

# CURCUM's Trees:

## A Decolonial Healing Guide for Palestinian Community Health Workers

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By: The CURCUM كركم Collective



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## Critical Collaborations

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The Lajee Center



1for3



DEPARTMENT OF PSYCHOLOGY  
COLLEGE OF LIBERAL ARTS  
UNIVERSITY OF MASSACHUSETTS BOSTON



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The Martín-Baró Initiative  
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This Work book was designed by:  
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JEHAD ALAJARMA  
GRAPHIC DESIGNER

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We would like to acknowledge dear Salah Al-Ajarma, *allah yirhamo* الله يرحمه – *li ruehek asalaam* لروحك السلام – who is now our beloved ancestor. He was the co-founder of the Lajee Center, and an individual who dedicated his life to the Aida Camp community and to the decolonization of Palestine. Salah was a father, husband, brother, uncle and revolutionary community organizer. This decolonial healing guide is part of his legacy. He was the one who brought us together and inspired us to dream our ways into a new vision of community health practice. Salah was so dedicated to the wellbeing of Aida and Al Azza camp communities, and to Palestine overall. Salah dared to imagine the world that we want to move towards - the world where justice and health flourish in Palestine and worldwide - the world that is not here yet. This world, which Salah so courageously imagined and fought for, is a world that we as CURCUM كركم Collective are committed to work towards each and everyday. Thank you Salah for planting these seeds of dreams for us, and with us! As Mahmoud Darwish writes:

“Dreams will find their dreamers and all a dreamer has to do is remember.”

Brother Salah, we will always remember you, and your dreams will find us...

**With love, always, CURCUM كركم Collective**



## Table of contents :

<b>Introduction</b>	<b>7</b>
<b>CURCUM's Trees</b>	<b>15</b>
Olive Tree (زيتون). Who am I as a CHW? Initial Self-Assessments and Stepping into My Power to Shape Change and Promote Healing.	17
Maple Tree (القيقب). Introduction to Trauma.	32
Pomegranate Tree (رمان). Colonial Trauma and Intersecting Oppressions: Intergenerational Healing, Revolutionary Imagination, and Decolonial Love.	60
Oak Tree (بلوط). Creating Constellations of Care and Transformative Relationships.	86
Fig Tree (تين). What is my Role as a CHW? Closing Self-Assessments and Stepping into my own Psychosocial Praxis.	116
<b>References</b>	<b>136</b>



## Introduction

This **decolonial healing guide** is an invitation to you, dear community member and worker, born from our deep respect for you as an invaluable and impactful Palestinian Community Health Worker (CHW). We invite you on a journey through a series of metaphorical trees, representing a series of critical reflections and opportunities for growth. As a collective of Palestinian community workers, healers, activists, researchers, psychologists, mental health professionals, and CHWs ourselves, we as the **CURCUM كركم Collective** understand in our bodies and in the depths of our minds and hearts that the work you do as CHWs, in so many ways, asks the impossible from you. How can a team of a few CHWs promote health and wellness in their community against such long-lasting, historical, and dehumanizing conditions shaped by settler colonial conditions, the Israeli Occupation system, displacement, cycles of poverty, and violent interlocking systems of oppression? We hope that this **decolonial healing guide** resonates with you and uplifts your work in meaningful ways as you work against colonial forces of destruction.

We have chosen *curcum* كركم (which means “turmeric” in Arabic) as an inspiration for our name, because it is a plant that reminds us of our grandmother’s hands - luminous, yellow dye - bringing the light of the sun into our families and communities with each intergenerational recipe. We also call ourselves *curcum* as an acronym for four Arabic

Letters. The first C (ك) stands for the Arabic word for “Dignity - كرامة”. Then, the R (ر) stands for the Arabic word for “Refusal - رفض”, and the next C (ك) stands for the Arabic word for “Struggle - كفاح”. Lastly, the M (م) stands for the Arabic word for “Homeland - موطني”. In this light, our full name is: *CURCUM كركم (Dignity, Refusal, Struggle, and Homeland): A Palestinian Collective for Decolonial Healing*.

We are inspired by how curcum/turmeric is a spice that is very useful and accessible to all Palestinians. Curcum/turmeric grows underground, small like blood capillaries, deeply embodying care and connection. Curcum/turmeric is a rhizome, with its multiplicity of root-hairs creating synaptic webs of affinity as portals for freedom and healing. We remember how our grandmothers and grandfathers have taught us to use curcum/turmeric as a remedy for inflammatory disorders, and even for cancer. And we know that colonization is cancerous. Our creation of the CURCUM كركم Collective, as a pathway towards collectively co-writing this decolonial healing guide, represents to us, our humble attempt towards developing a remedy. In the spirit of curcum/turmeric, the healing root that makes fertile ground for trees to grow and flourish, we create this workbook for you.

This workbook has emerged over several years from our CURCUM كركم Collective’s relational praxis, before and during the COVID-19 pandemic. We hope this workbook will help to transmit, or to share, what we have learned from our own work over the years - from our own lived experiences and from our own understandings grounded in struggle. This decolonial healing guide is an expression of our inspiration born from our own community practice as Palestinians seeking healing and justice, and in our solidarity work with other communities who face systemic oppressions and continuous trauma across peoples of color (historically colonized groups) transnationally. We have learned that a meaningful way to support community workers who are committed to healing and justice in our Palestinian communities is NOT by identifying and obligating set practices that you as CHWs are required to engage in. Instead, we desire to support you in shifting your awarenesses, knowledges, and values related to trauma and oppression and how you support your patients related to the complexities of psychological life and mental health. This requires that we, as the CURCUM كركم Collective, accompany you in building your own emergent practices, strategies, and skills as a unique CHW, empowering you to shape change in your community at a deeper level.

Therefore, in this workbook journey, we will be asking that you bring your unique gifts and strengths. We will also be asking you to bring openness to developing new skills and practices for holding peoples’ pains and people’s dreams in more complex and nuanced ways. This requires that you bring willingness to be self-reflective, even vulnerable at times. We hope you will dive into this workbook with an openness to being changed, to grow, and sometimes even being open to being wrong, but always, being fully human.

Most of all, we want this **decolonial healing guide** to be a sanctuary for you. Working against racism, colonialism, intergenerational trauma, displacement, militarized violence, incarceration, poverty, and the synergy of plagues that shape Palestinian refugee communities’ journeys for health and wellness is a constant struggle. It is also the work of centuries. As you know already, there is no quick and easy solution for existing in the crossfires. It is time for the solutions that we develop to be as complex as the problems that we face. Therefore, in this light, we believe that our workbook is only a small piece of a much larger journey. A decolonial journey, which is a fundamentally rehumanizing path of personal and collective transformation. This is a journey towards life. And in this site of shifting, we have designed this Workbook around a “Tree Metaphor”. We invite you to cultivate these trees of *sumoud* with us, growing together, beyond the Wall.

**The Tree Metaphor:** We are using the metaphor of “cultivating trees” as a way to organize this Workbook. By engaging this metaphor, we invite you into a journey to reflect and strengthen your knowledges and practices as a CHW seeking to promote healing and justice in trauma-sensitive ways. This means at the most basic level, that we will encourage you to enact critical Pivots, Dance Steps, or Shifts. This pivoting is evident when you approach our series of “Five Trees”. Each Tree represents a different area of growth in your work.

**The Five Trees include:**

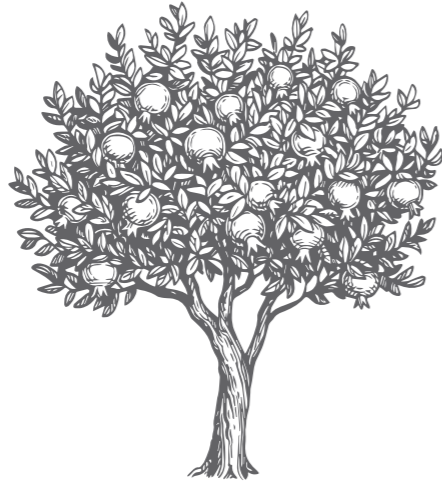
- **Olive Tree (زيتون).** Who am I as a CHW? Initial Self-Assessments and Stepping into My Power to Shape Change and Promote Healing.



- **Maple Tree (قيقب).** Introduction to Trauma.



- **Pomegranate Tree** (رمان). Colonial Trauma and Intersecting Oppressions: Intergenerational Healing, Revolutionary Imagination, and Decolonial Love.



- **Oak Tree** (بلوط). Creating Constellations of Care and Transformative Relationships.



- **Fig Tree** (تین). What is my Role as a CHW? Closing Self-Assessments and Stepping into my own Psychosocial Praxis.



Within each of these Five Trees, you will be encouraged to engage in four different types of learning activities. These four activities within the Tree Metaphor include: (1) Roots, (2) Trunk, (3) Branches, and (4) Fruits/Seeds.



Art by Devin G. Atallah

1. **Roots: Palestinian cultural legacies, Indigenous practices, and community knowldeges.** This first key element of the Tree Metaphor is represented by the image of the Tree's Roots. The roots signify the importance of understanding that our efforts to promote healing from trauma in our communities, and to struggle for justice, do NOT start with us. We understand that we are standing on the shoulders of our ancestors, of Palestinians in our families and communities who have lived and died in struggle for freedom and dignity. The Roots of the tree remind us to return to the soil, to ground our work on Palestinian cultural legacies, Indigenous practices, and community knowldeges and practices that support healing from trauma and promote resistance to oppression. In this light, the Roots element of the Tree Metaphor will encourage you to ground your growth based on intergenerational family and community legacies, cultural values, community strengths, and on your local and Indigenous knowldeges.



2. **Trunk: Shifts in Thinking and Understandings.** This second key element of the Tree Metaphor is represented by the image of the Tree's Trunk, and focuses on providing you with information and activities that will help your shifting your awareness of trauma and oppression.



