


7-1-2014

## Repairing the Breach: The Power of Dialogue to Heal Relationships and Communities

Robert R. Stains Jr.

*Public Conversations Project*, [rstains@publicconversations.org](mailto:rstains@publicconversations.org)

Follow this and additional works at: <https://www.publicdeliberation.net/jpd>

 Part of the [Counseling Commons](#), [Health Communication Commons](#), [International and Intercultural Communication Commons](#), and the [Interpersonal and Small Group Communication Commons](#)

---

### Recommended Citation

Stains, Robert R. Jr. (2014) "Repairing the Breach: The Power of Dialogue to Heal Relationships and Communities," *Journal of Public Deliberation*: Vol. 10 : Iss. 1 , Article 7.

Available at: <https://www.publicdeliberation.net/jpd/vol10/iss1/art7>

This The Scope of the Field is brought to you for free and open access by Public Deliberation. It has been accepted for inclusion in Journal of Public Deliberation by an authorized editor of Public Deliberation.

---

# Repairing the Breach: The Power of Dialogue to Heal Relationships and Communities

## **Abstract**

Dialogue can be a powerful force for healing communities and relationships broken by divisions of identity, values, religion and world-views. This article explores the reparative effects of dialogue and the elements that make them possible: re-authoring stories, communicating from the heart and witnessing others' identities in constructive ways.

## **Keywords**

Dialogue, Relationships, Storytelling, Healing, Identity

*Your ancient ruins shall be rebuilt; you shall raise up the foundations of many generations; you shall be called the repairer of the breach, the restorer of streets to live in. Isaiah 58:12*

We have no shortage of broken communities in our country. Municipalities, workplaces, communities of faith, even families are torn apart by disputes and misunderstandings about gender, race, politics, sexual orientation, socio-economic status and religion, among other things. There is great need of healing. When the common ground cracks and the gulf between people grows, they often retreat to fortresses of certainty. In these castles, the inside walls are black-and-white and the narrow, clouded windows that overlook the chasm distort the light, admitting only a partial view. The drawbridge is raised, so “they“ can be vilified and the purity of “us” can be preached. Meanwhile the chasm widens, deepens and fills with trash: old tires, garbage, industrial waste. The only things that grow in the breach are weeds: thick, tall weeds with woody stems and spiky blades that leave you bleeding if you attempt to cross. Venturing there –attempting direct connection- is too painful. It is much easier to stay in the castle and deepen the story of “Them” and “Us.”

Families, organizations and communities captured by this dynamic can be wounded and paralyzed for years, locked in a dance of avoidance and acrimony, silence and screaming, afraid to walk in the weeds, devoid of hope for anything better.

Dialogue holds the promise of healing in all these contexts in which community is broken. The sense of community depends on the quality of relationships, and relationships grow from conversations. Therefore, the quality of conversation drives the quality of relationships and the possibility of community. At the Public Conversations Project (PCP), we have found that shifting the conversation through Reflective, Structured Dialogue invites and enables people to move from certainty to curiosity to caring; from mindless stereotyping to genuine interest by changing the nature and process of their conversations. Whether it’s a church divided over theology and human sexuality, a workplace split by gender issues or a region mired in religious and ethnic conflict, in dialogue mutual curiosity and exploration build on each other and relationships move closer to being restored. Much work has been done in our field to create and facilitate these kinds of healing conversations. Because they remain less visible than other kinds of dialogue, much more work needs to be done by practitioners, scholars and funders to evaluate, expand and sustain them.

Hope for relationship and community healing comes when dialogue focuses on personal stories, emotions and identities. It can counter the effects of the stories told of others that shred relational and communal bonds and the emotions that inflame or imprison. (Black, 2008; Freedman & Combs, 2009; Seikkula & Trimble, 2005). In face-to-face dialogue, participants have the opportunity to edit and add to the stories that are told about them, changing the ways that they are seen. As Black has observed, it is “...through telling and responding to personal stories, group members craft their identities and take on others’ perspectives” (Black, 2008, p. 93). This experience of being witnessed is powerful and connecting. It opens receptivity to others’ stories, dilutes stereotypes and invites the heart

as much as the mind. And heart-focus can transform enemies to friends (Eilberg, 2014; Palmer, 2011).

The process of re-storying and re-connecting was embodied in a dialogue for patients with chronic illnesses and medical staff who treat those conditions (Lockerman, 2006). Both groups held narrow and negative stories of the other that influenced care and compliance. One of the most debilitating factors for patients with chronic illnesses is the draining away of hope as they experience stereotyping and misunderstanding from the medical community. Healthcare personnel have no venue to share their own hopes and concerns with patients, and are pained when seen as uncaring. Lockerman used consultation from PCP to create a dialogue process that provided opportunities for both “sides” to see each other in new ways. In citing the results of the dialogue, Amy, a patient who had participated, said:

I think the tenor of the whole meeting moved me. I came home feeling really good about what had happened—what the experience was, the openness of people, the caring way in which the entire session was conducted. I came home and I told my husband it's one of the best things that I've ever participated in. I really felt good when I left there. I felt hopeful... (p. 96)

In addition to expanding stories, healing dialogue focuses on “heart,” which invites feeling as well as thinking. The protected space of dialogue makes it possible for participants to express deep emotion in ways that can be received by their listeners, who reciprocate with their own expressions of feeling. In some cases that we've been involved with at Public Conversations, these feelings have been waiting five, eight or ten years to be expressed to “the other” whose words and actions –wittingly or unwittingly- may have ignited them. Speaking the seemingly unspeakable, and having it witnessed and engaged goes a long way toward healing individual and relational wounds. Dialogue provides the space for that to happen.

