Hospitality: how woundedness heals

Ann Game and Andrew Metcalfe

School of Social Sciences and International Studies
University of New South Wales
Sydney NSW 2052
Australia

a.metcalfe@unsw.edu.au

a.game@unsw.edu.au

Biographical Details

The authors teach and write together in the School of Social Sciences and International Studies, University of New South Wales, Sydney, 2052. They have written four books collaboratively: *Passionate sociology; The mystery of everyday life*; *The first year experience*; and *Teachers who change lives.* Additionally, Ann is co-author of *Gender at work* and author of *Undoing the social,* and Andrew is author of *For freedom and dignity*. They are currently working on a study of everyday ritual practice.

Abstract

This article is based on an ethnography of a drop-in centre for the destitute. Making a distinction between cure and healing, we argue that this centre heals through its hospitality, its open acceptance of mutual woundedness. Rather than being the problem to be cured, woundedness heals the fantasies of perfection that alienate us from each other and from our whole being. Hospitality brings people together in the wholeness of community, and thereby allows the wholeness of being.

Key words

Hospitality, acceptance, woundedness, suffering, community, healing

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In 'Caring for the destitute: finding a calling', we discussed a drop-in centre which cares for people in social distress. We retold the story of the centre's coordinator, Sue, who suffered a breakdown when she was unable to accept the failings she saw in herself and others. A key moment in her story occurred when she answered a knock on her door to find that those for whom she had been caring were now bringing gifts to her. Woundedness, Sue realized, was universal, the human condition, and not an imperfection to be overcome. Her acceptance of woundedness was her calling.

In this article, we will focus on the question of the drop-in centre's efficacy: what does a centre like this do? We will argue that the centre heals those who participate in it, even though, as Sue says, *A lot of people here are very chronic and will never, never go beyond where they are now.* To make this argument we will have to distinguish healing from the narrow sense of cure as the eradication of wounds, and have to explain the nature of healing in a situation where people's suffering is chronic. We will argue that this centre heals through its 'open house philosophy', its open acceptance of mutual woundedness; rather than being the

problem to be cured, woundedness heals the fantasies of perfection that alienate us from each other and from our whole being.

The centre's open door heals breakdown in the two ways that Sue's open door did. First, it connects different people through their shared woundedness. Second, it connects people with the different parts of their being. Our main argument, then, is that it is hospitality that heals, by making whole. In welcoming strangers, hospitality brings people together in the wholeness of community, and thereby allows the wholeness of being.

Sue's role in the centre is obviously that of wounded healer. She has gained the capacity to heal through her own experience of woundedness (Jung 1966: 116; Eliade 1964; Jackson 2001; Kirmayer 2003; Nouwen 1979). There are, however, different ways of understanding this concept. We are not arguing that the wounded healer's authority derives from their success in overcoming their own pathology, from their capacity to cure; rather, we are arguing that it comes from their ability to live openly with on-going woundedness. The wounded healer's hospitality allows others to accept in themselves the realities that they are tempted to shut out (Vanier 2005).

Cure and healing

Our argument relies on the distinction between cure as the eradication of wounds and healing as acceptance of woundedness. Cure, in this narrow sense, presumes a person whose identity has been disrupted by the intrusion or 'foreign invasion' of illness (Hillman 1978: 158-9). Using their technical skills to remove the illness, a curer gives back to the patient the identity and future they had before the illness intruded (Hillman 1978: 158; see also Kirmayer 2003: 249). The logic of cure is thus oppositional: there is a clear separation between health and illness, and between the curer and the ill person. Because the sick person is only cured when their fantasized future restores their fantasized past, cure is based on a denial of the reality of the present, and a refusal to accept that the illness is part of a whole life. As Hillman says, 'By hoping for the *status quo ante*, we repress the present state of weakness and suffering and all it can bring' (1978: 158).

This narrow model of cure sets up the absence of illness as an ideal state that allows for the evaluation of success and thereby traps the curer in a cycle of judgement and perfectionism. The curer operating within this model does not see people as they are, but sees them instead in terms of the deficiency that prevents their being in an ideal state. The curer then takes on a personal responsibility for removing the imperfection they have identified in the other.

The patient's weakness thereafter poses a threat to the curer, for the failure to eliminate it would bring to light their own weakenesses and mortality. The curing model seeks to eliminate weakness because it is afraid of weakness; it seeks to maintain a fantasy of perfection because it is too fearful to accept reality.