3. **Branches: Shifts in Principles and Practices:** The third key element of the Tree Metaphor takes into account the fact that so much of our work is NOT ONLY about shifting our understandings of human biology, psychology, contexts, oppressive systems, spaces and time - but also - this work requires that we explore our own values and principles, and we work to change our practices to be able to deepen our psychosocial accompaniment of our patients.



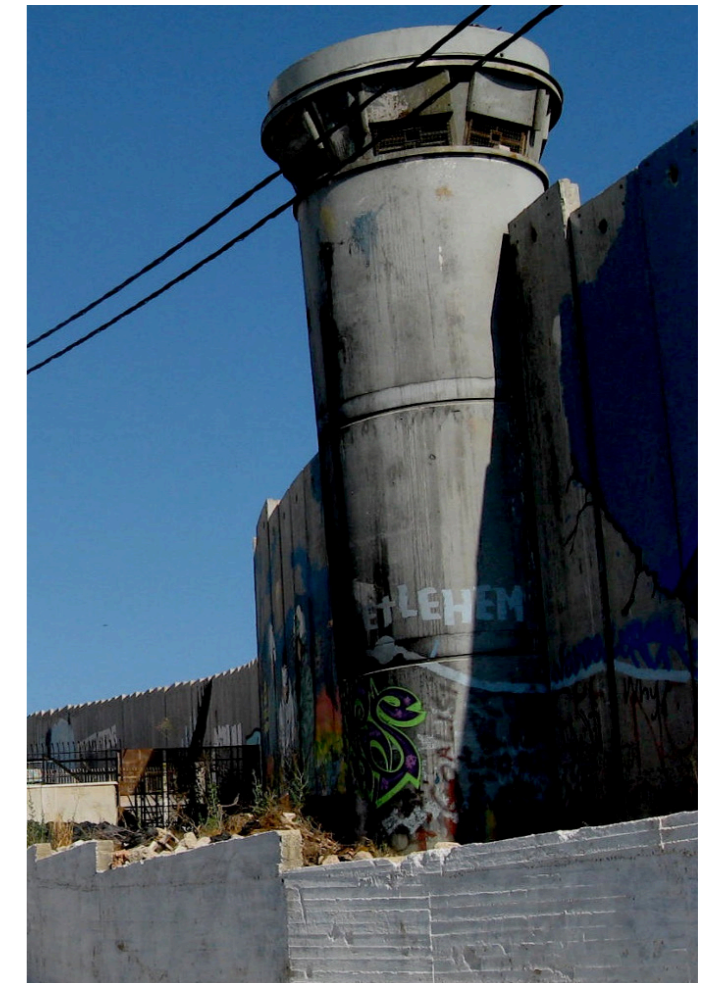
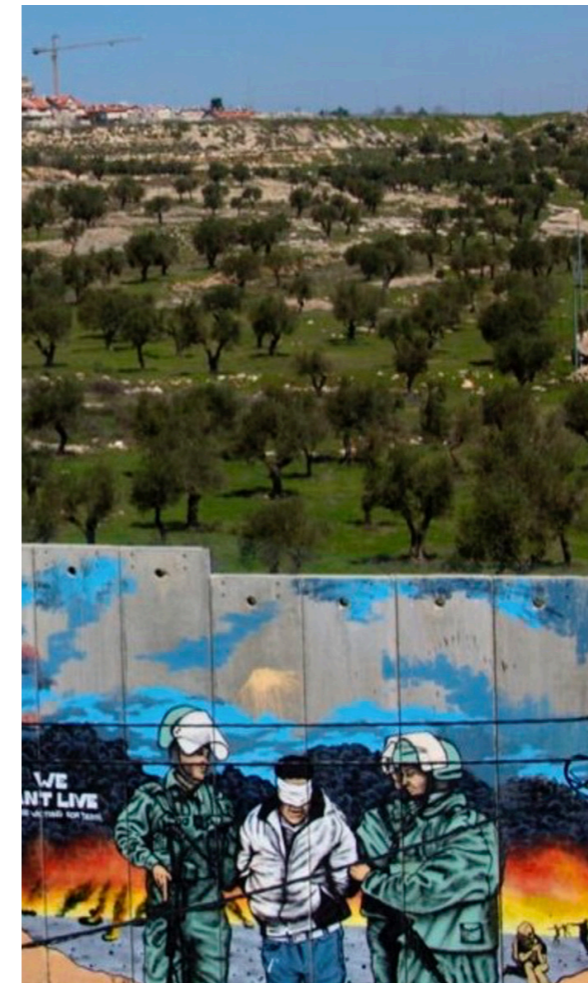
4. **Fruits/Seeds of the Tree: What will your Patients See and Enjoy?** Lastly, this fourth key element of the Tree Metaphor is represented by the Fruits or Seeds of the tree. The Fruits or Seeds bring to mind harvest, or celebration and continuation. This section of each Tree will invite you to reflect on your key Takeaways from the new awarenesses and practices that you learn about in each Tree. What is your plan moving forward? How will you bring these learnings and growth into your work with your patients?

As you approach this **decolonial healing guide**, with the four activities (Roots, Trunk, Branches, Fruits/Seeds) in each of the five Trees, we hope that this will be a fundamentally rehumanizing process for you. We will be accompanying you as you broaden your own spirit and deepen your own understanding of what it means to you to be someone so dedicated to your community. Who are you as a CHW? (see **Olive Tree** below). We will be asking you to reflect on these questions, and more, such as: From your perspective, what is community? What does it mean to you to be a community member in Aida and /or Al-Azza camps? And as we ask these questions, we invite you to reflect on the fact that as a CHW, you are no longer simply a community member. You have undergone a transition – towards becoming a ‘community actor’ – someone who shapes change in your community each and every day towards health.

Furthermore, in this **decolonial healing guide**, we hope to support you as a cherished CHW to complicate, and question, the typical thinking of healthcare providers, who focus on questions such as: ‘What does that problem in my patient mean?’—that symptom, that set of behaviors, that acting out, that rageful response, and so on? Most training in Palestine on trauma and mental health emphasize this problem-focused approach. You

will gain a strong basis on the basic psychobiology of trauma and neuropsychological response cycles, introduction to PTSD symptoms, and more (see **Maple Tree** below). Yet, we as the **CURCUM كركم Collective**, have learned that the best way to improve the work of CHWs towards healing justice in Palestinian communities is **NOT** by having a set of practices that you have to do and to learn based on your understandings of trauma, but rather, to support you to shift your own thinking and your own practices to better meet the needs of the real-world challenges of our communities. ***It is time that our solutions are as complex as our problems!***

Therefore, CHWs that work in our communities have to move towards understanding that behaviors, symptoms, or feelings have profound personal and political meanings because of the complexity of the systems of oppressions we live under (see **Pomegranate Tree** below). Understanding personal meanings of problems is inseparable from understanding political and social problems and the contexts that your patients and that you as CHWs are living in too. Consequently, the question ‘*What does that mean?*’ has gradually expanded in such a way to increase emphasis on such questions as: ‘*How do we understand the complexity of the contexts we are living in?*’ ‘*How are the depths of the inner wounds we carry rooted in oppressions?*’ ‘*How are our responses nurtured and cultivated within intergenerational legacies of resistance, of sumoud, of spiritual and community strengths and radical rootedness?*’





Again, this **decolonial healing guide** is not a usual workbook or training program where you will get set practices that you will learn and then go do with your patients - instead the practices will be emergent. Part of what this means is that the practices and skills that you gain will come from your own self-reflection, self-care, and your transformative relational work (see *Oak Tree* below) with each other and with your patients and with the community overall.

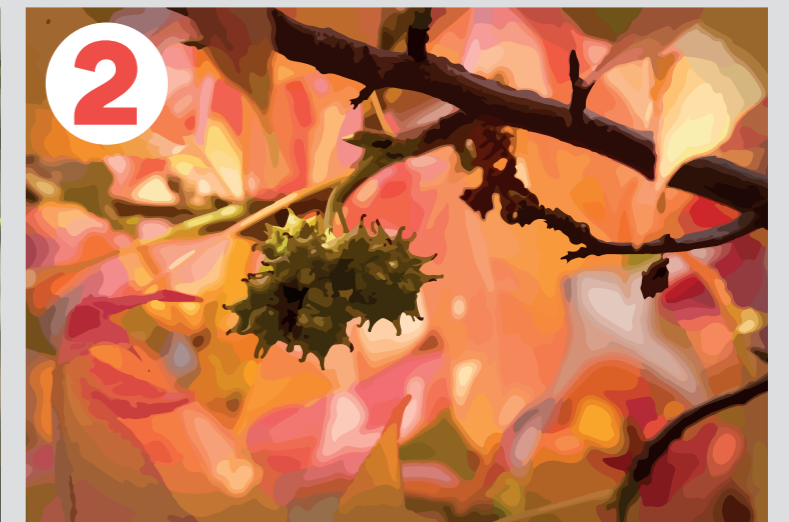
By shifting your own thinking, knowledges, values, and awarenesses related to trauma and oppression, through your courageous engagement in self-reflection and trying new strategies and relationship practices together, you will be able to deepen your understanding of praxis, self-care and collective-care.

From this point of departure, we hope that you will be empowered in new ways of supporting others in your community in building the foundation of themselves - in rehumanizing themselves against forces that continually traumatize, discriminate, and dehumanize our communities. We as Palestinians have a place in this world. We have a past, a present and a future. We hope that while you move through this decolonial healing guide, you will gain the knowledge about yourself, your subjectivity, feeling that you exist, you flourish, you branch out far and high, and that you have wise and strong roots, and that you have beautiful gifts and fruits to offer in your own psychosocial praxis. At the end of this guidebook (see Fig Tree below), you will close with the self-assessment once again and reflect on how you have grown and changed in this process.



Together we organize and we resist., Together we will heal our wounds, and yes, even though we are an oppressed people, we are free upon this great earth, and we will act accordingly. We will nurture, grow, and celebrate our intergenerational trees.

