

## On Trauma and Hosting Collective Healing Spaces

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### There is trauma in the world.

Many people directly experience some form. I continue to learn of my own. I continue to learn of it in others. Follow global news headlines. Or local. Trauma is not hard to find.

I must be clear and transparent from the beginning. It is my experience that people find what they look for. It is not my intent to encourage narrowing the lens of human perception to seeing only trauma. Hope and joy and love and kindness are also in the world. But something feels important about turning to face the topic of trauma.

I am not writing as one in a traditional healing or client care profession. I am writing as a group process facilitator, having learned many times that group engagement itself is a modality to support wholeness and wellness. Even knowing this, I am aware that the best of group engagement can be blocked or limited by participants' experiences with trauma. When facilitating, I find myself wondering how I can open just a bit more room for the space beside or beyond trauma.

For some, trauma is individual experience. A singular event of overwhelm. Physical. Emotional. Spiritual. For some, it is pattern of repeated experience. Overwhelm at scale. Events for which the natural and best response is to shut down. Or calcify. Or numb. I believe that all of us know this in some way.

For some, trauma is collective, encoded in a kind of DNA, that invisibly co-opts even those without direct experience into the intensity of those with direct experience. Just by being part of a group, part of a lineage. The impact of slavery and oppression from the last 300 years ago is carried today in some African Americans. The deep wounds

of yesterday's colonization and residential school stripping of culture is lived today in many indigenous peoples. The holocaust atrocities of the 1940s are close for many of Jewish ancestry.

The domain of collective trauma is a growing and important area of study. For healing. For thriving. For making visible some of what has been punishingly invisible. For naming what has been unnamed, or held with shame.

Recently, I was a participant on a group conference call, convened by people that I trust. There were thirteen of us, about half from Europe and half from North America. "What would it take to host collective healing spaces with deliberateness?" our conveners asked us, the need for such spaces growing from an awareness of many aspects of trauma. Healing spaces to witness story. To interrupt entrained thought. To unfreeze calcified emotion. To un-numb hope. To free ourselves and groups of people to the emergence of greater capacity for innovation and adaptive leadership that local and global communities so need in these times.

It is clear to me that when a story is beginning, as it may be with hosting collective healing spaces, initial questions and beliefs shape the arc of that story. Before story, there must be wonder. It is important to pay attention and explore these early questions, leaning into each other, even with half clear beliefs, or "we-don't-need-to-solve-anything-just-now" thoughts. The early beliefs and questions shape the arc of the story, and thus, filters of perception, just as the arc and filters then shape next layers of questions.

What follows are eight beliefs, as I heard them, emerging from my thoughts and from listening to reflections of those participating in the call. I offer these beliefs to add texture to the practices that any



of us find ourselves in as we host and intend collective healing spaces. These beliefs are best engaged with a “what if” curiosity.

## What if?

### 1. All people have trauma.

Not just some. Not just the unfortunate. Trauma is a widely shared human experience, just as is joy or laughter. We tend to accept the latter as common, but the former as isolated. Perhaps this is not so. Many of us have learned to wear masks to cover our trauma. It seems that much of contemporary western society has deemed this OK, a kind of unnecessary shaming.

### 2. Trauma is rooted in overwhelm.

As stated above, physical, emotional, spiritual. Direct experience and encoded DNA that are substantial enough to induce physical states ranging from constriction and fear to paralysis and debilitation.

### 3. Not all trauma is the same.

Trauma has many cousins. It is not the same as disappointment or let down. It is not the same as embarrassment or shame. It is not the same as intensity or complexity or confusion. Distinction matters.

### 4. Trauma doesn't have to define us; it provides context.

At the root of hosting collective healing spaces is a desire to interrupt pattern, known or not, of trauma and how it's invisible presence tackles us. Unaddressed trauma often restricts, imprinting toxicity at deep levels, such that, the best of group processes are significantly limited. Working at bigger scale, or deeper scale, requires getting to the roots. People long for a quality of space and relationship together. Awareness of trauma identifies important markers on the map, that are often, surprisingly, shared.

### 5. “Fixing” isn't a helpful verb when it comes to trauma.

“Giving room to breath” may be more helpful. At the heart of healing is coming into deliberate relationship. With people. With experience. With

events. It is less about forgetting or blaming, though these can be important steps along the way. It is more about being willing to try on alternative ways to relate to people, experiences, and events. To move from singularity of certainty to plurality of awareness. For some it is their profession to work more deeply with trauma. Councilors. Therapists. Psychiatrists. Social workers. For those of us who are process facilitators, I believe we are creating containers of interaction that break an enslaving silence. Not fixing. Just deeper presencing to what is.

### 6. To heal trauma isn't to heal it in “them,” but rather, to heal it in “us.”

Contemporary western society has arguably lived the last two hundred years fascinated with a philosophy and practice of separation. In North America, this expresses itself as a rugged individualism. A world of competition, speed, and efficiency. This overarching narrative has legitimized a kind of “othering” in the world. An endorsement of an illusion that we are separate. The story has created the reality. Fortunately, many now are reclaiming a story of wholeness, interrupting the story of separation and the blame and attribution it has created. Arguably, separateness and othering are a tap root of trauma in many of us.

### 7. Connection to self underlays most practices of healing.

The self that is story. The self that is a group of people. The self that is a seemingly invisible whole of life. Hosting collective healing spaces is about creating multiple formats to access that self. Combining methods is attractive. It creates what so many long for as “safe space.” “Empowered space.” It creates engagement that satisfies the needs of introverts, extroverts, those who speak readily with words, those who speak readily with silence, or with movement, or with song, or with voice dialogue. Connection to self creates belonging.

### 8. People whose profession is tending to others, often don't tend enough to self.

It sounds noble, and I believe is, to always “be there” for another. Without fail. No matter what. Yet, this deeply held value embedded in many human service professions can cumulate into an

odd kind of abandonment of self, or absence of tending to self.

## We have trauma. Trauma doesn't have to have us.

My son, now a young adult, has severe hemophilia, a bleeding disorder in which agents needed for his blood to clot are not present in his body. Clinical diagnoses of hemophilia range from mild, which many people live with without awareness of any challenge, to severe, which can manifest as spontaneous and life-threatening bleeding occurrences. Isaac has severe hemophilia.

When Isaac was a toddler, his Mom and I became very involved in a local non-profit foundation that supports people and families with bleeding disorders. We wanted, and needed, to learn as much as we could, and eventually, we wanted to offer as much as we could to others with young children, newly facing life with hemophilia. One of the projects we helped support was a promotional and informational video that featured vignettes of three people with a bleeding disorder. Isaac was one of them. The closing line was clever and true, I felt. "Isaac has hemophilia, but hemophilia doesn't have Isaac."

As it pertains to hosting collective healing spaces, these front edges of story have us leaning in to trauma rather than away from it. Growing, as it is, awareness. Releasing shame that is so deeply patterned to be held in isolation. I'm encouraged by this inquiry, exploration, and set of emerging practices.

I've learned a few things from being Isaac's parent that apply to hosting collective healing spaces. This kind of hosting offers hopeful entry into some important edges of group process facilitation and the broader spectrum of healthy human collectives.

Many people have trauma. But trauma doesn't have to have us.



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