In contrast to this curative language of perfection and exclusion, Buber insists that therapy involves a 'raging nothing-else-than-process' that cannot be controlled (1999: 18). The wound calls on the therapist to face the shared 'abyss':

> The abyss does not call to his confidently functioning security of action, but to the abyss, that is to the self of the doctor, that selfhood that is hidden under the structures erected through training and practice, that is itself encompassed by chaos, itself familiar with demons. (1999: 19)

Winnicott also has these issues in mind when he makes a distinction between cure as eradication of illness and cure as care, claiming that cure's etymological connection with care has been lost in the narrowness of the former usage. Without disputing the value of remedy, Winnicott argues that healing, in a wholistic sense, requires cure as care, which is based on the relationship or

meeting of carer and patient. Such a meeting cannot occur unless the carer accepts the illness that is part of the patient's life. Moore, likewise, points out that the Latin word *Cura* meant 'care of the soul', which involved: 'attention, devotion, husbandry, adorning the body, healing, managing, being anxious for, and worshiping the gods' (1994: 5). Accordingly, when working as a therapist, Moore sees his responsibility as the care for, rather than the elimination of, illness. He refuses to 'take things away in the name of health': 'I try to give what is problematical back to the person in a way that shows its necessity, even its value' (1994: 5-6). By devotedly attending to the wound that the patient may want eradicated, Moore helps people to an acceptance of their whole being.

At this point, we need to clarify how we are using the idea of whole, which is etymologically connected with healing. The whole is distinct from the finitude of the total (see Bohm 1980, Bateson 1972). Rather than being based on the logic of the identifiable thing, it is based on the non-finite logic of connection, which is, in turn, the co-existence of sameness and difference. This is to say that wholism is inclusive. Healing, therefore, is the acceptance of the aspects of our being that are revealed by the different connections offered to us.

The narrow model of cure is part of the environment within which the drop-in centre operates, and many of the institutional and individual supporters of the

centre would see it through this lens. It is not, however, the model on which Sue founded and has run the centre. The centre's philosophy is based on cure in the broader sense of cure-care or healing. Although the centre offers services (legal advice, counselling, art therapy, transition-to-work programs, pastoral care), most of these are not designed as programs to lead to the achievement of pre-established goals. The primary concern of the centre is to offer a place where people can rest in safety. It serves breakfast and, more importantly, lunch, five days a week, and provides lockers, showers, washing machines and telephones (see Stewart 2009, for an account of a centre based on a very similar approach).

There is no missionary work at the centre, no attempt to convert people in either a religious or secular sense. Instead, the centre offers sustenance, accepting everyone as they are, without identification, classification, or comparison with a desired outcome. The centre's policy of challenging stereotypes and prejudices is highlighted by the fact that it has no clear definition of its clientele. Sometimes it says it is for 'the homeless'; sometimes it adds the 'mentally ill'; sometimes it adds 'the disadvantaged'; and sometimes it just says that it is for whoever uses it. The only obligation on participants is that they be respectful of others, and don't, while there, use drugs, alcohol or violence.

Sue hopes that the centre will facilitate transformation for the people who attend, but this is not a cure, not a transformation that can be anticipated as a desired outcome, and not an attempt to make people other than they are. Sue is more realistic than this. Instead, the logic of transformation is that of fulfilling unique potential. Although potential is often misunderstood as a goal that can be reached in the future, it is, in wholistic logic, a quality of the undefinability of the person as they are now. Potential is a person's wholeness. In these terms, transformation involves people setting aside the limits of labels and masks and coming to accept who they really are. This acceptance, a making whole, is the healing.

When people accept who they are, they open up a space between their habitual identities and their whole person, so that previously unacknowledged aspects of their person become apparent and available. This is the space that Sue tries to attend to. Once these capacities are recognized, people may be led to undertake projects that they previously would not have thought possible (gaining an education, getting a job, drying out, finding somewhere to live, staying out of gaol), but as happy as Sue is for these people, she resists any ranking, any pride or disappointment. These self-centred reactions would distract her from the reality of the people and situations she meets every day.

Here is a description of the centre's philosophy offered by Brenda who has been involved with the centre since its inception. Brenda is, she says, a 'mixture of client and volunteer', and this mixing of roles itself says much about the centre's philosophy.

The centre's philosophy emanates from Sue, who has held the line against the Church. She's a freak. Not many Christians are Christian in the broader sense of the term. The Church would have to control things far too much. A different coordinator might make the place strongly program-oriented and move away from the open centre where people can come and go as they please. It is very hard to keep a place like this going, to get funding, because you are not having lots of programs with outcomes and research to say that this is what we achieve. What we achieve here isn't necessarily the stuff that would interest bureaucrats and funders. Do we have programs that get one person sober? No. But do we feed people who have severe alcohol problems and give them a place to have a shower? Yes. What is it that bureaucrats would be interested in? How do you really think about outcomes in a place like this?

