

Article

Healing Is Rhizomatic: A Conceptual Framework and Tool

Jennifer Lopez

Independent Researcher, The Bronx, NY 10453, USA; jelopez3811@gmail.com

Received: 30 September 2020; Accepted: 4 December 2020; Published: 10 December 2020



Abstract: This paper offers a conceptual framework and a set of tools that use rhizomes as a metaphor for healing in the context of oppressive violence. Existing conceptualizations of trauma, trauma recovery, and healing offer important tools for framing and addressing the impacts of oppression on individuals and groups. These exist in a fractured practice ground where practitioners are socialized into divisions such as “micro” vs. “macro” practice and “self-care” vs. “the work.” The Healing is Rhizomatic conceptual framework identifies five nodes (body, felt sense, relationships, place, story) and three dimensions of healing-oriented engagement (recognition, readying the ground, (re)generation) that exist across these approaches. Adaptable to multiple levels of analysis, the conceptual framework focuses on fracture, blockage, and connection as core experiences. These experiences occur in, through, and between the nodes and dimensions. This paper explores use of the conceptual framework and tools for applying it as a mechanism for assessment and reflection about internalized and operational definitions and approaches to healing. Thereby, the framework and tools offer a view of a common practice ground for practitioners engaged in healing work in the context of oppressive violence and is intended to support deeper awareness, collaboration, and coordination of approaches.

Keywords: trauma; trauma recovery; healing; community organizing; oppression

1. Introduction

“Because it is a systematic negation of the other person and a furious determination to deny the other person all attributes of humanity, colonialism forces the people it dominates to ask themselves the question constantly: ‘In reality, who am I?’” —Frantz Fanon, *The Wretched of the Earth* (1963)

“After a collective rupture such as genocide, war, or a sudden event of toxic pollution, the sense of the annihilation of a way of life may be total, and there may be so little possibility for restoration that the situation hardens into a trauma.” —Mary Watkins and Helene Shulman, *Towards Psychologies of Liberation* (2008)

The Healing is Rhizomatic conceptual framework offers this core proposition: Where oppression and trauma are fracturing, healing is rhizomatic. Where oppression negates and denies (Fanon 1963), healing questions and affirms. Where oppression creates a “sense [and threat] of . . . annihilation” which “hardens into a trauma” (Watkins and Shulman 2008), healing is an inherent and existential refusal to that and facilitates movement. Where oppression “[produces] and [exploits] group-differentiated vulnerability to premature death” (Gilmore 2007), healing produces conditions that sustain full life.

The language of “fracture” here emerged from using rhizomes as a metaphor for healing. Underground rhizomes, such as ginger, are plant stems. Their growth is multidirectional. They produce buds, which grow horizontally underground. These buds have nodes from which the plant can develop

roots that anchor the plant. The plant also sprouts vertically from the nodes, producing flowers and leaves. A small piece of a rhizome can be broken off and it preserves its inherent ability to sprout anew.

This article begins with a thematic overview of conceptualizations of trauma, trauma recovery, and healing from medical, neurobiological, psychoanalytic, psychosocial, social ecological, historical trauma, political, and politicized somatic disciplines and approaches. I discuss how these exist in what I call a “fractured practice ground,” exemplified by a “micro–macro divide” in social work (Jemal 2020, p. 1) and tensions around care and healing in community organizing spaces. I then present the Healing is Rhizomatic conceptual framework, defining its main elements and key concepts. I offer two ways of applying tools based on the framework that I explored in my own reflective practice and in case studies with three participants. I also envision one other potential use of the framework and tools for doing so.

2. Themes in Conceptualizations of Trauma, Trauma Recovery, and Healing across Disciplines and Approaches

There is a wide range and long history of conceptualizations of trauma, trauma recovery, and healing across disciplines and approaches. While some of these overlap and support each other, others are in tension and include sharp critiques of the claims, uses, and impacts of other approaches.

2.1. Medical and Neurobiological

These approaches define trauma as the individual’s body’s response to a single or multiple overwhelmingly distressing event(s) that produces impairments in mood, behavior, cognition, and memory; it’s exemplified by the clinical diagnosis of post-traumatic stress disorder (PTSD) (American Psychiatric Association 2013; Kolk 2014; Levine 2015; National Institute for the Clinical Application of Behavioral Medicine 2017; Pai et al. 2017). The Diagnostic and Statistical Manual 5 delineates four symptom categories for PTSD: intrusion, avoidance, cognition and mood, and arousal (American Psychiatric Association 2013). Others describe symptoms related to hyperarousal, intrusion, and constriction (Herman 2015). Symptoms include irritability and angry outbursts, sleep disturbances, flashbacks, emotional and relational detachment, cognitive distortions, feelings of guilt and shame, and avoiding places related to the traumatic event (American Psychiatric Association 2013; Herman 2015; Woo and Keatinge 2016). In terms of treatment and recovery, the focus in these approaches tends to be on crisis intervention and addressing symptoms predominantly through cognitive behavioral therapy modalities (Herman 2015; Woo and Keatinge 2016).

There has been increased clinical focus on the body and body-based (as opposed to talk-based) approaches to understanding and treating trauma (Kolk 2014; Levine 2015). There have also been efforts to develop and propose expanded definitions of trauma and the effects of potentially traumatic experiences with a developmental and relational focus throughout the lifespan, including new proposed diagnoses such as developmental trauma disorder (Kolk 2014) and complex PTSD (Herman 2015). Research in medical and neurobiological approaches, including the study of epigenetics, has been used to support other conceptualizations of trauma such as intergenerational trauma (Levine 2015).

