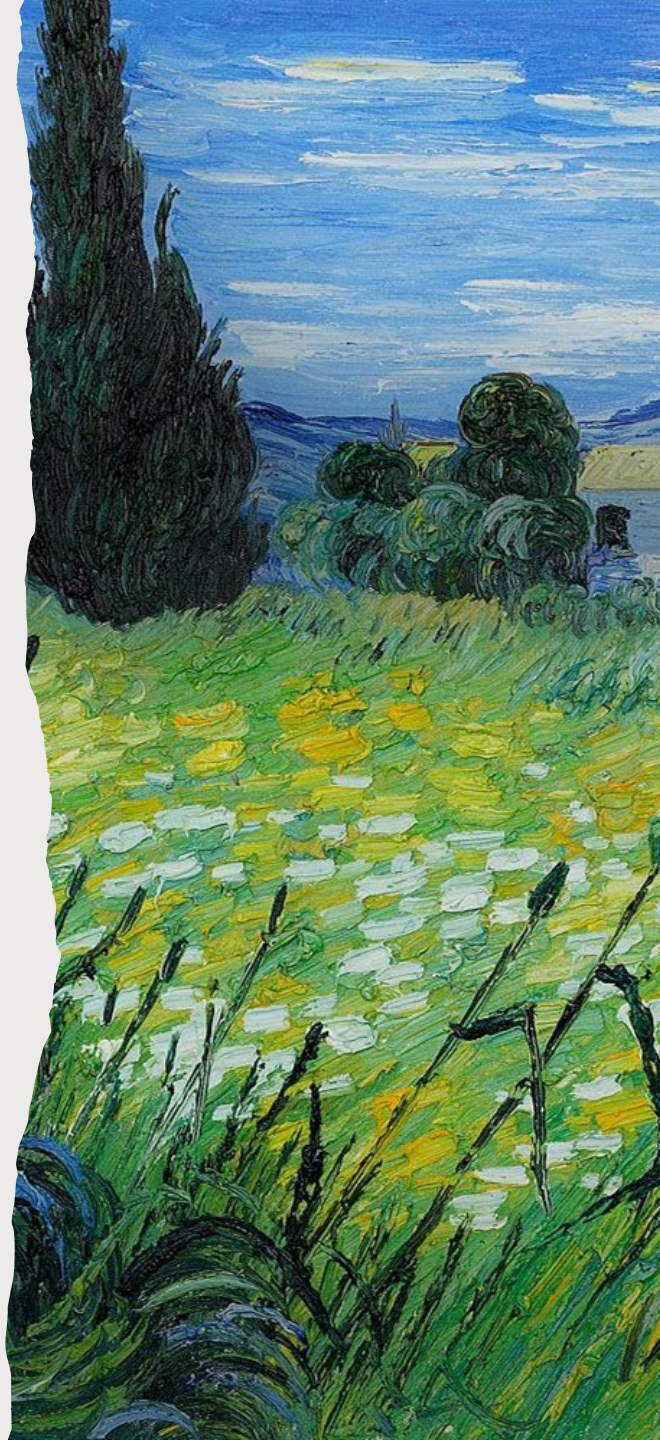
Voluntary & Self-determined

Flexible & Unrestricted

Transparent & Accountable

Anonymized & Confidential

Community & Belonging



Non-carceral peer support

listens deeply

forgoes assumptions

fosters mutuality

slows urgency

relinquishes agendas

centers voice, choice & self determination

informed consent

Permission granted in the **knowledge of the possible consequences,** typically that which is given by a patient to a doctor for treatment with **full knowledge** of the **possible risks** and **benefits.**

Informed: A person fully understands what is being offered to them. They have all information necessary to make meaningful decisions for themselves.

