Intentional Peer Support

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Defining Peer Support

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Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are "like" them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships. Further, as trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves re-enacting old roles. This allows members of the peer community to try out new behaviors with one another and move beyond previously held self-concepts built on disability, diagnosis, and trauma worldview. The Stone Center refers to this as "mutual empowerment" (Stiver & Miller, 1998).

Peer support starts with the basic assumption that meaning and perception are created within the context of culture and relationships. Our self-definition, how we understand and interpret our experiences, and how we relate to others is created and developed from the direct and indirect messages we get from others and the messages we get from dominant cultural beliefs and assumptions. We find that many of us who have used mental health services have been told what we "have," how "it" will be treated, and how we must think about arranging our lives around this "thing." We have then begun to see our lives as a series of problems or "symptoms" and we have forgotten that there might be other ways to interpret our experiences. Because of this, we have felt different and alone and "other-than" much of our lives, leaving us in relationships that have been less than mutually empowering and more often than not, destructive and infantilizing. We have learned to understand our experiences as signs of illness while burying histories

of past violence and abuse. We have lost our power and our choices in most relationships. We have learned to either "act as if," or we have become dependent on professional interpretation of our every day experiences**.** It is not uncommon for us to then offer (and ask for) help based on this model.

Peer support training can help develop our ability to think critically about "who we've become." Training helps us learn to sit with discomfort while we explore the relational dynamics that have kept us stuck, and also helps us look at our own reactivity. It is helpful to understand people's "hot spots," and the kinds of situations that feel comfortable, tolerable, or absolutely intolerable so they can learn to negotiate power rather than take it. This then allows us to normalize what has been named as abnormal because of other people's discomfort (Dass & Gorman, 1985). Discovering this in a peer community reveals a different way of understanding our behaviors and presents an excellent framework to explore personal and relational change.

One of the more significant (and dramatic) practices has been the development of peer-run crisis respite programs. These programs emerged as an alternative to traditional psychiatric hospitalization (Mead & Hilton, 2002) and have been at the cutting edge of developing new practices for responding to crisis. They are essentially grounded in the knowledge that crisis can be transforming, that mutually supportive relationships provide necessary connection, and that new contexts offer new ways of thinking about one's experience. Rather than objectifying and naming the crisis experience in relation to the construct of illness (e.g. "You're getting sick again"), people proactively and dialogically create a plan that serves as a guideline and reminder as to what kinds of interactions and activities will support a positive outcome for everyone. Out of this shared dynamic, a sense of trust is built such that the crisis can emerge as an opportunity to create new meaning around the experience while offering people mutually respectful relationships. As trust builds in the relationships and people feel valued, new ways of thinking, doing, and living become possible. The situation is shared rather than "handled," and it offers an opportunity for tremendous community growth.

Peer support programs must also challenge the current system's approach to how people with histories of abuse are treated. The devastating impact of abuse must be recognized for what it is and not viewed as psychiatric pathology or biological brain

disorders. Through peer support services we can offer each other relationships that are respectful of our experiences, our ways of communicating, and how we have learned to tell our story. We can challenge each other to both face and to move beyond these stories and patterns. We can build new community norms that replace the illness environments that have kept us trapped. Finally, we can conscientiously name and expose the cultural violence that caused us to end up in these institutions. If we can learn to tell our stories in new ways, we can create communities where the sanctioned outcomes include non-compliance to "mental patient" identities or expectations, rejection of unhelpful treatment regimens, the questioning of overuse of medication, and speaking out about the prevalence of trauma and abuse. Finally, we can to call into question whose "problem" it really is.

It is no small feat for peer programs to develop this level of critical self- awareness. We are asking people to act in ways that are not instinctual and we are operating on a level of discomfort that shakes our very realities. It is here however, in community, that narrative becomes transformed. This means an entirely new interpretive framework for our construction of crisis/problem and our construction of help. In other words, we begin to understand change and learning not as an individual process, but rather one where we continuously construct knowledge from actions and reactions, conversations and the on-going building of consensus. Rather than thinking about personal symptom reduction, we are talking about real social change.