2.2. Psychoanalytic, Psychosocial, and Social Ecological

Psychoanalytic, psychosocial, and social ecological approaches more broadly consider what causes trauma, what shapes how trauma manifests, and what can promote healing. Aligned with the biopsychosocial and person-in-environment approach centered in clinical social work practice, these approaches include considerations related to development, the psyche, relationships, roles, social contexts, cultural competence, attachment, community resources, health, social acknowledgement, meaning, remembrance and mourning, and resilience (Brown 2008; Farwell and Cole 2001; Hansen 2005; Harvey et al. 2003; Herman 2015; Maercker and Muller 2004; Neuner et al. 2010; Nickerson et al. 2017; Schultz et al. 2016; Williams and Thompson 2011). Forms of these conceptualizations developed through collaborations between psychoanalysts and other kinds of practitioners in Latin America, Africa, and Europe critique the overemphasis on trauma-related

diagnoses. They push back against the medicalization of what are normal responses to violence and the way medical approaches obscure the oppressive social conditions and violence that produce, exacerbate, and fail to adequately respond to traumatic reactions (Bragin 2004; Bragin 2019). These approaches center concepts and approaches rooted in local community, contexts, and traditions that mobilize resources to address loss, anger, grief, aggression, connections, repair, integration, enactment and reenactment, recognition, autonomy and empowerment, and witnessing (Bragin 2004; Bragin 2012; Bragin 2019; Herman 2015; Watkins and Shulman 2008).

2.3. Historical Trauma

The term “historical trauma” was developed by Lakota social worker and scholar Maria Yellow Horse Brave Heart and is related to other concepts including intergenerational trauma, disenfranchised grief, and unresolved grief (Brave Heart and DeBruyn 1998; Baker and Beltran 2019). This approach identifies historical oppressive violence as the root of trauma. A central tenet is that colonization, enslavement, and genocide had physical, emotional, spiritual, cultural, and psychological effects on individuals and collectives that have been carried through generations and continue to affect people through oppressive systems and structures (Brave Heart and DeBruyn 1998; Baker and Beltran 2019; Ortega-Williams 2017). This conceptualization offers a “clinical activist” approach to address the effects of historical trauma and unresolved grief with individuals, families, and groups (Brave Heart and DeBruyn 1998). This approach involves engagement in therapeutic work as well as intergenerational, communal, and traditional spiritual work and development (Brave Heart and DeBruyn 1998; Baker and Beltran 2019). It centers and affirms Indigenous healing practices that include ceremony, storytelling, dance, and prayer in ways that foster self-definition, emotional expression, and awareness of historical trauma and transposition (Brave Heart and DeBruyn 1998; Baker and Beltran 2019).

2.4. Political and Politicized Trauma

Integrative forms of political and politicized conceptualizations of trauma and healing have been used to frame, understand, and address issues of community violence, racism, education, urban renewal and gentrification, organizational cultures and structures, and collective action (Bloom 2007; Forward Promise 2019; Fullilove 2013; Fullilove 2016; Ginwright 2016; Ortega-Williams 2017; Schultz et al. 2016). Healing Justice is a framework that centers a politicized understanding of trauma for people of color and how to address it, including through shifting collective and organizational practices toward understanding healing as organizing work and to understand the essential role of healing and wellness in liberation (Black Lives Matter n.d.; Ginwright 2016; H.O.L.L.A n.d.; Page 2010; Piepzna-Samarasinha 2016). This framework centers the experiences of people from Black, Indigenous, and People of Color (BIPOC) communities; affordability, accessibility, anti-ableism and disability justice; grief work; and collective care (Ortega-Williams 2017; Piepzna-Samarasinha 2016). These also include politicized somatic approaches that center understandings of how we can transform the ways we embody the logics, practices, and effects of oppression and build wellness, interdependence, sustainability, resilience, and liberatory leadership (Generative Somatics 2020; Johnson 2015; Relational Uprising 2020; Universal Partnership 2020).

3. Fractured Practice Ground

Questions about the connections between trauma, healing, and organizing have haunted and invigorated me for years. I have come to understand trauma, healing, and organizing as inextricable, and that our approaches to them are part of a common practice ground. However, I have also experienced and witnessed socialization into practice that entrenches fractures in that practice ground. To illustrate this, I focus on two primary contexts in my own life: social work and community organizing.

My formal training in social work was in a program structured into two methods: One focused on clinical practice and one focused on community organizing. The methods articulate a scope of practice, group sets of concepts and skills, and socialize students into sectors of the social work field and

profession. Though there were certainly efforts in the curriculum to bridge the two methods through the teaching of the Just Practice method (Finn 2016) and the Liberation Health model (Kant 2015), there was still a general acceptance and reinforcement of a stark distinction between “micro” or “clinical” practice and “macro” or “organizing” practice. In conversations with friends and colleagues (and especially in one elective course), I saw and felt tension, anxiety, and reckoning about the troubling and detrimental impacts of that divide. Part of the concern was that it would socialize practitioners into clinical work that would lack strong collective political heart and into organizing work that would lack deep and adequate engagement with the intricacies of human relationships and internal life.

My formal and informal training in community organizing spaces before social work school held similar challenges and concerns. Particularly in this context, I was part of spaces where “self-care,” “community care,” and “healing” were named as crucial to sustaining our collective and individual capacity to be deeply engaged in organizing and social change work for the long haul. Across contexts, I have witnessed and reflected with organizers and therapists who have shared that adequate care and healing feel difficult to access (if not entirely unattainable) for many people, often including themselves. Community organizing, even when framed as a process that entails deep interpersonal relationship-building, is still not widely understood as a process that can be healing on multiple levels—though it does function that way (Ortega-Williams 2017).

4. The Healing Is Rhizomatic Conceptual Framework

The Healing is Rhizomatic conceptual framework draws from key common elements across these conceptualizations and approaches to trauma, trauma recovery, oppressive violence, and healing. In addition to my training and practice in social work and community organizing contexts, I have also drawn from training and practice in research, facilitation, dialogue, and creative writing along with skills and sensibilities developed outside any formal training contexts.

Before turning to the key elements in the framework, there are three forces and dynamics that provide useful framing and context: time, power, and emergence. In a talk hosted by the California Institute of Integral Studies Public Programs (CIIS Public Programs 2020) called “On Indigenous Wisdom for Healing Trauma,” Sherri Mitchell describes that we can locate and tune into points in time both frontwards and backwards. Mitchell also describes time as a structuring force that delineates and guides how much can be done in a given amount. “Time” in this framework is a structuring and dynamic force that shapes the process and the space in which that process happens. The organizing spaces I’ve been trained in generally defined power as “the ability to act” (Minieri and Getsos 2007). Martin Luther King, Jr. declared that power is the “ability to achieve purpose” (King 1967). I use this definition here and provide additional considerations for this framework in a later section.