## CURCUM's Trees:





## Olive Tree زيتون. Who am I as a CHW?



### Olive Tree.

Who am I as a CHW? Initial Self-Assessments and Stepping into My Power to Shape Change and Promote Healing. *Olive Tree* (زيتون)

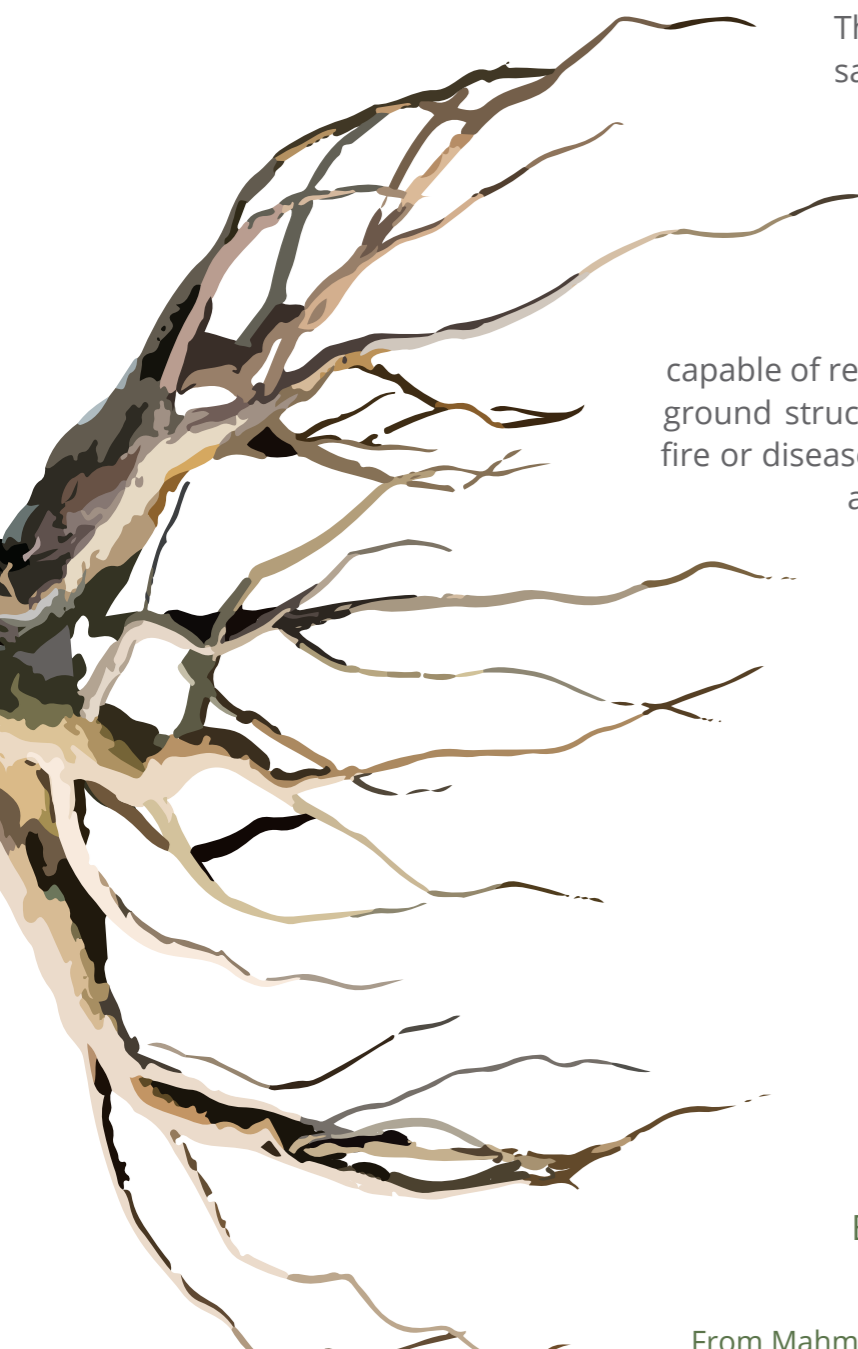
Welcome to the first Tree! We have chosen the image of an Olive Tree (Zeitoun زيتون) to begin this Workbook. The Olive Tree represents **longevity**, Olive trees can live for thousands of years, such as the olive tree in Al-Walaja village. Olive trees are ancient, the edible olive has been cultivated for at least 6,000 years. There are many trees in the Mediterranean region that are scientifically verified to be as old as 2,000 years. The Olive Tree represents endurance and **indestructibility** - the root system of the olive tree is capable of regenerating itself even when the above-ground structure of the tree is destroyed. Olive oil has long been considered sacred with a multiplicity of uses. The olive branch was often a symbol of abundance, glory and peace, as well as the fruits considered incredibly healthy fruit.

Under the Olive Tree, you will be invited to look inwards, to ground your work by better understanding where you are in your own journey, stepping into your power as a community worker, cultivating health and resistance to oppression with endurance and **longevity**. One of the activities will be a brief Self-Assessment to help you better understand what your initial perspectives are on the core characteristics of a CHW who seeks to promote psychosocial wellness and healing in conditions of historical and continuous trauma and oppression. What awareness, skills, characteristics, and ways of thinking should a CHW have? What types of basic communication, listening, empathy, and ethics should a CHW practice?

In this Tree, you will be invited to explore how your own lived experiences, your intergenerational family stories, your rootedness in Indigenous villages in our beloved homeland, your identities, your current awareness and knowledge, your powerful strengths, your needs and areas of future growth, and your professional and personal skills shape the kind of CHW that you are, and how you want to be as you embark on this journey through this Workbook.

## Roots:

Palestinian cultural legacies, Indigenous practices, and community knowledges.



The roots of the olive tree are special. They grow deep into rock or dirt or sand. Even when cut down, or pulled up, if any root of the olive remains, there is hope for re-growth. The olive tree's roots are stubborn. They are wild and resilient, indestructible. The root system of the olive tree is so robust that it's capable of regenerating itself even when the above-ground structure of the tree is destroyed by frost, fire or disease. If we grow into our cultural legacies, and community knowledges, into our "roots" like the olive trees, we can struggle occupation and oppression and regenerate ourselves in face of trauma.

Write down!  
I am an Arab  
I have a name without a title  
Patient in a country  
Where people are enraged  
My roots  
Were entrenched before the birth  
of time  
And before the opening of the eras  
Before the pines, and the olive trees  
And before the grass grew

From Mahmoud Darwish's Poem "Identity Card" (1964)

## Activity 1:

For this first activity, we welcome you to practice The Return - to revisit your history and the vastness of your intergenerational sources of strength and dignity. Our history is everywhere.... tethered to our present like salt in the sea. As Palestinians, we practice Return with our mother's meals and recipes, with our footsteps and our border crossings, with our defiance and with our longings. We practice Return with our daily commute to school or work. And we practice Return in our collective and personal memories of our beloved villages, in our grandmother's stories, in our great uncle's silence, and most definitely, in our olives that we harvest each autumn. We invite you to begin your growth as a community practitioner from these rooted places, from these revolutionary places, from these Palestinian places. We invite you to reflect your light back, to shine your attention on your roots. What village or villages did your family come from before the Nakba of 1948? What does it mean to you to be from these villages? You can journal, write, paste images, or draw memories, stories, understandings, and truths that you bring to your work as a CHW that have been gifted from your ancestors. What does it mean to you to be a CHW in the reflection of your ancestors? If you were to travel back in time and visit your village before 1948, how would you describe your work to the people living there and then? What would the role of a CHW mean to them? How did your ancestors enact community care? How did elders in your family or your village care for one another and promote health? What did 'community health' look like in your families' villages before Nakba? Is there a story of a healer or someone that inspires you? To answer these questions, you may need to look inward, or to connect with elders from your village and ask questions, to uplift and inform your work and understand the legacies in which you are flourishing forward from.



**Activity 2:**

For this next activity, we welcome you to turn your attention to your refugee camp community. What does it mean to you to be part of this refugee camp? Why is it meaningful for you to enact such profound and continual care and commitment to your community in your work as you have chosen to be a CHW? What are community strengths and histories of your refugee camp that make your work possible? You are working as a CHW, but you are in a 'legacy space'. Part of what it means to be in a Palestinian refugee camp space, is to be persistent in our determination to return home, our right to return to our indigenous lands. What is this space you enter as you work for your community each day? You can journal, write, paste images, or draw understandings and values that you bring to your work as a CHW that have been gifted to you from your refugee camp community. Your refugee camp is on the frontlines of colonial violence, but also, decolonial resistance. Are there legacies of struggle from your refugee camp about love for family, love for community, or love for freedom that inspire you to do your work? What stories and strengths from your community that root you in the kind of CHW that you want to become?