Brenda's description of the centre is confirmed by Sue's own account, which emphasizes the provision of a reliable and welcoming place. Rather than identifying people with their wounds, which would serialize them as professionally-manageable cases of mental illness or homelessness or addiction,

Sue focuses on the undefined uniqueness that people reveal when met through the universality of woundedness. This sharing is the ground of a healing community. Whereas people reduce and alienate themselves whenever they identify with wounds that, in fantasy, have causes and cures, woundedness is a timeless quality of compassion that respects people as they are, in all their mystery.

Here is Sue:

When you sit with people, listen to them talking, not only is the person talking getting something special because they are able to say things about themselves and someone is willing to listen, but you yourself are actually realizing that that person is human, that person has pain. The stereotype you have of that person comes down because suddenly you realize that you are the same as them. What's important is stopping and taking the time. If you are busy and still trying to talk to them, you will not be looking at them but glancing here and there and they will know that they haven't got your attention. I've never felt disappointed because I just look at them. I don't set out to achieve things. People say 'Don't you get disappointed?' I don't expect anything from them and that is how I haven't burned out.

So I think that my ministry is a sort of a love; it is looking at somebody and allowing them to sense that I love them. I'm having hard work saying what I mean, but when someone really

loves them and cares what happens to them it doesn't matter what they are. I don't care who you are; I love you and I care about what is happening to you. They know that they have been special to me. They all are, in different ways, everyone down here.

I feel that I can help people to be the best they can and develop themselves. It has never ever been a matter of my setting goals for them or trying to achieve something with them. It's that when I sit with them I can see their potential and reinforce it back to them. In that way, I try to show them that they can change, they don't have to be like this. If someone stays sober for half a day, we celebrate with them, but we wouldn't judge them when they fall off the wagon again. So you wait for opportunities, and sometimes it takes ages, but, you see, I've been here 20 years and I'm in no hurry. I can wait. Sometimes it takes a long time to connect in, but you will find something.

I would never work in a professional role because I couldn't be effective with that distance. I think that touch is a very important thing. I come from a family that, because we love each other, we kiss and hug each other. A lot of families don't do that and a lot of people are closed off with each other. I remember one man I was working with, I gave him a hug one day and tears came straight into his eyes and there was just this moment of connectiveness. It was as if I had entered into that person's pain, into their whole being. I just looked at him and I could see that something was happening, and I said 'Are you OK?' and he said 'I have not had a woman put their arms around me for the last ten years'. I just thought 'Oh my God'.

When I went home I really thought about that. He didn't do it in any way that was suggestive, he was just overcome by being held, and the feeling of being loved is a very personal thing. My whole ministry is about love and, because I'm a touchy person, the best way I can communicate that is by giving them a hug. I don't care if they've got nits in their hair as I can always wash my hair and I've had to do that plenty of times. That cuts down a great barrier for you and you can embrace that thing without fear. So I try to embrace it without fear. I know that I have to be sensitive to the possibility of people misreading me, but I certainly pick up if somebody is not OK, and I can pick it up straightaway and so you back off a little bit.

In this account of her work, Sue concentrates on ways of being with people that generate moments of connection or meeting. She emphasizes listening, looking, touching, embracing, loving. In using these terms, Sue is *having hard work* finding a language that avoids the familiar subjective ontology. She does not want to slip into the conventional language of a subject looking at an object, or even of a subject looking at another subject; she is trying to find words that describe a look that has no source, no subject and no object, a look that is a looking-with rather than a looking-at (Buber 1958, Levinas 1985). Sue does not see the person she is with as an aggregation of characteristics, but as a unique and undefinable being who is known through presence, through here-ness and now-ness. They are what they are, and could not be otherwise, but not

even they could identify what that is. *I don't care who you are; I love you and I care about what is happening to you.* This look is what Buber calls the I-You or I-Thou relation:

> If I face a human being as my *Thou*, and say the primary word *I-Thou* to him, he is not a thing among things and does not consist of things.
>
> Thus human being is not *He* or *She*, bounded from every other *He* and *She*, a specific point in space and time within the net of the world; nor is he a nature able to be experienced and described, a loose bundle of named qualities. But with no neighbour, and whole in himself, he is *Thou* and fills the heavens. (1958: 8)

Let us take, as an example, the moment when Sue embraced the man who had not been hugged for ten years. We imagine that this embrace had no identifiable source, that it happened without any preliminary decisions by Sue or the man. Her description of *entering into that person's pain, into their whole being* relies on how we understand the preposition *in*. As Sue indicates, she is using this word in wholistic rather than Euclidean terms (see Heidegger 1962: 70-85, Serres 1995). Euclidean logic implies containment, insides and outsides

demarcated by walls. This is the logic that Scarry is using when she says that pain is unshareable (1987: 4). By contrast, wholistic logic implies an involvement and implication that make it impossible to identify walls and sides, or subjects and objects. Being *in the pain* means that pain is shared by Sue and the man, but that it is not possible to identify whose pain is whose.