Author and facilitator adrienne maree Brown (2017) frames her exploration of emergent strategy with this definition from Nick Obolensky: “Emergence is the way complex systems and patterns arise out of a multiplicity of relatively simple interactions” (p. 3). In describing how transformation is non-linear and iterative, she adds: “Nothing is wasted . . . Emergence is a system that makes use of everything in the iterative process” (Brown 2017, p. 14). Adaptation and interdependence—along with creating and moving toward possibilities—can be life-sustaining and are essential in emergence. This is a useful reference point for the key elements and definitions in the framework.

Though some of the following definitions may be intuitive, some require additional explanation to provide clarity and shared meaning about how they operate in the Healing is Rhizomatic framework. Part of the intention is to provide concepts and language that are clear, broad, and sturdy enough that people coming from multiple and varied perspectives can see themselves reflected in them. The hope is that we can more clearly see how—though we may use different language and focus on different elements—our approaches operate in a common practice ground. Thereby, I hope it can support practitioners in assessing how we can better coordinate and integrate approaches to addressing the impacts of oppressive violence, including trauma. That said, the terms can be malleable and adapted to the needs of those using them whenever that is helpful. For instance, when practicing using the

framework with someone, the word “fracture” did not quite fit the situation the person was describing. We shifted to the word “boundaries,” which was more resonant for them and more adequately held what they were experiencing.

Key Elements and Definitions in the Healing Is Rhizomatic Framework

Healing is a natural, inherent capacity to resource ourselves to be more fully and powerfully alive. “Fully” refers to life-sustaining connection and wholeness. “Powerfully” relates to purposeful movement. Accessing and channeling this capacity enables us to recognize, recover, tend, and (re)generate the resources available to us for this purpose. This capacity cannot be created or destroyed, though the ways we access and channel it can be blocked or fractured. It is multidimensional and multidirectional.

With this definition, when we say we are doing healing work, what we are referring to is that we are engaging in an approach to accessing or channeling this capacity. When we describe something as healing (as in, “this space was healing”), what we are describing is that being and engaging in that space enabled us to access and channel the natural, inherent capacity to resource ourselves to be more fully and powerfully alive.

It is important here to return to the definition of power. Power, like time, is a structuring and dynamic force. Like healing, power is a capacity. Neither healing nor power, when accessed and channeled in the world, is value-neutral. Oppression fuels and is fueled by domination and exploitation. It is inarguably harmful. It is possible to resource ourselves in ways that reinforce and strengthen oppression. That kind of resourcing is not healing. We may also engage with power and resourcing in ways that are not necessarily oppressive nor healing but that sustain our ability to survive oppression. This is necessary and worthwhile.

Fracture, blockage, and connection are core types of experiences in the framework.

“Fracture” refers to breaking and separation that impacts our state and capacity to be and grow as we once were and did. Similarly, “blockage” refers to experiences that stop the full flow of energy, being, and growing as once was and that is still possible. [Watkins and Shulman \(2008\)](#) describe “rupture” as potentially traumatic or manageable. They describe that “traumatic rupture ... has global and devastating long-term effects on a personality” and, as noted in the quotation in the epigraph, its effects can “harden into a trauma” if the conditions in which it happens leave “little possibility for restoration” ([Watkins and Shulman 2008](#), p. 138). “Manageable rupture” is “difficult but negotiable” and can be painful, “but if surrounding conditions allow for support and experimentation, there is a possibility for a widening of the personality and the development of a more critical and creative consciousness” ([Watkins and Shulman 2008](#), p. 135). I chose the word “fracture” (rather than “rupture” or “trauma”) because it evokes the experience of something breaking while holding that it can happen in different contexts with various impacts. Fractures can be immensely and intensely painful. They can break us in ways that are irreparable, make us lose things that we cannot recover. Fractures, when understood in the context of rhizomatic growth, can also create new contexts. In that way, they can facilitate flow and growth in multiple directions and make other connections, fractures, and blockages possible.

“Connection” refers to ties and a “being with” that impacts our state and capacity to be and grow. Like fracture, it is an experience that can happen in different contexts with various impacts and is not inherently good, bad, traumatic, or healing. A connection can facilitate flow or it can function as a blockage. It may be that a connection is harmful, and fracture may be beneficial in that context.

The term “nodes” draws directly from the rhizome metaphor. This refers to five core “anchors” of being and experience that are mutually constitutive and can be looked at independently. The five nodes are body, felt sense, relationships, place, and story. All the nodes are naturally connected to each other. The nodes can refer to a range of subjects (e.g., people, groups, cities) at multiple levels, including the individual, interpersonal, institutional, ideological, and spiritual.

1. "Body" refers to the physical structure of individual being. Here it mostly refers to the human body with all its flesh, bone, blood, systems, and needs. It can also refer to other living beings, including animals and plants.
2. "Felt sense" refers to a bodily experience of knowing, a term coined by Eugene Gendlin in 1996 (Friedman 2004). The concept that the nodes are mutually constitutive is perhaps clearest when considering the relationship between body and felt sense. Though we can use language to describe our felt sense, it is not necessarily tied to language (Friedman 2004). It can entail emotions and sensations. Other terms that may provide an intuitive reference point for what felt sense refers to can be spirit, intuition, soul, and energy, though each of these have historical, social, spiritual, contextual, and cultural meanings that vary widely and should be honored in context.
3. "Relationships" are experiential social ties between living beings. It can refer to relationships between two individual people, between groups of people, between groups of people and animals, or even between plant species.
4. "Place" refers to physical space with social and experiential elements and can include houses, neighborhoods, classrooms, and land masses.
5. "Story" refers to written, verbal, and embodied meanings and narratives that can be believed and shared. These can be internal (such as an understanding and narrative one has of a particular event) or they can be ideologies held by masses of people and enshrined in systems.