## Trunk of the Olive Tree: Shifts in Awareness and Self-Reflection Activity

<p>Self-Assessment: How I see myself as a CHW who Promotes Psychosocial Wellness and Healing in Conditions of Continuous Trauma and Oppression (when we created this self-assessment, we were inspired by adrienne maree brown's self-assessment in her book Emergent Strategy, and also the self-assessment developed by the Clinical Psychology Doctoral Program at the University of Massachusetts, Boston)</p>	<p>I am strong in this area</p>	<p>I need to grow in this area</p>	<p>I don't understand this area</p>
<p>I listen to others and I respond after I have reflected deeply - this includes my understanding how to practice empathy and how to attend deeply to relationships.</p>			
<p>I deeply appreciate it when my team members or patients challenge me, and I work to hold myself accountable by applying and practicing critical analysis to my own reactions and defensiveness.</p>			
<p>I see interpersonal conflict as generative, and always as an opportunity for me to contribute to personal and collective growth and liberation for myself and my community. When doing so, I value the practice of being able to have insight into my reactions, and to be able to tolerate and hold difficult feelings in myself.</p>			
<p>I value reciprocity and giving and receiving in ways, which at times, involves my being vulnerable. I continually ask myself - what can I give? What can I sacrifice? How can I hold space for the pain of others? What can I contribute to my colleagues and to my patients? What can I contribute more broadly for my community? I practice this generosity in balance with also receiving support myself. I continually ask myself - what can I receive from others? How can I receive support and know when I need to reach out and ask for support for myself?</p>			



I hold complex understandings of trauma and healing and their interrelatedness with journeys for justice.			
I understand multiple dimensions of trauma and colonial wounds, and their interrelatedness with hypertension, diabetes, and complex journeys for health and wellness.			
I know deeply that promoting health requires promoting healing and justice in my community. I understand that resistance to colonialism, racism, classism, and patriarchy are all interrelated and deeply rooted in psychological journeys of liberation. In this light, I approach my work as part of my own humanity rising. I focus on developing myself and I work for my own psychological liberation.			
I am comfortable with the undefined nature of my work, and the multiplicity of dimensions to my role as a CHW. I know there is ambiguity in my role because my work focuses on trying to create change within the intolerable conditions of colonialism.			
I understand how even though I am oppressed myself, I also participate in the oppression of others. I hold awareness of how my actions can be hurtful and can oppress others.			
I practice self-awareness into the ways that I have internalized oppressions.			
I have deep knowledge of my personal meaning of what it means to be Palestinian and how my histories and my identities impact my work as a CHW in my community.			
I practice re-envisioning - I work to imagine what futures can look like for myself, for my community, and for Palestine (beyond statehood) towards decolonization. I know how my daily work to enact care and healing justice in my community is integrated into this broader work to forge decolonial futures into existence.			

## Olive Tree Branches: Shifting Practices

How does this self-assessment impact how you see yourself right now? What areas of growth in yourself do you perceive? To grow requires that we practice being open - that we open to be changed. What are the ways that you think you need to open, so that you can grow and be transformed in this journey of the Workbook to more deeply support your community? And more specifically, what are your qualities as a CHWs that you need to strengthen when you seek to promote psychosocial wellness in conditions of historical and continuous trauma and colonial violence? Also, to grow means that we connect with our power. Where does your power to promote health and healing in the face of trauma and oppression in your community come from? What practices do you feel you need to strengthen in this work so that you can step into your power to support your community more deeply?

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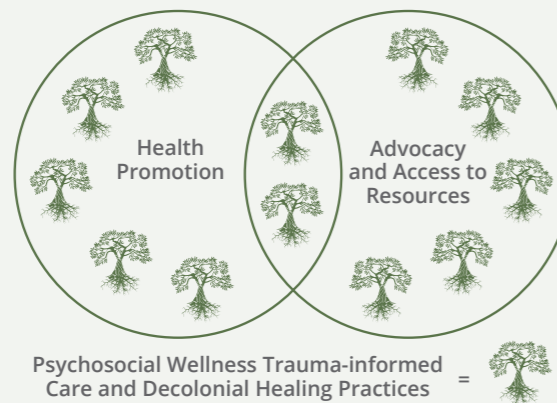
In addition, it is important you understand that as a Palestinian CHW, your work to promote psychosocial wellness and engage in trauma-informed work in ways that create possibilities for healing and decolonial justice to be harvested in your communities does not mean that you are adding another dimension to your work. Please see **Diagram 1**, and notice that this is the *incorrect way* to approach this Workbook. (We would like to highlight that when we created Diagrams 1 and 2, we were inspired by the diagrams in activism self-assessment developed by the Clinical Psychology Doctoral Program at the University of Massachusetts, Boston).

Diagram 1



Instead, the goal is to grow your understandings and practices so that you integrate the psychosocial wellness work within your health promotion and advocacy work as a CHW. See **Diagram 2** for a more accurate image that demonstrates the process of the Workbook we are hoping you will engage in throughout your growth. You will learn how to embroider together the psychosocial wellness practices within the fabric of your health-focused and advocacy-focused work.

Diagram 2



**Olive Fruits:**

**What are your key take-aways from these Olive Tree reflections? What are you looking forward to, and what are you concerned about, in the journey ahead ?**

Horizontal lines for writing reflections.







Art by Shehab Kawasmi

# Maple Tree القيقب. Introduction to Trauma



## Maple Tree:

### Introduction to Trauma. *Maple Tree* (القيقب)

Welcome to our second tree! This tree is represented by the image of the Maple. We chose the Maple because it is a tree that used to be much more prevalent and abundant in the landscape and wilderness of Palestine. We see the Maple as a symbol of what has been taken away, targeted, and wounded in our wilderness. In many ways, we have abandoned this indigenous tree, which lives on in our memories and rooted deep in the earth. We turn to the Maple as an entrance into understanding the depths and diversity of our wounds as Palestinians: towards deeper understanding of our historical, and everyday, *Nakba*.

I was born on the fiftieth anniversary of the Nakba.

Outside the hospital room:  
 protests, burnt rubber,  
 Kuffiyah'ed faces, and bare bodies,  
 stones thrown onto tanks,  
 tanks imprinted with US flags,  
 lands  
 smelling of tear gas, skies tiled with  
 rubber-coated bullets,  
 a few bodies shot, dead-died  
 numbers in a headline.

-From Mohammed El-Kurd's Poem "Born on Nakba Day" (2021)

There is an abundance of cultural riches stowed away, secured for centuries to come, in our resistance poetry. Palestinians have long turned to metaphor, cadence, and interconnection as we write our way into freedom. Into wholeness. Without doubt, poetry can be a powerful decolonial healing praxis.

Resistance poetry, as our dear friend Urmitapa Dutta reminds us, can be a power practice of standing up against social lies, which the Latin American liberation psychologist Ignacio Martín-Baró (1996) described as: "the distortion of reality and memory to restrain collective consciousness and maintain an oppressive status quo" (Dutta, 2021; p.598). In an attempt to challenge the social lies of settler colonialism, we remember the everyday presence of the Maple Tree, even in its absence in our landscapes.

## Roots of the Maple Tree:

Palestinian cultural legacies, Indigenous practices, and community knowledges.

### Activity 1:

Colonial trauma seeks to erase all traces of our bodies on our lands as native peoples living for a millennium in Palestine. Colonial trauma seeks to erase our trees and to uproot our histories. To silence our narratives and to incarcerate our truths. Palestinian decolonial thinker Edward Said (1993) spoke about the way that the colonizer uses narratives to occlude their own acts of violence – effectively erasing the root of our trauma from the discourse. However, we reject this erasure. We turn to the roots of the problem. We look back to our histories, and how our Palestinian communities have passed down understandings and memory of the colonial trauma and the everyday *Nakba*.

From this place of defiance and remembrance, we invite you to reflect on how your own parents or grandparents, your own uncles and aunts, how the elders in your neighborhoods and networks have spoken to you about suffering. *What are ways that elders and ancestors in your family and community may have understood 'trauma' before Nakba, when they were still living in their indigenous villages? What were the ways that internal wounds were conceptualized in your family's and community's histories back in your villages before colonization?*

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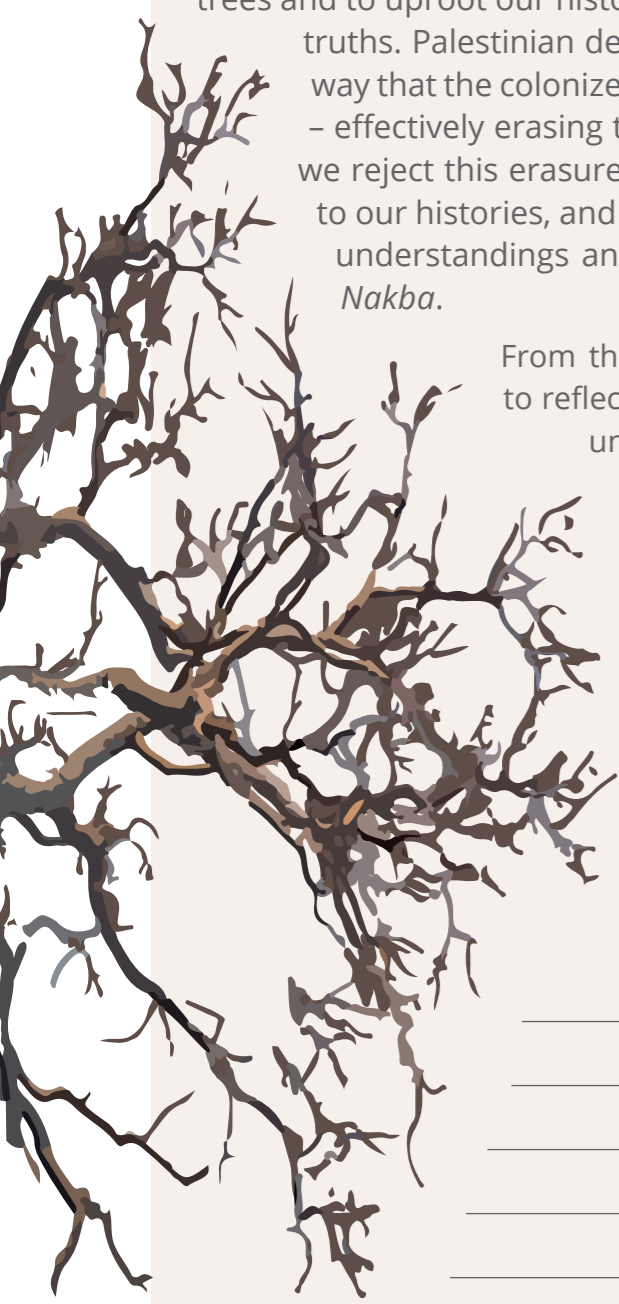
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*Once Nakba of 1948 transpired, what are stories that elders that you care about have shared with you about the Nakba and its aftermath that you want to remember and to pass down? Which historical narratives in our family and community are you worried may be erased if you do not participate in active efforts to (re)collect and to remember?*

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**Activity 2:**



In this activity, we would like to offer you the opportunity to reflect on the complexity of the concept of 'trauma' when living under colonial conditions in Palestinian refugee camps. The word "trauma" comes from the Greek word for "wound" or "defeat". However, colonial trauma cuts deep into our bodies and also into our lands and our souls. The inspirational Black decolonial healer and thinker Frantz Fanon said, back in the 1950s while he worked for freedom in Algeria, that "the war goes on. And for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught" (Fanon, 1963; p. 181). Paradoxically, this enormous colonial wound "remains unseen and unfelt by the colonial powers even though they are the very cause of it" (Ureña, 2019; p.1645). In this light, we would like for you to consider how settler colonialism seeks to make invisible the oppression that we, as colonized people, survive every day. However, we know, of course, that the oppression that we survive is far from invisible to us. We feel it in every corner of our bodies.