Both Sue and the man are transformed in this meeting, moving from identification of and with their individual wounds to a shared state of woundedness. This meeting without defence has a directness and honesty that is not distracted by the bitterness, resentment, anger or blame that accompany the identification with wounds. This *just is*. It is, as Sue suggests, an experience of love. Through this transformation, both Sue and the man would each be surprised by their difference from their identities and self-descriptions, yet each feel witnessed and loved and real. Sharing, therefore, is not a denial of uniqueness, not an identification or mirroring of sameness; it is a witnessing of the surprise that we are, even to ourselves.

When Sue says that she *couldn't be effective with the distance* required by a professional role, she draws attention to the difference between healing and cure-as-remedy. The former occurs *in* a loving relation, without identifiable source, whereas the latter relies on a distinction between active curer and passive patient. Thinkers like

Buber and Winnicott have made similar points by insisting that moments of meeting are essential to the healing process. In these moments, curer and patient cannot be identified. This does not mean that the carer loses their professional expertise, but rather that this expertise is not used to keep the other at a distance: 'Hierarchies drop away. I may be a doctor, a nurse, a social worker…. It makes no difference. What is significant is the interpersonal relationship' (Winnicott: 1986: 115). Both Buber (1958: 14-15) and Winnicott (1986: 116) describe this interpersonal relationship as love. Their implication is that a narrow pursuit of cure is loveless and, that, without love, professional care can offer no healing.

According to Winnicott, the love offered by caring is non-judgemental, non-moralistic, 'dead-honest' and reliable; it accepts the other's love and hate, without seeking to provoke such reactions for its own personal satisfaction (1986: 116-117). This list closely matches St Paul's description of love or charity: 'Charity suffereth long *and* is kind; charity envieth not; charity vaunteth not itself, is not puffed up, Doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil…Beareth all things, believeth all things, hopeth all things, endureth all things' (Corinthians 1, 13: 4-7). Love is not an action or orientation of a subject, then, but an open way of being that does not impose a self on others. Love is patience, the courage to suffer or allow otherness without the defence of judgement. As Sue put it *When you sit*

with people, listen to them …the stereotype you have of that person comes down. In letting go of judgements, Sue suspends her consoling fantasies of cure; without consolations, located in a past (causes) or future (cures), Sue is in the non-linear present. This is why she insists that *What's important is stopping and taking the time. If you are busy and still trying to talk to them, you will not be looking at them but glancing here and there and they will know that they haven't got your attention.* Sue says she is in no hurry, she can wait. She is reliably there for people, accepting them as they are.

At this point, we need to pause and clarify the implications of this argument about acceptance. Acceptance is a word associated with gift, and as such it is also associated with words like grace and gratuity. It involves saying *yes* to what life offers, thereby offering yourself to life (Steindl-Rast 1984). In contrast to desire, which negates the present in its identification with a fantasized future, acceptance acknowledges that this is the only world there is, and that everything that will be is present here and now as potential.

This association of acceptance with the gift is obscured when acceptance is understood, instead, as resignation or tolerance. In resignation there is a decision to give up the fantasy of how life should have gone, although this fantasy persists in the form of resentment. In tolerance there is a reserve that

subtly incorporates difference by deigning to allow it. Both resignation and tolerance involve the protection of identity from meeting. This is clearly not the sense in which Sue is talking of acceptance, for there is nothing begrudged or reserved in her *yes*. She emphasizes that acceptance requires full and undivided attention, that acceptance is love.

Sue's *ministry of love* is based on the assumption that acceptance as an aspect of gift is inherently healing, because acceptance says *yes* to all that is, and because healing is this process of making whole. Acceptance allows the person to be as they really are and not judged or divided into acceptable and non-acceptable parts. Sue knows about people's chronic brokenness, just as she knows of their *nits,* and she doesn't reject or deny any of this. Nevertheless, when Sue connects with the whole person, she sees infinitely more than any label or category. As she says, she sees the undefinable *specialness* of a person. *They know that they have been special to me. They all are, in different ways, everyone down here.* The man she hugged, for example, was amazed to rediscover that he could be loved, and therefore find that he was different from the way he had identified himself. Whereas cure is projected into an abstract future, healing is acceptance of and connection with what already is.