We can experience fractures, blockages, and connections in and between all the nodes. When we focus on fracture, blockage, or connection as they relate to a set of nodes (like body + felt sense + place), we are looking at a "bud." All the nodes are implicated all the time, though in different ways. Focusing on buds, however, can be useful in identifying sites through which we can access and channel healing. Practitioners may focus their work on certain buds. For instance, an organizer at a housing justice organization who does a lot of "communications" work may frame their work as primarily focused on place + story + relationships. Another organizer at the same organization who focuses on leadership development may frame their work as focused on relationships + felt sense + story. A member at that organization who was abruptly evicted, has nowhere to go, and is scared that they might have to sleep on the street that night may be most urgently focused on body + place + felt sense. A therapist trained in eye movement desensitization and reprocessing (EMDR) may describe their practice as focused on body + felt sense + story (which may be adapted to "memory"). An herbalist who is part of a community garden where they host skill shares on ancestral home remedies may describe their work as engaging all five nodes.

When the experience of fracture, blockage, or connection produces harm that chronically impairs the ways we can access and channel healing, it produces trauma. Trauma harmfully and enduringly structures the ways we experience fracture, blockage, and connection in and across all the nodes or in buds. Oppression produces massive and potentially traumatic fractures in and between the nodes. For instance, one can experience fracture in body resulting in a broken bone. One can also experience fracture between body and felt sense, resulting in what some approaches call dissociation. Displacement is, in part, a massive fracture between people and place.

Dimensions of engagement, like nodes, are also a type of anchor. Whereas nodes are anchors of being and experience, dimensions are anchors for approaches to accessing and channeling healing. There are three core dimensions of engagement in the framework: recognition, readying the ground, and (re)generation. Like the nodes, these dimensions are mutually constitutive and can be looked at independently. Anchoring in each of the dimensions can facilitate looking at and working with fractures, blockages, and connections in the nodes. This anchoring can be (but is not necessarily) a conscious decision or process. When we are anchored in one dimension, the others are also potentially involved at the same time. Depending on which anchor we are using, the expressions of the other dimensions differ. That is, recognition operates differently when we are anchored in the recognition dimension versus when we are anchored in the readying-the-ground dimension.

1. The recognition dimension has to do with seeing, resonating with, and expressing what is present, whether we can explicitly and clearly name it or not.
2. The readying-the-ground dimension has to do with building awareness of the presence and contours of the fractures, blockages, and connections in and across the nodes. Anchored here, we can develop awareness of, consider, and imagine resources and tools we can use to access and channel healing.
3. The (re)generation dimension has to do with the active and sustained development, recovery, use, and flow of tools and resources to be more fully and powerfully alive.

While all the dimensions are mutually constitutive, the relationship between readying the ground and (re)generation is especially so. A phrase I find useful here is “tools, not scripts.” The goal is to have tools that support us in accessing and channeling healing, not just phrases or concepts that we can name and think about on the surface. Becoming aware of, considering, and imagining resources can, in and of itself, be experienced as the use of those resources and thereby move us into the (re)generation dimension. When we say something was healing, it is likely that we were anchored in the (re)generation dimension or that anchoring in the two other dimensions produced or surfaced strong elements of the (re)generation dimension.

5. “Healing is Rhizomatic” Tools: Envisioning and Exploring Uses of the Conceptual Framework

“The crucial question of liberation psychology, then, involves the transformation of fatalism into critical consciousness, an awakening of agency and the power to perform our roles differently, and a quickening of imaginations of desire. In order to effect such changes, we need to learn how to create safe and protected spaces where people can experiment with stepping outside inherited scripts and unconsciously assumed identifications to consider alternative performances. What we reach for, according to Martin-Baró, ‘is an opening—an opening against all closure, flexibility against everything fixed, elasticity against rigidity, a readiness to act against all stagnation’ ... Who we are in the present contains a kernel of something ideal in the future: ‘hunger for change, affirmation of what is new, life in hope’.”
—Mary Watkins and Helene Shulman, *Towards Psychologies of Liberation* (2008)

I have envisioned and explored three uses for the framework, each with different tools: (1) general assessment and reflection anchored in recognition, (2) paired generative assessment and reflection on a question anchored in recognition or readying the ground, and (3) a combination of these with groups and multiple contexts.

A core guiding principle across these uses is that healing-oriented knowledge production is a process rooted in longing, movement toward, and commitment to accessing and channeling ways of being that enable us to live more fully and powerfully. Opening and engaging in “spaces where people can experiment with stepping outside inherited scripts and unconsciously assumed identifications to consider alternative performances” (Watkins and Shulman 2008, p. 25) is essential in that kind of knowledge production. This kind of process can support us in developing “alternative epistemologies” that emerge from “subjugated standpoints” and can serve as contestations of dominant power (Collins 2000). These alternative epistemologies “open up the question of whether what has been taken to be true can stand the test of alternative ways of validating truth” (Collins 2000, p. 271). The idea is that when we go through processes of recognition and readying the ground with a tool that continually reminds us that there is always a fuller, more connected view of the ground we are experiencing and moving in, this can support us in (re)generating ways to heal.

5.1. General Assessment and Reflection Anchored in Recognition

The first Healing is Rhizomatic tool is a visual representation of the conceptual framework, illustrated in Table 1. Anchored in the recognition dimension, I used this tool and variations of it for general assessment and reflection in four ways. The first is as an initial exploration of how fractures,

blockages, and connections may be present in nodes. Table 2 illustrates using an adapted version of the tool to consider how fracture and blockage show up in the five nodes from the perspective of experiencing symptoms of PTSD. To be clear, the tool is not meant to be used as a diagnostic or screening tool to develop a treatment plan in the clinical sense. It can provide support for translation of specialized terms across approaches and assessment about what those terms mean. In providing a view of a broad common ground, the tool can provide support for mapping and orienting ourselves to what is happening and what might be possible where in that ground.

Table 1. Basic elements of the Healing is Rhizomatic conceptual framework.

		Nodes				
		Body	Felt Sense	Relationships	Place	Story
Dimensions of Engagement	Recognition Readying the Ground (Re)generation					

Table 2. Recognition of fracture and blockage associated with Post-Traumatic Stress Disorder.

		Nodes				
		Body	Felt Sense	Relationships	Place	Story
Recognition of Fracture and Blockage	Injury	Dissociation	Constriction Disconnection Avoidant Isolation	Avoiding place where violence may be experienced or remembered	“I am messed up and that is just how things are.”	