Our dear friend and teacher, Nadera Shalhoub-Kevorkian calls this the "Occupation of the Senses," or the normalization of our suffering which unfolds within our everyday existence: within the ordinary, within our homeplaces and workplaces, within our landscapes and our relationships, and always, deep within our bodies and our senses – all becoming sites of perpetual woundedness. Rita Giacaman, who

is another dear friend of ours and a public health leader in our communities, has talked about colonial trauma as "The Wounds Inside". Rita says that these wounds are abysmal and cut deep inside our core – seeking to shatter all that makes us human. What are the ways that people in your community, your families and the patients that you visit, talk about this dehumanization, about these "Wounds Inside" ? *What is the "Occupation of the Senses" that your community feels deeply? What are the terms, the narratives, the languages that people use when talking about colonial trauma impacting the families and communities in your refugee camp?*

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*How is 'trauma' understood in the larger public sphere? How do you hear 'trauma' being talked about in the Palestinian national discourses and in the legacies of Palestinian liberation struggles? Is there overlap between the way 'trauma' is understood in your refugee camp community and in the broader Palestinian community? Are there disconnects, differences, and important distinctions?*

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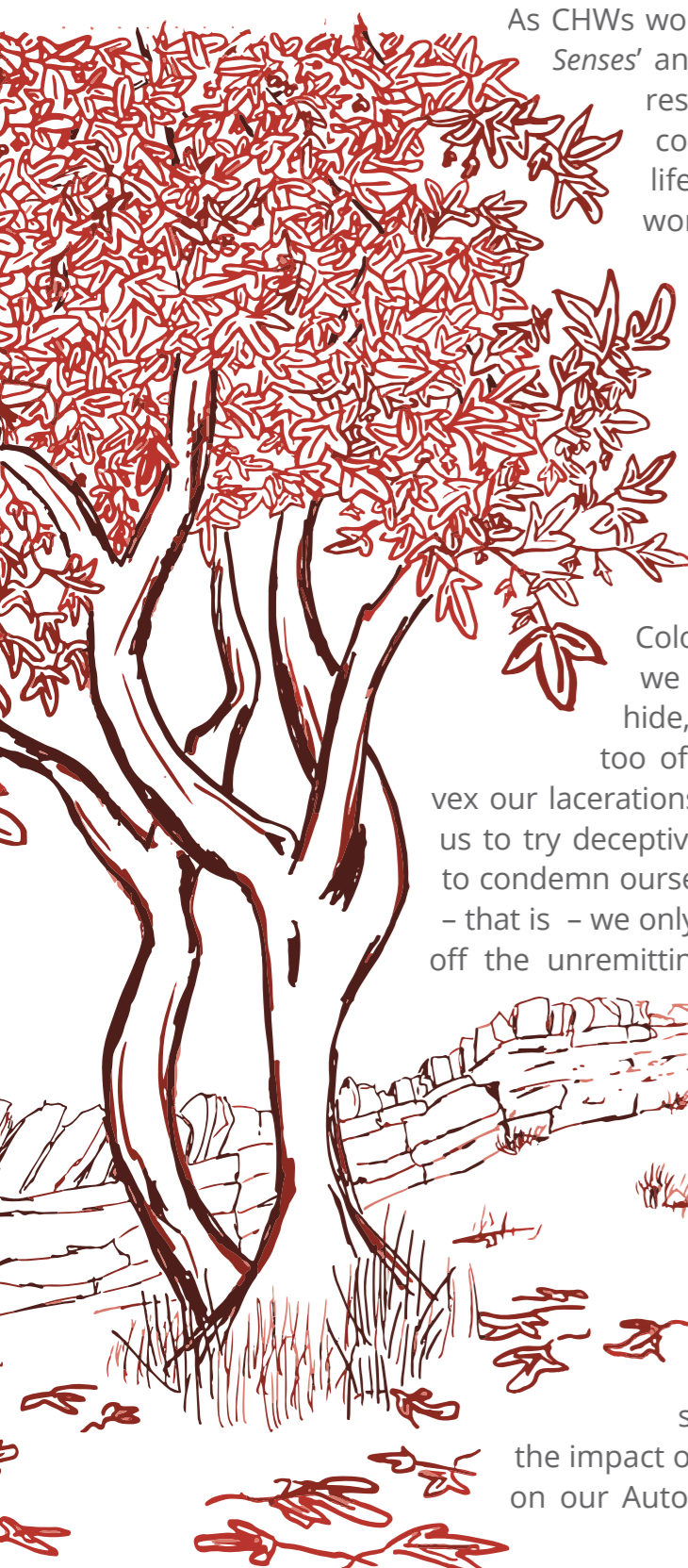
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## Trunk of Maple Tree: Shifts in Awareness



As CHWs working on the frontlines of the 'Occupation of the Senses' and the frontlines of 'The Wounds Inside', you are responsible for organizing your work in ways that contend with colonial trauma, both in your own life and in the lives of your patients. Central to this work is continually building your own awareness of strategies and ways of being that embody hope, that move with the understanding that healing is not only possible, but necessary, for our liberation.

As the late Palestinian liberation psychologist Ibrahim Makkawi, *allah yirhamo*, reminds us, we must resist the tendency to 'internalize the defeat' (Masud et al., 2022). Colonial trauma tells us lies about ourselves and our bodies.

Colonial trauma wants us to convince ourselves that we are defeated, that we must shrink, that we must hide, that we must turn and wound others – in fact – too often our only comfort is experienced when we vex our lacerations against each other. Our colonial trauma tells us to try deceptive (addictive) medicines for immediate relief, or to condemn ourselves to stuckness in sites of perpetual precarity – that is – we only feel alive when we directly and constantly fight off the unremitting life-threatening attacks on our bodies and communities.

Colonial trauma draws us away from our wholeness. To bypass our humanity. To internalize our defeat. As an act of resistance, in this tree, we invite you to journey towards wholeness by turning inward, turning directly towards the perpetual woundedness inside the body. What does the 'Everyday Nakba' look like on the inside? In our bodies, even, in our brains and our nervous systems? We will turn now to learn more about



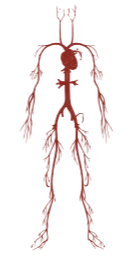
the impact of trauma on our nervous systems, in particular, on our Autonomic Nervous System (ANS).



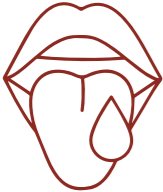

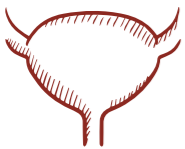
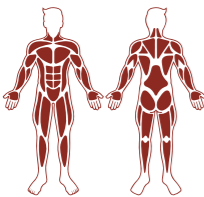
Art by Devin G. Atallah

## The Autonomic Nervous System: Parasympathetic and Sympathetic

Each day, our nervous systems respond to different levels of stress and relaxation. In our responses to threatening or calming situations, our autonomic nervous system (ANS) is the part of the nervous system that regulates involuntary actions, such as the widening or narrowing of the blood vessels, the constriction or dilation of the pupils, and the acceleration or slowing of the heart beating in our chests. The ANS is central to our emotional and physiological responses to trauma, and is understood to have two primary systems: the sympathetic nervous system and the parasympathetic nervous system. For the next activity, we invite you to take some time to research the different functions of the two primary systems of the ANS and to fill in your findings in the table.

**Activity 3:** How do the two primary systems of the ANS respond when we are exposed to traumatic events? Fill in these boxes with descriptions of how these corporal parts respond.

	Parasympathetic Nervous System Body is resting & recuperating: <i>Rest &amp; Digest System</i>	Sympathetic Nervous System Body is facing imminent danger: <i>Emergency System!</i>
 <b>Eyes</b>		
 <b>Heart rate</b>		
 <b>Vascular system</b>		

	Parasympathetic Nervous System Body is resting & recuperating: <i>Rest &amp; Digest System</i>	Sympathetic Nervous System Body is facing imminent danger: <i>Emergency System!</i>
 Blood sugar		
 Lungs		
 Saliva		
 Stomach and Digestive tract		
 Bladder		
 Muscles		

Furthermore, it is important that you are aware of the different ways that our ANS is involved in initiating our neurological responses to traumatic situations.