The important therapeutic point is that love creates a reliable environment that encourages openness on the part of those cared for, who are also those who do the caring. Instead of attachment to an identity, reinforced by bitterness and resentment, love allows acceptance of the aspects of a being that are normally excluded. Thus when Sue hugged the man she probably disarmed defences behind which he had been hiding for years. *I gave him a hug one day and tears came straight into his eyes and there was just this moment of connectiveness… he was just overcome by being held.* This *moment of connectiveness* is a meeting with difference that is both hers and his. It is significant not for where it leads but for what this moment *is*, for what is revealed as having always been. In this *connectiveness*, the man no longer had to restrict himself to match any identity, whether positive or negative. He felt alive and accepted as he was, at his weakest and most undefended. The tears were tears of pain *and* acceptance. He was connected with Sue, *in* pain. Like the embrace of Jacob and the angel, this embrace reveals both woundedness and blessing.

Winnicott emphasises the importance of this connection to healing when he says 'Hierarchies drop away…. What is significant is the interpersonal relationship' (1986: 115). Care, he implies, involves a *relation* between patient and patient: both carer and cared-for are patient, accepting the present. It is their meeting in 'the abyss of human existence' that constitutes healing (Buber:

1999: 19): it is the relation that heals, and not either or even both subjects (cf Gunzburg 1987: 6).

Brenda: a case study in social connection

Nouwen describes this relational logic of healing in terms of hospitality and community.

> [H]ospitality …is healing because it takes away the false illusion that wholeness can be given by one to another…. A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision. (Nouwen 1979: 92, 94)

When Nouwen talks about hospitality, he is referring to a situation in which it is impossible to identify who is host and who is guest, who is giving and who is receiving. This logic is apparent in Homer's *Odyssey,* in Ovid's story of Philemon and Baucis, and, as Nouwen emphasizes, in the Christian tradition. Hosts give as they gratefully receive guests, and guests accept what they are

offered as they offer themselves (see also George 2008, Vanier 2005). There is openness on both sides of the door, as Sue discovered when she opened her door at the time of her breakdown. Hospitality does not arise from largesse but from shared poverty and humility. It does not involve a mirroring of sameness but, rather, a meeting with undefinable difference. In the humility of a welcome, you are accepted by the other, the stranger, as you accept the stranger in yourself and the other.

This meeting at the open door produces a blessing that no-one could anticipate. An experience of belonging with the unknowable, it is the benediction that Nouwen is referring to when he speaks of 'openings or occasions for a new vision'. Hospitality, the work of the host, involves the transubstantiation of communion. This occurs even in such thoroughly secular settings as the drop-in centre. The formal ceremony of grace is not said at the centre at the beginning of meals, but grace is nonetheless present in the giving and sharing of food. The food – the host of the Eucharist -- has been donated by members of the community; it just appears in the kitchen, coming from no-where and everywhere. It is prepared by a range of people, from previous clients, to longstanding volunteers, to chefs from one of Australia's finest restaurants. And it is served to and eaten by whichever people life has brought together at this time and place. In these circumstances it is not just protein that

is ingested: people are nourished by the love of the unbounded community of which they are part. This is the element of spirit: each participant is inspired by the connection of community and the life of communion. Hospitality, in other words, involves an ontological change, as an undefinable being emerges from the openness of the meeting with strangeness. No longer in the ontological form of the individual or subject, people become participants in boundless community, they become the incarnation of relations (host *and* guest).

To show how these religious phenomena operate in a secular context, we will now look at an empirical case-study. Here is Brenda's account of her experience at the centre.

I have had some homelessness in the past, but got into a Department of Housing flat in [Suburb]. I became associated with the drop-in centre just by living nearby. I was here at the opening. I'm a mixture of client and volunteer. I've done occasional shifts if they're short of staff; I've done things like policy writing; I've put together something on Occupational Health and Safety and a Code of Conduct for staff, and job descriptions for volunteers. And at the moment I'm working on a workshop series for people who have mental illness who want to learn about Self Advocacy. That's my area of interest because of my own experiences of mental illness. My interest is in supporting other people who go through mental health crisis.