The second application of the framework for general assessment and reflection explicitly asks about needs and tools in relation to the nodes for a particular context or situation. Table 3 offers a template for that. I offered a version of this tool as part of an online workshop I co-facilitated for youth development practitioners navigating reopening programs in the midst of uprisings and the COVID-19 pandemic. Our goal was to provide a tool for practitioners to develop a broader view of the contexts they are navigating and be able to locate themselves in that context with increased clarity about what they need and what resources they have available. We provided questions that encouraged them to think about factors including their health, roles, the physical and virtual spaces they are navigating, purpose, and lost loved ones and community members. A participant shared that this was useful because these were things that one probably already knows but that are easy to forget in times of crisis.

Table 3. Recognition of needs and tools across nodes in a context.

Context: What context or situation do I want to focus on?					
	Body	Felt Sense	Relationships	Place	Story
What is present here? What do I need?					
What tools do I have available to navigate what is here?					

The third use of the framework for general assessment and reflection offers a tool for exploring how different approaches engage the three dimensions of engagement. Table 4 offers examples of how core concepts and practices from six different disciplines and approaches relate to recognition, readying the ground, and (re)generation. The six contexts are community organizing ([Portalatin n.d.](#)), liberation psychology ([Watkins and Shulman 2008](#)), stages of trauma recovery ([Herman 2015](#)), urban alchemy ([Fullilove 2013](#)), transformative consciousness ([Jemal 2018](#)), and the cycle of embodied

critical transformation (Johnson 2015). Someone could pick an approach from their own life and use the tool to map how it engages the nodes and dimensions. Doing so could promote awareness and clarity. It could also reveal areas where additional resources and practices could be imagined and developed.

Table 4. Examples of concepts, practices, and stages from various models for each dimension.

Dimension	Context	Examples of Approaches
Recognition	Community Organizing	Base-building
	Liberation Psychology	Psychic wounds of colonialism and globalization
	Stages of Trauma Recovery	Establishing safety
	Urban Alchemy	Align Keep the whole city in mind Find what you are for Make a mark
	Transformative Consciousness	Stage 1: Blind belief Stage 2: Discovery
	Cycle of Embodied Critical Transformation	Phase 1: Embodied Experience
Readying the Ground	Community Organizing	Political and popular education, leadership development
	Liberation Psychology	Springs for creative restoration
	Trauma and Recovery	Narrative, mourning, remembrance
	Urban Alchemy	Connect Show solidarity with all life Celebrate your accomplishments
	Transformative Consciousness	Stage 3: Duality Stage 4: Contemplation Stage 5: Integration
	Cycle of Embodied Critical Transformation	Phase 2: Embodied Critical Consciousness Phase 3: Integrated Distillation
(Re)generation	Community Organizing	Campaign and organizational development Coalition and movement-building
	Liberation Psychology	Participatory practices of liberation psychologies
	Trauma and Recovery	Reconnection, autonomy, power
	Urban Alchemy	Create Unpuzzle the fractured space Un-slum all neighborhoods Create meaningful places Strengthen the region
	Transformative Consciousness	Stage 6: Liberation
	Cycle of Embodied Critical Transformation	Phase 4: Embodied Critical Experimentation

The fourth use involves applying the framework as illustrated in Table 1 as a prompt for broad self-reflection about experiences and tools that inform and shape how we define, think about, and experience the nodes and dimensions. The following is an excerpt of a narrative written by engaging with the tool in this way:

“Before learning about PTSD as a diagnosis, therapy, and clinical interventions for trauma, what I knew was that the history of my family was one fraught with fracture. I knew that many of us felt deep pain. I knew that that pain was not only our own but that we had inherited long histories of it; that many of my family members, friends, neighbors, and community members had similar stories. I knew that many of us learned how to be violent because we experienced violence. I knew that there were memories my mother and sister could not weave into story for me—no matter how desperately I wanted to know. I knew there were memories stowed away deep in my body and that they hurt.

I knew that I was the daughter of immigrants from the Dominican Republic and Puerto Rico, that I claimed the islands and felt they were part of me despite the distance. I knew that the [redacted] was loud and vibrant, that it echoed with island, and that it was home. I knew the [redacted] had been burned and regrown; that in so many ways it was still burning, still growing. I knew that we had coffee on kitchen tables; we had laughter, inheritance, and becoming on living room dance floors. I knew that one day, I started feeling like my body was cracking open. I feared that sadness was a deep silence that would swallow me whole. I saw that anger was a kind of sadness, a kind of fire, a kind of fuel. I knew that presence was a precious gift. I knew that poetry and song were a kind of balm. I knew that “I see you” could be a kind of salvation. I knew that people loved that I could listen, that I could pick up on and remember details. I knew that I seemed older than I was. I knew that I was cautious and that part of me wanted to be bolder. I was taught that I was a smart kid and that the [redacted] was a place the smart kids should leave. I was taught ways to leave and did—and that hurt too.

Through various collectives, professional and academic spaces, and community organizations, I trained in skills and practices such as community organizing, research, education, dialogue facilitation, writing, and social work. I got words like sociology, oppression, social structures, redlining, Marxism, power, racial formation, political economy, gentrification, environmental racism, syncretism, socialism, disability justice, queerness, conscientization, decolonization, hegemony, and trauma. I got words like collective care, organizing, movement building, liberation, and healing.

I was brought into organizing work, enlivened with visions about power and liberation. Eventually, I saw and felt much of the same pain and violence I already knew. This time I had different language for how to describe the complex and deeply entrenched mechanisms and systems that create and reproduce them. I learned that our bodies and minds could be weaponized against communities we love. I learned that my mind and body exist in such a way that has granted me a relative kind of safety from some of the grave violence many people in my communities are not. I learned that organizations and groups often reproduce harmful structures and practices in the name of social change and justice.”.

5.2. Paired Generative Assessment and Reflection

I practiced applying the framework with three participants with whom I have very close and dear relationships. I explained the work I was doing and asked if they would be willing to practice with me. I proposed two potential ways of engaging with it. One was applying the framework as I illustrated above in relation to their formal work, whether they identified that work as “healing work” or not. Curiously, none of them chose that option. The option they chose was to come with a personal question or situation they wanted to think through and explore together using the framework.