One example is from a work group charged with reducing and eliminating the use of forcible restraint and involuntary seclusion in state mental health facilities. The team was composed of former patients of state mental hospitals –“consumer-survivors”- who had been on the receiving end of these techniques, and clinicians and administrators in that system, many of whom had ordered or implemented those procedures. Their work went smoothly until people began to speak about their personal experiences on the wards. The sense of safety (for both sides) evaporated, fear and anger grew and working together became impossible. People from both spheres were traumatized or re-traumatized. Gaps became chasms. Their participation in a courageous dialogue process, however, enabled them to move through their feelings and to listen deeply, speak truthfully, and grow in mutual understanding.

In the words of two participants:

Bill (staff person): “We were forced to view each other as human beings. When the hats come off, you have the opportunity to see what’s in peoples’ hearts.”

Nikki (consumer/survivor): “What surprised me was how quickly you could develop real relationships with people. There was one man.... [from the ‘other side’] I felt close to him and safe..... I left that group and felt like...almost magical to me.” (Glasser & Scott, 2011)

This heart-centered communication and “magical” healing of relationship also led to collaborative efforts that changed policies on the use of seclusion and restraints throughout the state and culminated in a celebratory conference.

Finally, healing dialogue invites people to stand in a place of honor in the identities that matter most to them (race, gender, sexual orientation, religion, etc.), and that they feel have been maligned. Participating in a dialogue may be the first time someone has had a conversation with people of different identities that does not begin with making someone wrong because of who they are. Rather they are invited to bring their identity into the room and experience the genuine interest of others who are different from them. People who experience being seen more fully in terms of how they experience themselves in their identity apart from the limiting and often demeaning stereotypes attributed by others report feelings of liberation and connection. This experience opens their own curiosity to more complex stories and deeper feelings expressed by “the other.” The healing ripples and reverberations can be far-reaching, and powerful.

A recent example comes from the work of the Inter-faith Mediation Center (IMC) in Kaduna, Nigeria, which fosters dialogue between Christians and Muslims. A few times a year, PCP’s Dave Joseph travels to Kaduna to teach Reflective Structured Dialogue to the IMC staff and other local peace-makers. Their example illustrates not only the power of dialogue for healing, but also how much careful, concentrated work ripples out beyond the original participants. In a recent posting from Kaduna, Dave said:

We heard about events that took place over the weekend in Kachia, a small town about 45 miles from here: 24 hour curfew imposed after churches and mosques being burned, three reported deaths, stemming from an incident involving a wall that had been repeatedly broken down, surrounding a Muslim place of prayer.

Early Sunday morning, a drunk Christian man crashed into the house of a Muslim in a residential neighborhood in Sokoto. A number of Muslim youth became very upset and began to threaten the driver. A Sokoto community leader had attended an IMC training on Reflective Structured Dialogue and he had "stepped down" the training to some neighborhood youth (he passed along what he had learned). Some of the Muslim youth who had attended the training called upon their brothers to slow down and not become emotionally hijacked/reactive. In addition to doing so, they contacted the police, who came and responded to the situation. The

homeowner forgave the man who had crashed into his house. Peace was restored and there was no violence.

So in a land where only the tiniest spark is needed to ignite a tinderbox, as in the first situation---our inspired and inspiring IMC partners are passing along the key messages of RSD and making a life-and-death difference. (Joseph, 2014)

When people accept the opportunity and the risk of dialogue, telling their stories and speaking their heart-felt truths to real or imagined opponents who deeply listen, amazing things can happen. People who have refused to speak to one another for years re-connect. Fear lessens or disappears. Mutual understanding, positive regard and caring grow. Relationships are renewed and the breach is repaired through the power of dialogue. While participants may not reach “common ground,” they do find “common grounding” (Chasin, 2014). In the best cases, people leave their fortresses, clear the trash, plow the weeds under and grow something new.

## References

- Black, L. (2008). Deliberation, storytelling and dialogic moments. *Communication Theory, 18*, 93-116.
- Chasin, L. Personal communication, May 30, 2014.
- Eilberg, A. (2014). *From enemy to friend: Jewish wisdom and the pursuit of peace*. Maryknoll, NY: Orbis.
- Freedman, J. & Combs, G. (2009). Narrative ideas for consulting with communities and organizations: Ripples from the gatherings. *Family Process, 48*, 347-362.
- Glasser, N. & Scott, B. (2011). *Restraint and seclusion dialogues. Interview in “Dialogue: A virtual workshop,” Part 6*. Watertown, MA: Public Conversations Project.
- Joseph, D. Personal communication from Kaduna, Nigeria, May 12, 2014.
- Lockerman, G. (2006). *Patients and doctors in dialogue about chronic illness*. Doctoral dissertation, University of Massachusetts Amherst.
- Palmer, P. (2011). *Healing the heart of democracy: The courage to create a politics worthy of the human spirit*. San Francisco: Jossey-Bass.
- Seikkula, J. & Trimble, D. (2005). Healing Elements of Therapeutic Conversation: Dialogue as an embodiment of love. *Family Process, 44*, 461–475.

### **Author Information**

Robert R. Stains, Jr. is Senior Vice President for Training with the Public Conversations Project. For the past 20 years Bob has created constructive conversations about sexual orientation, religion, abortion, gender, social class, race and other divisive issues. He trains other senior practitioners in Reflective Structured Dialogue and provides consultation to academic, civic and religious leaders. He consults to the Interpersonal Skills Component of the Harvard Negotiation Project at Harvard Law School, sits on the Executive Board of The Democracy Imperative, is a co-founder of The Family Dinner Project and serves as a Guest Scholar Practitioner for the Dialogue, Deliberation and Public Engagement Program at Kansas State University.