And I've always come in for lunch apart from the work, because I live on a really low income. I guess this would be my social home, because I don't socialise a lot. Just coming here, even though I don't necessarily spend a lot of time with individuals, I just feel at home because I like the people and I like the fact that it's real here. Often when you go places you have to expend energy on appearance. If I go out to work, I would have to get dressed up and kind of put on a mask to get through, whereas here you could fall in a heap on the floor and that would be all right. I just really enjoy that this is available because there are a lot of us that need that that aren't necessarily comfortable in the dominant society's way of looking at us or our issues. This is the only place I don't feel socially anxious. If people ask 'What do you do?' and what I do is work in the field of mental health as a kind of social activist, that is not always an easy conversation to have with people.

What makes it work for me is its open house sense. It is a philosophical position that the centre has. People don't come here by referral, they just walk in, so there are no bureaucratic impediments. In most places, if you want to give a service, just to cite mental health as an example, then you might have to do an assessment and fill in forms to see what your needs are. That doesn't happen here. In a way it is its own little cosmos, because people either have their needs met or they don't, but it is not going to be a place where people are employed to pry, to make a great effort to find out really what people's needs are. It is a little bit more balanced than that; the tentacles of the system aren't here. That's what makes this place so valuable, I think, especially for people who might have come out of prison, or people who are drinking, or

people who fall through whatever cracks and systems there are. The gift of this place is that it is somewhere you can come where that force isn't the way the service is run. But there is a huge cost in maintaining this philosophical position, in terms of finances, because then we don't meet criteria for health funding.

Of course, I'm not always comfortable here. I don't like aggression, and I don't like homophobia and I'm gay and have had some homophobic abuse here, but to me that is part and parcel of what happens on the streets. You don't come here and not know that people are in distress, and that it may not get expressed in a healthy way. But you know that is just part of it, and I could choose not to be here if I don't want to be exposed to that. There are times when it gets too crazy for me but that has never stopped me from coming.

It takes a resolute and committed staff to keep on top of it because people will run the centre if you let them and only want to shout their own justice. At the same time you have to be aware that this centre exists in a really difficult context. It is a difficult service to hold together with all the alcohol-induced screaming and carrying on that goes on, but I think residents will have to be accepting that we are all part of the same world. People need to eat and have a shower and have clothes and have access to some kind of support. That to me is a basic human right, so this place has as much right to be here as anywhere else.

In my own life I've had quite a lot of abuse, not just in a psychiatric sense but a lot of abuse generally, so I like to know my rights, as at least some line of defence. But when I do my workshops on self-advocacy, I don't think of it as trying to help people. I see this place as a kind of social connection, in an unplanned way. You just bump into someone and say, 'Hi,' and become part of that person's world in some sense. There is a sense of comraderie. If staff here had the attitude of doing things for people, they would fall over fairly quickly. I do workshops in the hope that people will come, but it's not a numbers game. If only one person comes, that is good. At least we made it available. I don't go around pushing it because I see that as cutting across why people might be here.

This place is about social cohesion. It's about people who've been coming here for years and know there will be someone here to have a talk to. They can sit down and have a cup of tea and have a fag and a chat out the front and have lunch and whatever and then go home. This is a suburb where there are so many people who live alone, but people living through those experiences of isolation can at least come here or get picked up by Sue to go to Church, or something like that. Even if it is not highly organized, there is still social contact here. There is access to phones. There is someone here who can do some advocacy, if that is what is needed, or help fill in forms, if that is what is needed. There is a corner where you can sit and just watch TV.

My own life would have been really hard without this place. It has been a part of my life for over twenty years. It would be very unusual for me not to be here in any one week. I live in a flat about four blocks away. My flat is a place to withdraw to. Board up the door. Piss off world. Stay out. I don't associate with other people in my block of flats because otherwise they'd be knocking on my door all the time. I'm wary about getting involved in people's issues within my building, because then there're no boundaries and my mental health crashes. So I live on my own. But this place provides the balance, where I need other people. I relate to people here much more than I would to other social groups. It's how I relate to the wider community. The place isn't necessarily the part of the community that the community wants to see you know, but it is part of the community.

Open house

Brenda's account focuses on the open house philosophy of the centre. Its gift, she says, is its hospitality, which brings people out of themselves, out of the isolating identification with their individual wounds. Whereas the bureaucratic model seeks to know people, through classification and case management of their wounds (*prying*), in an open house there is no knowing or controlling who will appear on any day. There are no records of attendance, no forms to complete. While a program-oriented centre expects people to sign up to a

remedy, the open house philosophy welcomes people without requiring any commitment to change and improvement. The hospitality of the open house is the ability to live with openness and strangeness.