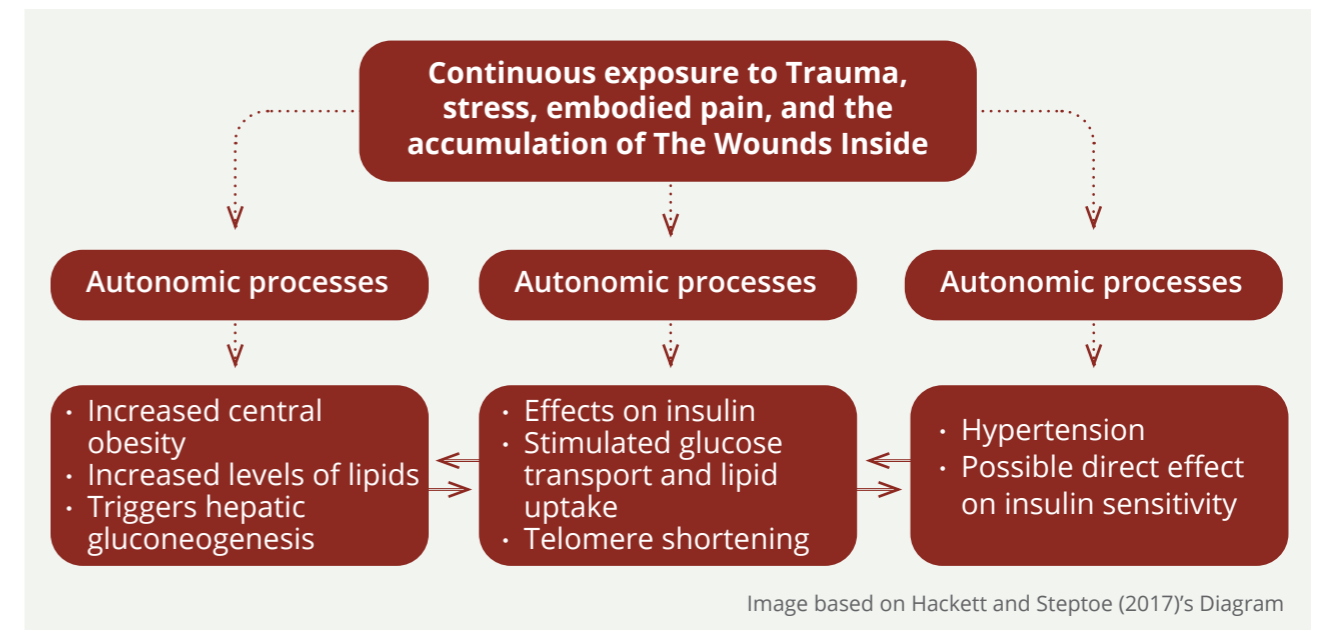
**Activity 4:** In the next table, there are six patterned ways of responding to trauma that our ANS regulates. Again, we invite you to take some time to research the different functions of these six levels or ways of responding to traumatic situations that our nervous systems compel us to enact, and then please try to fill in the descriptions or bring questions you may have.

Neurologically-based levels of seeking safety, or psychobiologically patterned ways of responding to Trauma	Descriptions and/or questions
Fight	
Flight	
Freeze	
Fawn	

<b>Annihilate</b>	
<b>Social engagement – seeking Sense of Community</b>	

When we experience repeated traumatic conditions, the threshold for regulation of our sympathetic and parasympathetic nervous systems can become de-stabilized. In these situations of the accumulation of trauma, our ANS system can be pushed beyond its limits, and it becomes overstimulated in continuous psychobiologically patterned ways of responding to trauma (e.g., in constant overstimulation of a fight response, or a freeze response, etc). We can begin to feel as though we are stuck in a continuous response cycle. For example, if we become stuck in the flee response cycle, we may habitually feel compelled to escape, to hide, or to avoid our life situations. A key component in our stress response system is a substance called cortisol. Cortisol is a hormone (a word meaning a chemical messenger) which circulates in the blood and prepares the body for dealing with stress. Cortisol levels go up and down over the course of the day and night. This pattern (known as diurnal variation) reflects the fact that you don't need to be as alert during the night as you do during the day. When we encounter a stressor, the body quickly produces more cortisol which carries a message around the body, alerting those systems which might be needed in an emergency (such as muscles getting more blood) and tamping down those which aren't so critical (such as digesting your lunch). When an individual is stuck in constant overstimulation of a trauma response, cortisol levels remain high and the diurnal variation process is disrupted.

As CHWs, you are concerned with the overall health of the families you visit each and every day in your communities. In particular, many of you are leading campaigns to fight the ways in which hypertension and diabetes are epidemics in Palestinian society. It is important that you are aware of how the long-term exposure to trauma and being stuck in the continuous response cycle creates consequences for individuals in very specific ways, which can lead to even hypertension and diabetes. See this article and diagram by Hackett and Steptoe (2017) for more information on this embodied consequence of exposure to continuously traumatic conditions: [https://www.researchgate.net/publication/318080827\\_Type\\_2\\_diabetes\\_mellitus\\_and\\_psychological\\_stress\\_-\\_a\\_modifiable\\_risk\\_factor](https://www.researchgate.net/publication/318080827_Type_2_diabetes_mellitus_and_psychological_stress_-_a_modifiable_risk_factor)



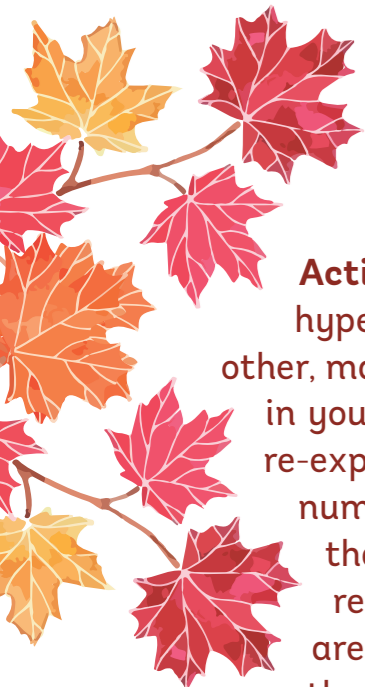
In addition to hypertension and diabetes, psychologists and psychiatrists highlight how the consequences of being exposed to continuous trauma can lead to many different mental health concerns. Research has shown that children who have been exposed to trauma in early years demonstrate high levels of cortisol, which affect the way a child's brain grows. In particular, it appears that myelinated nerve fibers that connect different parts of the brain, called *white matter*, do not grow well in the presence of continuously high levels of cortisol. It also seems to be the case that some parts of the brain, including those which regulates the stress response system and those which manage emotions, are particularly affected by chronically high levels of cortisol.

Continual exposure to trauma can lead to depression, anxiety, panic, angry outbursts, insomnia, difficulties with attention, bedwetting, apathy and indifference, hearing voices, relationship problems, and more. These challenges can all be a consequence of an individual being stuck in patterns of responding to continuous trauma in our social contexts and signs of our ANS system being pushed beyond its limits. There are four 'clusters' of symptoms that mental health researchers and practitioners usually pay extra attention to. These four 'clusters' of symptoms are central to posttraumatic stress disorder (PTSD) and tend to unfold in our bodies and minds as we become stuck in trauma response cycles – or an imbalance in our ANS between our parasympathetic and sympathetic nervous systems. These clusters of symptoms include:

1. **Re-experiencing:** Intrusive memories, dreams, feelings, thoughts, flashbacks – and can include dissociative reactions;
2. **Hyperarousal:** Sleep problems, irritability/anger, concentration, hypervigilance, and/or easily startled;
3. **Numbing:** Diminished interest or participation in significant activities, feeling of detachment from others, inability to experience positive emotions;
4. **Avoidance:** Avoiding thoughts, places, activities, people, and even facts; experiencing a lack of a range of emotions - no feelings, or feeling as if having no future (similar to numbing); staying distracted and as busy as possible; alcohol or substance abuse.

## Branches of the Maple Tree: Shifting Practices

In this section, we invite you to consider what you have learned about trauma and apply your new awareness directly to your work with patients and families during your homevisits and community work. In particular, we invite you to reflect on ways that you may begin to shift your assessments and perspectives of what your patients and their families are presenting or showing in their behaviors.



**Activity 5:** Let's begin with considering how re-experiencing and hyperarousal on the one hand, and avoidance and numbing on the other, may show up in the lives of the patients and families that you visit in your community work. Please fill in the table below, where we have re-experiencing and hyperarousal in one column, and avoidance and numbing in another. Please consider examples of specific behaviors that you have witnessed in the families you visit, and write in your responses. Please make sure that the responses that you write in are anonymous to protect the confidentiality of your patients. See the first row for an example of how to fill this out.

Re-experiencing & Hyperarousal	Re-experiencing & Hyperarousal	Avoidance & Numbing	Examples from my observations during homevisits
<b>Difficulty focusing</b>	<i>My patient has difficulty organizing. Sometimes, I call her and confirm our homevisit beforehand, but then, when I show up at her house, she is busy doing something else and must cancel. She says that she is interested in our visits, and that she remembers our confirmation, but she is just too easily distracted. This also impacts her medication adherence.</i>	<b>Avoids social interactions</b>	<i>One of my patients spends most of the day in his house. It is difficult for him to even come to the community center. Once, I went to the doctor's appointment with him, and I noticed how when we walked in the halls, he would wait for people to pass and there was an opening with few people present, and only then would he move forward. He seems to go out of his way to avoid people!</i>

Re-experiencing & Hyperarousal	Re-experiencing & Hyperarousal	Avoidance & Numbing	Examples from my observations during homevisits
<b>Aggressive, or impulsive</b>		<b>Disassociates - shuts down quickly</b>	
<b>Argumentative, defiant and resistant to directives or suggestions</b>		<b>Avoids tasks, or even avoids facts</b>	
<b>Anxious, panic, or sleep problems</b>		<b>No motivation, Apathy, Numbs out, such as: "I don't care"</b>	



**Activity 6:** What are typical judgments that you make about the families you visit? How may your perspectives about your patients shift if you apply a lens that takes into account that your patient may be responding from a place of experiencing continuous trauma? Please complete the table below, filling in possibilities for how being stuck in a continuous trauma response cycle could impact these perspectives. See the first row for an example of how to fill this out.

My Perspective as the CHW	The Perspective of my Patient
<p><b>My patient has trouble paying attention</b></p>	<p><i>“Danger is everywhere, and I need to be focused on many things at once to attend to these threats...”</i></p>
<p><b>My patient is aggressive, defiant and resistant to my directives</b></p>	
<p><b>My patient is shy, agreeable, mostly complies, and follows my recommendations, and doesn't really appear to need any help</b></p>	
<p><b>My patient avoids me, is distant, doesn't answer my phone calls, seems indifferent and uninterested in making change, and doesn't seem to want any help from me or the other CHWs</b></p>	

Next, we would like to invite you to read this **short narrative**. Imagine that one of your patients shares this story with you about her son. The son's name is B. Your patient's name is A.