When I met with each of them, I explained basic elements of the framework and tool (as shown in Table 1), beginning with what rhizomes are and using them as a metaphor for healing. I then described the process I envisioned us going through as follows:

1. After describing the conceptual framework and the basic tool, we would begin with a process of recognition where they would share with me what question or situation they wanted to explore.
2. We would engage in a process of readying the ground initiated by the question, “What do we need to be as present as we can and need to be to engage in this process together?” After asking this broad question, I would see if there were additional things we might need to consider as guided by the nodes. For instance:

- a. How is your body right now? Do you need a snack, water?
 - b. How much time do we have together for this?
 - c. How is the space you/we are in? Do you feel like you want to walk around, change the way we are sitting, play music?
 - d. How do you want to use the chart? Do you think it will be useful to have it visible the entire time and take notes? Or would you rather have it in the background, knowing I have it internalized and that it will implicitly guide our process?
 - e. How are you feeling right now? Is there anything else you need before we dive in more deeply?
3. After making any changes in the space, I would again ask that they share the question or situation they wanted to explore and we would dive in.

The times for each session varied. I spent about an hour with the first participant over video chat. I spent about five hours with some breaks, also virtually, with the second participant. The third participant and I spent about three hours together at a park.

A few weeks after meeting with each participant, I spoke with them individually about what the process was like for them. I asked questions to guide us in distilling reflections and lessons. I asked them to describe my role in the process. They offered words such as “facilitator,” “energy anchor,” “gate opener,” and “guide.” The main and most impactful practices they noticed included the following:

- Describing the process and the framework in a way that helped them think differently, that opened and held a dynamic and contained space to explore together;
- Asking questions (one person said “the right questions”);
- Sitting with silence;
- Reflecting things back to them;
- Noticing patterns (along with connections, fractures, and blockages) and asking questions that could make them accessible and legible;
- Some direct statements, stories, and reflections, mostly as pathways to questions; and
- When I did directly tell them what I noticed and how I was making meaning of that, it felt impactful and clarifying.

In terms of the framework and tool, one participant stated that because fracture and connection are offered as dynamic processes, it made spacious room for wholeness to just be. They noticed that even though they had some moments of shyness, there was no shame as they moved through challenging realizations. This person also shared that the intersections in the tool (between nodes, between dimensions, and between nodes and dimensions) provide an array of guided and “alive” places you can go into, which can be useful. For another participant, going through the process helped them notice that they had deep blockages between the body and felt sense nodes, so we returned to that bud a lot in our time together. It also helped them see that the relationship and place nodes were a lot harder to access and think about in relation to the situation we were exploring. This felt important to them and they requested a “part two” so we could explore that more. They also requested that we work with the chart on paper together so they could more clearly see how we engaged the nodes and dimensions.

They all described how during and after the process they felt increased awareness. They said that things that felt blocked or stuck were loosened or cleared. They experienced shifts in how they were interpreting, feeling, and engaging with the question or situation we explored. They described variations of how they felt vulnerable, uncomfortable, or unsettled along with a willingness to stay with those feelings. They felt able to do so because the process, tool, and our relationship offered a stable and contained space in which they could feel those things without feeling unsafe. They shared that by engaging in the process. They surfaced and developed tools they found themselves using in other contexts with different people in the weeks after.

One striking reflection I want to explore more was that two participants felt “really good” that something shifted or cleared “really quickly” in a way they had not anticipated. Those moments were palpable when they happened. I felt vibrance when they shared about how those shifts continued to flow after our process together. Over the years and unrelated to this framework (at least in any direct way), other people in my life have expressed having similar experiences with me in the context of personal conversations that they sometimes jokingly called “therapy.” There have also been moments like these in spaces where I have worked as a facilitator. My sense is that these moments are like what Gendlin might have called a “felt shift” (Friedman 2004) that emerges from presence and space to think, feel, express, reflect together, and reach newfound clarity.

I asked all the participants to what other questions or situations they could see themselves applying this conceptual framework and process. One person shared that they could see themselves using it to think about their relationship with their grandfather, their father, and between all of them. Another person said that they were curious about using the tool with elementary school students. That participant also said that they could see the framework and process being helpful for mapping group dynamics in a community group they were a member of that was starting to fall apart because they were unable to move through a conflict.

5.3. Assessment and Reflection with Groups and Multiple Contexts

The Healing is Rhizomatic conceptual framework and tools could be applied to a range of subjects and levels. The following are ideas for potential applications. I have not yet practiced them directly. When working with groups and multiple contexts, the framework and tools could be used to develop snapshots of assessment and reflection with different subjects at different levels and then layering and juxtaposing them to see what emerges. Taking the example of the community group falling apart because of a conflict, each person in the group could begin with the question, “How am I experiencing this conflict?” and use Table 2 individually to identify fractures, blockages, and connections they are each experiencing. The group could then use Table 2 with the group as the subject and map the fractures, blockages, and connections related to the conflict for the group. Reflection questions could include, “What becomes visible, obscured, legible, or possible when looking at how the snapshots come together and relate to each other?” The group could then individually and collectively layer on the question about tools from Table 3. Alternatively, the group could use a version of Table 4 to think through how they have addressed other conflicts and see if there are lessons they could apply to their current conflict. They could also focus on something they do well together, which puts people in touch with their aliveness, thereby providing a broader view of the ground they are moving in together. They could explore the relationships between these charts to identify lessons and possibilities that may support them in moving through their present conflict.

A team at an organization that is evaluating their base-building practices could use the tool in Table 3, an adapted version of the paired engagement process, or both to explore how they can make healing-oriented shifts in their work. A coalition of groups in a neighborhood interested in working together to deepen and develop healing-oriented practices in their work together could use the framework and some of these tools to articulate their separate approaches; juxtapose them to map connections, fractures, and blockages; and then consider what to do based on what emerges.