From a program-orientation, there may seem little significance in people *bumping into* each other and saying *Hi* as they share a cup of tea. Such encounters are not going to cure anyone. However, Brenda insists that it is these encounters that make the centre life-saving for her and others. So, what is involved in the *Hi*?

Let's begin with Brenda's suggestion that the drop-in centre allows people to feel connected with strangers. For whatever reason people are there, they belong just because they are there. Civility to people that you are just *bumping into* is recognition of the fact that the world cannot be controlled, that things just happen (Williams 2005a, 2005b, Steindl-Rast 1984, Merton 2007). This recognition of gratuity is the grateful acceptance of what you have been given. When Brenda says *Hi* to someone, therefore, and *becomes part of that person's world*, it is with a sense of both difference and belonging. It is as if the world has been waiting for this moment. *Hi,* then, is an experience of the good: of good-will, of caring and being cared for, of acknowledging and being acknowledged (see Murdoch 1970).

Because there is no purpose or program involved in these meetings, people share whatever is at hand. They might talk about the weather, the food they are eating, an item from the day's news, or the latest in their interminable dealings with the bureaucracy, but these conversations are not designed to lead to any resolution. They are conversations for the sake of conversation, and it is this that makes them *special*, in Sue's term. The important thing is the being together, *taking the time* (as Sue put it) to patiently listen to each other. On any day, there might be Joe, who sees in every newspaper headline the confirmation of Biblical prophecy, or Sally, who is reporting on the funeral of a friend who attended the centre, or Murray, who tells and retells the bad luck stories of his recent life, and there will be several people under the influence of drugs or alcohol. And, every day, there will be someone just *there* with Joe, Sally, Murray and those under the influence, with the time to sit and eat with them. This is a safe space where there will be someone to listen to what they have to say.

The importance of this patient acceptance is highlighted by Brenda when she says *I just feel at home because I like the people and I like the fact that it's real here*. The centre allows her to be real, so that she doesn't *have to expend energy on appearance* or *put on a mask to get through*. For example, Brenda is not a particularly gregarious person, but she welcomes the opportunity given to her by the centre

to be not particularly gregarious in the company of others. *I guess this would be my social home, because I don't socialise a lot. Just coming here, even though I don't necessarily spend a lot of time with individuals.* When having lunch by herself, she feels that she is with others. She can be openly alone, not self-consciously so. This social home is in marked contrast to her residential home, where her aloneness takes the form of defendedness, of being boarded up behind closed doors (see Vanier 2005: 12). Because at the centre she doesn't have to live up to any identity, even her own identity claims, Brenda has no difficulty talking to people when the impulse arises. She is with others, whether alone or in conversation. She doesn't have to put on a mask to please them. Their acceptance of her allows her to accept her whole being.

While some people might see the centre's open house philosophy as a laissez-faire lack of care, there is a crucial discipline involved in being non-judgemental. The open door means that reality cannot be shut out. When Brenda says *you could fall in a heap on the floor and that would be all right*, she is drawing attention to the confronting aspect of a centre where there are no masks. In such a place you cannot reassure yourself that someone else's mess has nothing to do with you or that you could tidy it up for them. Here, people, both staff and clients, are encouraged to have the fearless realism to accept that, in the words of one of the workers, 'we all a mess'. As Vanier puts it,

'Community is the place where are revealed all the darkness and anger, jealousies and rivalry hidden in our hearts' (1992: 29). In other words, because it openly accepts the existence of these defences, community allows the possibility of loosening the attachments that lead to these defences in the first place.

Moore links the issue of darkness and mess to that of hospitality, by taking the denial and rejection of our shadow elements as an example of inhospitality. These dark states are the stranger that hospitality takes in and cares for:

> The work *hospital* comes from *hospice*, which means both 'stranger' and 'host', plus *pito,* meaning 'lord' or 'powerful one'. The hospital is a place where the stranger can find rest, protection and care. Maybe the disease is the stranger who comes to the hospital… . The Latin *hospice* also means 'enemy', and I don't want to lose this shadow element in disease. (Moore, 1994: 175)

It is hospitality that lets us be with our shadow, and find in its company a form of necessity and grace. In this way, hospitality heals. Community, then, or what Brenda also calls *social cohesion,* is not unity, as even writers like Vanier (2008) wrongly assume (see also Metcalfe and Game, 2008). Unity and identity are

finite concepts, based on sameness and the number one, which involve the exclusion of other terms. The logic of community is, instead, infinite, based on the hospitable acceptance of difference. It follows that, as Moore argues, therapies that seek to establish unity, or re-establish a fantasized unity, are producing the masks and closed doors that hide and also manifest the disease of alienation.