**A:** Thank you for visiting me today. I've been looking forward to seeing you because I want to share with you a concern that I have for my son B.

**CHW:** Of course. Thank you for being open to share your family concerns with me. May I ask, how old is B?

**A:** Yes, B is 11 years old. I'm very concerned about him because sometimes, it has been really hard for him to go to school, especially during the Israeli military invasions. But even when things are calm, he still complains about going to school. I have to fight him every morning just to leave the house. But I heard from his teachers that sometimes, he doesn't even go to school when he leaves the house in the mornings!

**CHW:** Has B always avoided school?

**A:** No. He used to love to go. But when he was 9 years old, the soldiers used to occupy our house to look for his father. The soldiers did this many times. I remember this is when B started to complain about going to school.

**CHW:** That sounds like it was a really scary time for the whole family. Can you please remind me, do you have other children?

**A:** Yes, I have six children. B gets easily frustrated with his siblings. They sometimes like to tease him and he reacts very strongly. He will even throw things at them when they tease him. It used to be that they would tease him for his speech problem. B used to have a hard time with words. Now he is much better. But he started talking really late. Nowadays, I am mostly concerned with how angry B is all the time. He can't even play football anymore because when he is on the field, he mainly starts fights. And B is not the only one in the house that has anger problems. Let me be honest with you, B's father works long hours at a small business in downtown Bethlehem, and he knows that I am very busy looking after all the children each day, but he still gets so frustrated with me when he comes home from work and I ask for some basic help. B's father often shouts with rage at me, even in front of the children. I don't know what to do. I'm so worried about B and his future, and I feel like I'm doing so much without the help I need.

**CHW:** I hear that you are holding so much worry, and so much weight - even unfairly, and alone.

**A:** Yes. Thank you. Wallah, I am so worried. I sometimes even follow B when he wanders around alone, because I'm so worried about him. I noticed once that when he refused to go to school, and I forced him out of my house, I secretly followed him. Would you believe me if I told you that I found him at the Wall!?! He didn't go to school at all. Instead, B was there, standing by the sniper tower - over there just beyond the community center. He was collecting rocks, and throwing them at the Wall!

**CHW:** I can imagine that this was painful to watch. You want the best for your son. You want to see him in school, and studying hard to build his future. But instead, you found him locked in an exchange with the occupation. You watched him being drawn towards the Wall. This is so hard. This is all so difficult.

**A:** Yes, Wallah, it is. And you know what, I actually heard him talking to himself as he was collecting the rocks and throwing them at the Wall! After a while, I couldn't take it anymore and I ran up to him and grabbed his arm and I said to him, "that's enough B! You should be at school! What are you doing here anyway? Why are you throwing these rocks at the Wall?" I will never forget what he said to me. It caught me completely off guard. He said to me, "Mama, I'm here to get my uncle out of prison. I am throwing the stones at the Wall so that the occupation lets him go." I was shocked. My brother has been in prison for six years now on administrative detention. The injustice is too much. But I had no idea that B was holding so much inside himself like that. I just started crying when B said that to me. I sat down, near B's pile of stones, and I cried...

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Photo by Mohammad Alazga

### Activity 7:

In this activity, we invite you to share your reflections on the narrative above. What are your initial reactions to your patient A's story about herself and her son B? What are your own internal responses after reading this? What do you feel in your own body? What reactions are you having?

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How do you understand B's 'Wounds Inside'? What is B holding in his body? What may B be struggling with? What about A? What may A be holding and struggling with? What about the family as a whole?:

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With the information you've been given, we invite you to pick out specific events, experiences, or conditions in A's and B's lives. Please reflect on at least three different types of events or experiences (such as: B's siblings teasing him, B's speech issues, the incarceration of A's brother, etc.). After identifying at least three specific events in A's and B's lives or in their difficult social conditions, please reflect on how you conceptualize these events or conditions may have shaped or influenced them and their current ways of responding and relating to themselves, to their internal bodies, to their family relationships, to their contexts, and to the world overall:

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How may you respond to A after hearing this? What may you say or do next? Please write an example statement of what you would say to A after she tells you her story. Then, please share your reflection for why you would want to say this to her:

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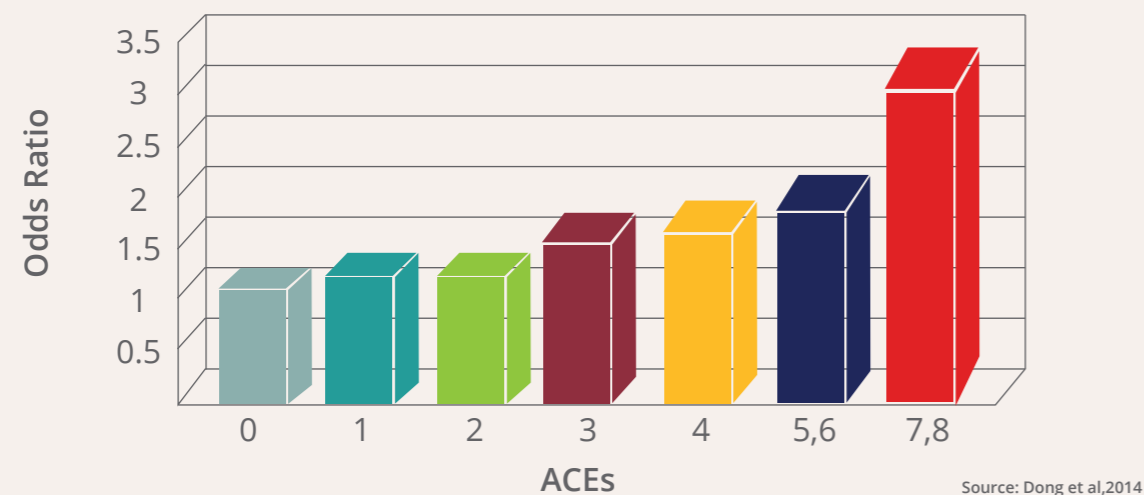
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In the final section of this tree, we would like to share with you about the Adverse Childhood Experiences (ACE) study. In 1995, the Centers for Disease Control and Prevention and Kaiser Permanente in the USA began what they called the ACE study with over 17,000 people. The ACE study was completed using notions of 'adversity' and 'trauma' rooted in white American and European colonial understandings. From these colonial perspectives on 'trauma' the ACE study led to the creation of an "ACE score" - with 10 different common 'adversities' in children's lives that the authors highlighted, including:

1. Physical abuse
2. Emotional abuse
3. Physical neglect
4. Sexual Abuse
5. Emotional neglect
6. Loss of parent, and/or divorce resulting in separation
7. Witnessing family violence
8. Incarceration of a family member
9. Having a mentally ill, depressed, or suicidal family member
10. Living with a family member who was addicted to drugs or alcohol

Despite the problematic nature of the study and score, as it is based on white American and Eurocentric understandings of adversity and trauma, the ACE study did show that children often face traumatic experiences in their childhoods, and that the accumulation of these experiences can lead to many health and psychosocial problems later in life. Their research shows how the effects of a person having a high ACE score is widely overwhelming and equivalent to a public health epidemic. More surprising was the finding that there was a relationship between the number of ACEs and the risk of physical health problems in adult life, including heart disease, as this diagram illustrates.

**Risk Factors of Adult Heart Disease are Embedded in Adverse Childhood Experiences**



Also, the research shows that a person exposed to any four ACE factors (out of the ten possible to endorse) was 1350% more likely to become an injection drug user as an adult. A person exposed to six ACE factors was 4600% more likely to become an injection drug user. Also, over 90% of incarcerated men in the USA experienced trauma in their childhoods. Furthermore, findings from research in ACE has showed that school-aged students with an ACE score of three, are five times more likely to have attendance issues, and six times more likely to exhibit behavioral problems in the classroom.

However, a central problem of the ACE study and score is that the conditions of oppression that cause these adversities in the first place remain unmarked and unchecked. The ACE study and score do NOT take into account the complexity of the colonial trauma and intergenerational everyday hardships that so many Black, Indigenous, People of Color, Global South communities, and Palestinian communities face worldwide. Palestinian communities, such as in the narrative above with A and her son B, survive Israeli military invasion, home occupations, racist incarcerations, historical dispossession of Indigenous lands, cycles of poverty, bias and oppression towards women, continual humiliation during regular engagements with Israeli occupation forces, constant tear gas exposure, and so much more. The conditions of constant trauma that are a result of surviving the 'Everyday Nakba' that Palestinians face are so much more complex than the ten ACE factors.

**Activity 8:** In the last activity, we invite you to think about, for yourself and the people living in Aida and Al-Azğa refugee camps, what do you consider to be the salient adverse experiences that your communities are living under? What are key elements of the Everyday Nakba? If you were to create your own 'ACE Score' - what would be experiences or social conditions that you would include and highlight? Please fill in the table below with the types of adverse experiences and contextual conditions that you think are important for you to consider in your work as a CHW. You may have written down some of these above when you reflected on the "Wounds Inside" or "Occupation of the Senses" in an earlier activity.

What are ten critical elements of the Everyday Nakba that children face in your community? Please consider elements that have even been normalized as routine experiences in the lives of children...	How is this 'critical element' of the Everyday Nakba in the lives of children caused by, or related to, the settler colonial conditions?
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3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



Photo by Mohammad Alazga

Contrary to the Eurocentric notion of ACE, we appreciate how Nadera Shalhoub-Kevorkian offers the concept of *unchilding* as a tool for our understanding the trauma caused by the Israeli settler colonial war machine on our children and families. Nadera defines *unchilding* as “the routine witnessing of violence that facilitates precise targeting of childhood itself” (Shalhoub-Kevorkian, 2020; p. 127). The Israeli nation-state treats Palestinian children as “uncivilized, ‘criminal’, ‘terrorist’ others” as a way to *unchild* them and to justify “the deployment of moral, legal, and political violence against them” (Shalhoub-Kevorkian, 2020; p. 137). According to Nadera, *unchilding* is the deprivation of childhood that “operates profoundly through the disruption of the intimate that is embodied in the biopolitical and visceral as well as through the global and local politics

of silence, negligence, intervention, and inaction... [and *unchilding*] may result in feelings of confusion, anxiety, constant fear and homelessness at home" (Shalhoub-Kevorkian, 2021; pg. 7). *Unchilding* is one of many ways that Israeli settler colonial occupation and apartheid create conditions that seek to make life unlivable for Palestinians – the Everyday Nakba. Resisting these daily catastrophic conditions is critical for decolonial healing to take root.