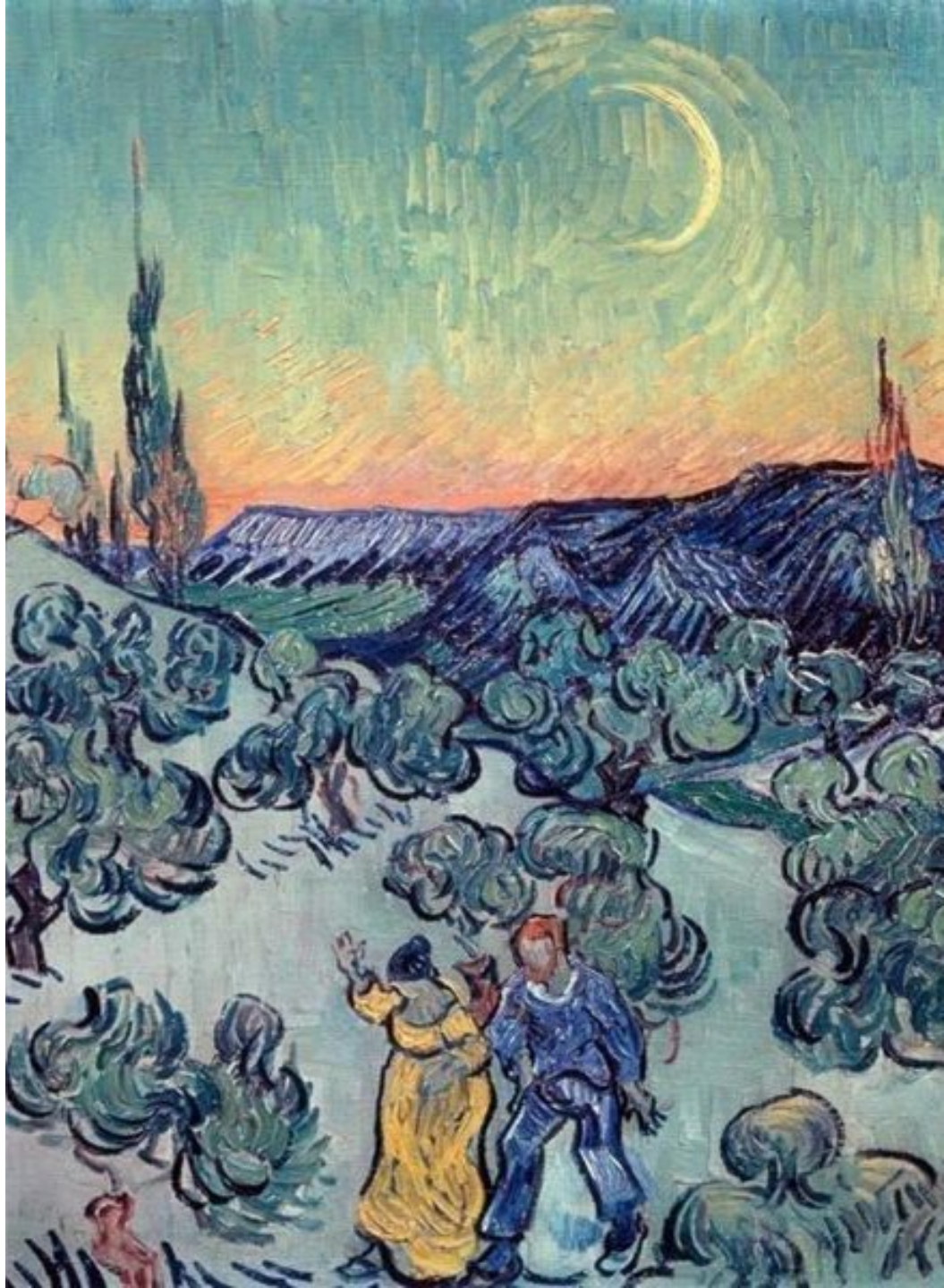
Consent: A person has given permission for something to happen.
Giving permission is not the same as “agreeing to” something.

CONSENT

Freely Given
Reversible
Informed
Enthusiastic
Specific

ethics & barriers

- Organizational policy/practice, need for culture shift
- Role drift, values dilution, potential for moral injury
- Certification / role requirements
- Misinterpretation of policy/law, liability emphasis
  ex: mandated reporting, scopes of practice etc.
- Concern about reputability, respectability politics
- Assumption about skillset



coercion

When information is accessible and choices are explored,
a person does <u>not</u> need to be persuaded or convinced.

Influencing someone to agree with something is called <u>coercion</u>.

Coercion can be subtle or overt.

It involves actions or behaviors done to steer a conversation or person towards a specific outcome you are looking for.

support does not guarantee comfort or offer protection. "bad things" might still, or not happen

Safety is subjective and has different meanings for us all.

Listen to what language a person uses.

Consider asking or feeling out:

- What would feel supportive?
- What would be helpful in this moment?
- How did we get here?
- What is the next step? Is there one?
- Does there have to be?

Invite the person to name what they are needing, or would find helpful in that moment. **If they don't know, that's ok.**

problem solving

asking questions

exploring meaning

strategizing

making choices

These facets of peer support are valuable. They are not always wanted, needed or even necessary.

What is the next step?

Is there one?

Does there have to be?

silence, pause

parallel play

fumbling to find words

changing course

not knowing

being human together

Toad sat and did nothing.

Frog sat with him.

time is livable, not billable

Systems are not designed to give **time**, space or resources to navigate uncertainty.

We are responsible for reclaiming it.

Crisis can be a space of opportunity, voice and choice. **It can also be a space to share time and not make decisions.**

It can be time for grieving. Time for feeling. Or just existing. Our time has not run out.

moving towards beloved community

Beloved community does not mean things are perfect or feel good. It means we are **together in solidarity, and within discord.**

Non-carceral peer support creates movement **away from fear**, concern & control and towards care, compassion and respect.

Crisis and distress can be opportunity to uncover personal truth, intense suffering and creation of meaning. It can also just mean we are in pain.

“Non-carceral peer support” can be a space of **opportunity, voice and choice.**

“Science fiction is simply a way to practice the future together. I suspect that is what many of you are up to, practicing futures together, practicing justice together, living into new stories. It is our right and responsibility to create a new world.”

— ***Adrienne Maree Brown***
Emergent Strategy: Shaping Change, Changing Worlds