Given the importance in community of dark and angry states, it is not surprising that, as Brenda says, it is *not always comfortable* living in an open community. When people are in distress, they express themselves in *unhealthy ways*. That is just *part of* the centre, and Brenda notes, in this regard, that it takes a resolute staff to ensure that people not *shout their own justice*. In order to maintain openness, by refusing to endorse moral hierarchies and self-righteousness, the staff need to display the qualities that Winnicott associated with love: being non-judgemental and non-moralistic, 'dead-honest', and reliable (1986: 116). Because the centre and staff are reliable and honest and non-judgemental, participants can fall apart but still be held and accepted. They can also face discomfort for what it really is, without seeking the fantasy of a place where it doesn't occur.

By being both exposed and resilient, the centre diverges from the usual logic of defence. On the one hand there is the vulnerability associated with openness (see Vanier 1992: 32). The centre cannot guarantee outcomes, cannot fix the future. Brenda gives her own example of this when she says that she doesn't think of her workshops in terms of *trying to help people*. She is offering something, facing the risk that no-one will attend, that her work has no outcome or point. But, on the other hand, it is Brenda's openness that gives her the toughness to accept this risk and continue to wait, and continue to offer her services. She does not emotionally burn out, or become discouraged, because she is not attached to an identity as 'the one who successfully helps people'. It is, likewise, the centre's open vulnerability that allows it to provide a resilient continuity in the face of life's unpredictability. It too can wait.

So while it is common for people to think of home as being the closed doors that protect identity, the centre is Brenda's social home because it is open and requires no identification. Home in the narrow sense is where people identify with their wounds in isolation; at the centre, they meet woundedness, and, in doing so, lose the masks of their narrow identities. The centre allows Brenda to get out of herself, and her identifications, and to be with otherness; it allows her to accept that woundedness is part of a whole, a universal condition.

Conclusion

We began this article by discussing the difference between cure and healing. We have argued that while the centre does not cure people, its hospitality offers and brings them healing: by accepting people, the centre allows them to accept their whole selves. In its realism and wholism, this healing recognizes that suffering is part of life, not a pathology to be cured before life can be resumed. It also ensures that people are not suffering self-inflicted injuries, suffering because they are trying to live up to some notion of what is acceptable. As Nouwen puts it:

> Perhaps the main task of the minister is to prevent people from suffering for the wrong reasons. Many people suffer because of the false supposition on which they have based their lives. That supposition is that there should be no fear or loneliness, no confusion or doubt. (1979: 93)

When Nouwen talks about different forms of suffering, he alludes to the difference between suffering as acceptance and suffering as complaint. When,

for example, people complain of an illness, wishing it to be cured, their suffering is an impatient experience of unsatisfied desire and fantasy. They are refusing to accept and suffer the illness for what it is and for the news it brings about their life. When, on the other hand, St Paul says that charity 'suffereth long', or when Jesus says 'Suffer little children, and forbid them not, to come unto me' (Matthew, 19:14), they are referring to suffering in the sense of acceptance or saying *yes*. This suffering does not involve an identification with illness, either positively (*the illness is me*) or negatively (*the illness is not-me*), but involves instead a meeting with it.

Lunchtimes at the centre display both forms of suffering. People frequently express self-pity, complaining of their particular wounds and misfortunes, and the centre accepts this as *part* of the brokenness of life. Through this acceptance, the centre allows people to move to a deeper sense of the woundedness that connects all. Nouwen helps us again here:

> As long as you keep pointing to the specifics [of your pain] ….[y]ou will deceive yourself into believing that if the people, circumstances, and events had been different, your pain would not exist. ... [T]he deeper truth is that the situation which brought about your pain was simply the form in which you came in touch with the human condition of suffering.

> Your pain is the concrete way in which you participate in the pain of humanity. …[H]ealing means moving from your pain to *the* pain. (1999: 115)

The true suffering at these lunches is expressed through the evident patience and compassion for self and others.

People could not attend the centre regularly without accepting that illness and death are daily visitors. They are often spreading news of the hospital visiting hours, the deaths and the funeral arrangements of their friends. One of the original rationales for the centre was that no one should live unaccompanied or die unmourned, and the discussion of these deaths brings a hushed intensity. Everyone at the centre knows for whom the bell tolls. This ability to be with illness and death, without denying them, is a mark of the healing that occurs here. The centre provides the communion that allows for a sense of new life to emerge with individual brokenness. People can be ill, broken and suffering, and know that they may stay like this until they die, and yet still experience a joy in life. When Sue and the man hugged, pain and joy met.

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