6. Conclusions

I asked one of the case study participants how much of the facilitation of our process together was held by the concepts and tools we used and how much of it was held by me and my particular energy, experiences, and skills. It became apparent that other lessons, realizations, questions, and practices would have surely emerged with another facilitator even if they used the same concepts and general process as me. The Healing is Rhizomatic conceptual framework has been inevitably shaped by my perspective. The lessons and reflections distilled from applying it have been necessarily shaped and limited by the standpoints of all those involved—my own, those of each participant, and the ones

formed by each of our connections. Moreover, what is here in writing does not and cannot fully represent all that shaped this version of the framework nor all that emerged in the applications of it. It is only what I was currently able to make visible and legible in this form and context. As such, I want to emphasize that the framework and tools I describe in this article are meant to be generative reflective tools, not scripts. They are not prescriptive, though they may inform plans of action.

As I consider what else feels possible with this framework and set of tools, I am grateful for and moved by a reflection two participants I practiced with shared. They came away feeling that by getting grounded in how they are relating to this landscape of healing in one part of their lives, they could do better with others in ways that ripple out. I hope for more of that and commit to doing what I can to nurture that vision and feed those efforts.

I also want to ground in the social, historical, and political context in which I am offering these ideas. As a global pandemic and uprisings continue to surge, a question triggered by reading an excerpt of the introduction to the reprint of *Revolution and Evolution in the Twentieth Century*, where Grace Lee Boggs discussed distinctions between rebellion and revolution, has been haunting me: “What is the role of healing during the rebellion stages of revolution?” In times of heightened confrontational struggle, what does this capacity to resource ourselves to be more fully and powerfully alive make possible? I must admit to feeling uncertain and ungrounded, unable to fully grasp the impacts and directions of our time. My longing is that the Healing is Rhizomatic framework can in some way be a resource for cultivating clarity, awareness, imagination, generative questioning, attentive listening, and experimentation in ways that support movement-building.

Funding: This research received no external funding.

Conflicts of Interest: The author declares no conflict of interest.

References

- American Psychiatric Association. 2013. Trauma- and Stressor-Related Disorders. In *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Philadelphia: American Psychiatric Association. [CrossRef]
- Baker, Adrian, and Ramona Beltran. 2019. Source of the Wound. *Youtube Video*. December 9. Available online: <https://www.youtube.com/watch?v=oHer-CUPnjY> (accessed on 29 October 2020).
- Black Lives Matter. n.d. Healing in Action: A Toolkit for Black Lives Matter Healing Justice & Direct Action. Pdf File. Available online: https://blacklivesmatter.com/wp-content/uploads/2017/10/BLM_HealinginAction-1-1.pdf (accessed on 29 October 2020).
- Bloom, Sandra L. 2007. Organizational Stress as a Barrier to Trauma-Sensitive Change and System Transformation. Pdf File. Available online: <https://www.nasmhpd.org/sites/default/files/Organizational%20Stress%202010%20formatted%20NTAC%281%29.pdf> (accessed on 29 October 2020).
- Bragin, Martha. 2004. The Uses of Aggression: Healing the Wounds of War in a Community Context. In *Analysts in the Trenches: Streets, Schools and War Zones*. Edited by Bruce Sklarew, Stuart W. Twemlow and Sallye M. Wilkinson. New York: The Analytic Press, pp. 169–93.
- Bragin, Martha. 2012. So That Our Dreams Will Not Escape Us: Learning to Think Together in Time of War. *Psychoanalytic Inquiry: A Topical Journal for Mental Health Professionals* 32: 115–35. [CrossRef]
- Bragin, Martha. 2019. Pour a Libation for Us: Restoring the Sense of a Moral Universe to Children Affected by Violence. *Journal of Infant, Child, and Adolescent Psychotherapy* 18: 201–11. [CrossRef]
- Brave Heart, Maria Yellow Horse, and Lemyra M. DeBruyn. 1998. The American Indian Holocaust: Healing Historical Unresolved Grief. *American Indian and Alaska Native Mental Health Research* 8: 56–78. [PubMed]
- Brown, Laura S. 2008. *Cultural Competence in Trauma Therapy: Beyond the Flashback*, 1st ed. Washington: American Psychological Association.
- Brown, Adrienne Maree. 2017. *Emergent Strategy: Shaping Change, Changing Worlds*. Chico: AK Press.
- California Institute of Integral Studies Public Programs. 2020. On Indigenous Wisdom for Healing Trauma. *Youtube Video*. August 1. Available online: https://www.youtube.com/watch?v=3ouK0uq_Z-E (accessed on 29 October 2020).

- Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*, 10th ed. New York: Routledge.
- Fanon, Frantz. 1963. *The Wretched of the Earth*. New York: Grove Press.
- Farwell, Nancy, and Jamie B. Cole. 2001. Community as a Context of Healing: Psychosocial Recovery of Children Affected by War and Political Violence. *International Journal of Mental Health* 30: 19–41. [CrossRef]
- Finn, Janet. 2016. *Just Practice: A Social Justice Approach to Social Work*. New York: Oxford University Press.
- Forward Promise. 2019. *Disrupting Dehumanization and Affirming the Humanity of BYMOC and Their Villages*. PDF File. Forward Promise National Office. Available online: <http://forwardpromise.org/wp-content/uploads/2019/11/FP-Dehumanization-Concept-Paper.pdf> (accessed on 29 October 2020).
- Friedman, Neil. 2004. Eugene Gendlin's Approach to Psychotherapy: An Awareness of 'Experiencing'. *Annals of the American Psychotherapy Association* 7: 23–25.
- Fullilove, Mindy Thompson. 2013. *Urban Alchemy: Restoring Joy in America's Sorted-Out Cities*. New York: New Village Press.
- Fullilove, Mindy Thompson. 2016. *Root Shock: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It*. New York: New Village Press.
- Generative Somatics. 2020. Our Strategy. Available online: https://generativesomatics.org/our-strategy/#_why-_somatics-for-_organizing__002c-_movement-_building__002c-_0026-_action__003f (accessed on 29 October 2020).
- Gilmore, Ruth Wilson. 2007. *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Berkeley: University of California Press.
- Ginwright, Shawn. 2016. *Hope and Healing in Urban Education*. New York: Routledge.
- H.O.L.L.A. n.d. What Is H.O.L.L.A.'S Healing Justice Movement? Available online: <https://healingjusticemovement.wordpress.com/what-is-h-o-l-l-a-s-healing-justice-movement/> (accessed on 29 October 2020).
- Hansen, Catherine E. 2005. Psychometric Properties of the Trauma Stages of Recovery. *Psychological Reports* 97: 217–35. [CrossRef] [PubMed]
- Harvey, Mary R., Belle Liang, Patricia A. Harney, Karestan Koenen, Pratyusha Tummala-Narra, and Leslie Lebowitz. 2003. A Multidimensional Approach to the Assessment of Trauma Impact, Recovery and Resiliency: Initial Psychometric Findings. *Journal of Aggression, Maltreatment & Trauma* 6: 87–109. [CrossRef]
- Herman, Judith Lewis. 2015. *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*, 14th ed. New York: Basic Books.
- Jemal, Alexis. 2018. Transformative Consciousness of Health Inequities: Oppression is a Virus and Critical Consciousness is the Antidote. *Journal of Human Rights and Social Work* 3: 202–15. [CrossRef] [PubMed]
- Jemal, Alexis. 2020. *Critical Social Work: Bridging the Micro-Macro Divide*. New York: Syllabus, Silberman School of Social Work at Hunter College.
- Johnson, Rae. 2015. Grasping and Transforming the Embodied Experience of Oppression. *Body Psychotherapy Journal* 14: 80–95.
- Kant, Jared Douglas. 2015. Towards a Socially Just Social Work Practice: The Liberation Health Model. *Critical and Radical Social Work* 3: 309–19. [CrossRef]
- King, Martin Luther, Jr. 1967. Where Do We Go from here? Paper presented at the Eleventh Annual SCLC Convention, Atlanta, GA, USA, August 16; Available online: <https://kinginstitute.stanford.edu/king-papers/documents/where-do-we-go-here-address-delivered-eleventh-annual-sclc-convention> (accessed on 29 October 2020).
- Kolk, Bessel van der. 2014. *The Body Keeps the Score*. New York: Penguin Books.
- Levine, Peter A. 2015. *Trauma and Memory*. Berkeley: North Atlantic Books.
- Maercker, Andreas, and Julia Muller. 2004. Social Acknowledgment as a Victim or Survivor: A Scale to Measure a Recovery Factor of PTSD. *Journal of Traumatic Stress* 17: 345–51. [CrossRef] [PubMed]
- Minieri, Joan, and Paul Getsos. 2007. *Tools for Radical Democracy: How to Organize for Power in Your Community*. San Francisco: Jossey-Bass.
- National Institute for the Clinical Application of Behavioral Medicine. 2017. *Treating Trauma Series*. Storrs: NICAMB.
- Neuner, Frank, Silke Kurreck, Martina Ruf, Michael Odenwald, Thomas Elbert, and Maggie Schauer. 2010. Can Asylum-Seekers With Posttraumatic Stress Disorder Be Successfully Treated? A Randomized Controlled Pilot Study. *Cognitive Behaviour Therapy* 39: 81–91. [CrossRef] [PubMed]

- Nickerson, Angela, Belinda Liddell, Anu Asnaani, Jessica Carlsson, Mina Fazel, Christine Knaevelsrud, Naser Morina, Frank Neuner, Elizabeth Newnham, and Andrew Rasmussen. 2017. Briefing Paper: Trauma and Mental Health in Forcibly Displaced Populations. Briefing Paper. International Society for Traumatic Stress Studies. Available online: <http://www.istss.org/education-research/trauma-and-mental-health-in-forcibly-displaced-pop.aspx> (accessed on 29 October 2020).
- Ortega-Williams, Anna. 2017. Is Organizing a Pathway for Wellbeing and Post-Traumatic Growth for Black Youth in New York City? Exploring Recovery from Historical Trauma and Systemic Violence. Ph.D. dissertation, Fordham University, New York, NY, USA. Available online: <https://fordham.bepress.com/dissertations/AAI10279034> (accessed on 29 October 2020).
- Page, Cara. 2010. Reflections from Detroit: Transforming Wellness and Wholeness. Available online: <https://incite-national.org/2010/08/05/reflections-from-detroit-transforming-wellness-wholeness/> (accessed on 29 October 2020).
- Pai, Anushka, Alina M. Suris, and Carol S. North. 2017. Posttraumatic Stress Disorder in the DSM: Controversy, Change, and Conceptual Considerations. *Behavioral Sciences* 7: 7. [CrossRef] [PubMed]
- Piepzna-Samarasinha, Leah Lakshmi. 2016. A Not so Brief Personal History of the Healing Justice Movement, 2010–2016. *MICE Magazine*. Available online: <http://micemagazine.ca/issue-two/not-so-brief-personal-history-healing-justice-movement-2010%E2%80%932016> (accessed on 29 October 2020).
- Portalatin, Krystal. n.d. *Community Organizing Principles*. New York: Handout.
- Relational Uprising. 2020. Relational Culture Series. Available online: <https://relationaluprising.org/relationalculture> (accessed on 29 October 2020).
- Schultz, Katie, Lauren B. Cattaneo, Chiara Sabina, Lisa Brunner, Sabeth Jackson, Josephine V. Serrata, and Sherry Hamby. 2016. Key Roles of Community Connectedness in Healing from Trauma. *Psychology of Violence* 6: 42–48. [CrossRef]
- Universal Partnership. 2020. Our Approach. Available online: <https://universalpartnership.org/approach/> (accessed on 29 October 2020).
- Watkins, Mary, and Helene Shulman. 2008. *Toward Psychologies of Liberation*. New York: Palgrave Macmillan.
- Williams, Meagan E., and Sandra C. Thompson. 2011. The Use of Community-Based Interventions in Reducing Morbidity from the Psychological Impact of Conflict-Related Trauma Among Refugee Populations: A Systematic Review of the Literature. *Journal of Immigrant and Minority Health* 13: 780–94. [CrossRef] [PubMed]
- Woo, Stephanie M., and Carolyn Keatinge. 2016. *Diagnosis and Treatment of Mental Disorders Across the Lifespan*. Hoboken: John Wiley & Sons.

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



© 2020 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).