We believe that decolonial healing involves intergenerational and embodied pathways, tunnels towards freedom where we come together in community to transform our trauma and transmute our grief into remembering how to love. This transformative praxis is central to our labors as community workers on the frontlines of settler colonialism. Fundamentally, decolonial healing is about our movement towards living. Living our purpose. Living our truths. Living in our lands. Living out our childhoods. Living our wholeness. Decolonial healing is a return – a journey back into our wholeness – digging tunnels with radical love, and the prison spoon in our hand. Together, we find our way back into ourselves – back into that which we were always meant to be.

In this tree, you have learned how colonial trauma draws us away from our wholeness, and away from any possibility of feeling grounded in our bodies. Colonial trauma draws us away from our purpose. Colonial trauma seeks to force us to put all our attention and all our energies on surviving and responding to states of constant siege. Colonial trauma asks us to face and to focus only on our symptoms. To bypass our humanity. To internalize our defeat. In the next tree, inspired by the Pomegranate Tree, we will welcome you to deepen your footsteps in this orchard of trees of decolonial healing.



**The Maple Tree's Seeds:**

**What are your key take-aways from this tree? How do you see your approach to community health transforming? What questions are you leaving this tree with?**



Lined writing area consisting of 20 horizontal lines for taking notes.



Art by Devin G. Atallah

## Pomegranate Tree **رمان.**

### Colonial Trauma and Intersecting Oppressions: Intergenerational Healing, Revolutionary Imagination, and Decolonial Love



## Pomegranate Tree:

### Colonial Trauma and Intersecting Oppressions:

#### Intergenerational Healing, Revolutionary Imagination, and Decolonial Love

Welcome to the third tree. This Tree is represented by the image of the Pomegranate. In our Palestinian culture, and in many other cultures across the region, pomegranates have been associated with symbolism of fertility, death, paradise, and the connection between life cycles and the land (Amjad, 2005). From an agricultural perspective, the pomegranate is unique in that the fruit is also the seed. The pomegranate fruit holds not only the intergenerational experience of colonial trauma and interlocking oppressions, it also holds great purpose, promise, protection, and joy.

The pomegranate tree helps us appreciate how in the face of the Everyday Nakba, it is only by the seeds of decolonial healing that the future of the family and community can bear fruit. And inside each fruit, there is a multiplicity of seeds aglow. Seeds that are deep red incandescent. Seeds that are spells. Juicy ruptures of pleasure and enchantment. Blood-like, the seeds carry codes with intergenerational purpose. Each pomegranate fruit holds an abundance of inspiration for perseverance inside. For sumoud. In the image of the pomegranate tree, we craft a resistance metaphor. We imagine each pomegranate fruit as a counterspace – a happening in our soil where against all odds, agony is transformed into abundant aliveness. Through the rocks and barren earth, the tree grows with great determination and dignity, transmuting the depths of the continual, colonial trauma into decolonial love with a multiplicity of possibilities – a multiplicity of blood-red luminescent seeds as codes for intergenerational endurance. Seeds that are sensitive, flavorful, luscious, and deeply desirable. Each fruit, a globe. Each fruit, representing our wholeness. Our intergenerational healing.

The pomegranate tree links the prosperity of past with the power of present resistance and the future, just as the Nakba is a historical and continuous collective catastrophe, recovery is also a historical and continuous collective action. The Nakba and recovery are parallel lines, or perhaps, a multiplicity of spiraling circles (cycles of action and counteraction). In Palestinian culture, in many ways, the pomegranate tree is blessed with its color of life, amazing taste and power to maintain togetherness amidst dismemberment. We have stories of the pomegranate fruit as being connected to paradise. We see the pomegranate tree as linked to the Palestinian liberation struggle through these interconnections. We remember the Palestinian liberation song, which sings: “Paradise, Paradise, Paradise. Peace be upon you, our homeland, O beloved homeland, O holy soil, even your hell is paradise.”





-Art by Devin Atallah

## Roots of Pomegranate Tree:

Palestinian cultural legacies, Indigenous practices, and community knowledges.

Colonial cumulative trauma is continual and intergenerational. And so is our decolonial healing. We remember that we are part of a rooted, continuous, intergenerational cycle of healing and resistance. At the base, this is a spiritual element to our work - the intergenerationality of our journeys towards healing and liberation. We remember that we are NOT just in this as ourselves; we are part of a collective continuation, where transformation is constant. We continue to enter and to exit healing work, and our responsibility is to enter and exit with dignity, respect, and openness to be continually changed. There is not a point of arrival. We are constantly moving and we will continue to do so. Honoring our ancestors does not mean we duplicate their existence. Honoring is not copying. Honor is like land - complex and multilayered. We must turn over the land before replanting. We compost even our grief, transforming excruciating pain into energies that make it possible for us to continue to love. As adrienne marie brown (2017) writes:

*"Nothing in nature is disposable. Part of the resilience of nature is that nothing is wasted. The earth swallows it all through mouths or soil or water. This is such a simple beautiful truth. Everything is food, fuel, compost, a home for some other creature." (p. 131).*

We draw on the wisdom of the pomegranate tree as an inspiration and representation of our society and our social movements with historical processes inherited through generations - materially, corporeally, culturally, nationally, socially, psychologically, and politically. The intergenerational strain of pain is interwoven with the intergenerational strain of recovery. The Community Health Worker (CHW) who understands decolonial healing is aware of the power of community and intergenerationality to free our people from the clutches of colonialism and to transform the process of internalizing violence and oppression as an emblematic response to racial, colonial trauma. Settler colonialism targets the land, body, soul, mind, spirit, emotions, relationships, narratives, cognitions and all components of the Palestinian self and its historical truths, and seeks to obliterate its identity and erase our narratives and our rights to freedom and self-determination.



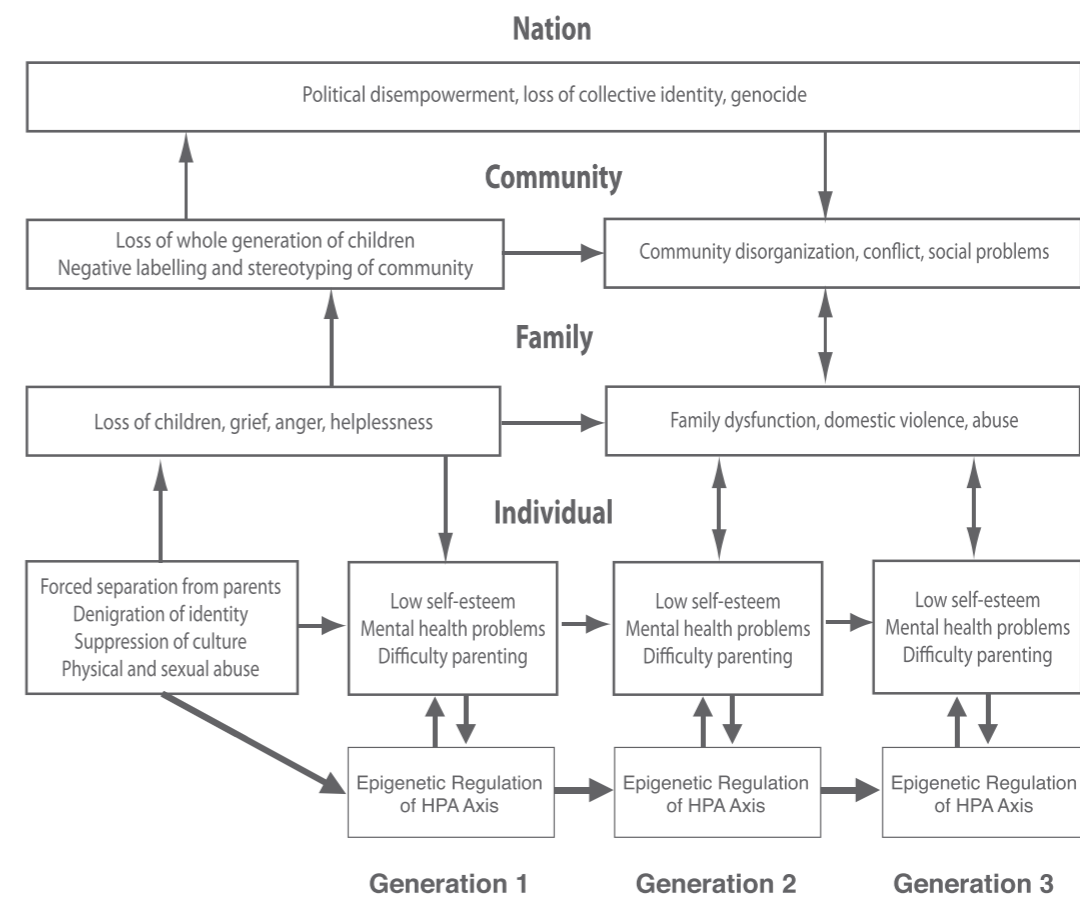




Art by Shehab Kawasmi

## Trunk of the Pomegranate Tree: Shifts in Awareness

Decolonial love and intergenerational healing are critical to our work because of the ways in which colonial trauma is passed down from generation to generation, often in our families and most intimate relationships. This diagram depicts some of the pathways through which the effects of trauma may be transmitted across generations at multiple levels, including: epigenetic alterations of stress response; changes in individuals' psychological well-being and family relationships; community and cultural identity; and the continuity of identity and collective well-being of whole ethnic or national groups (from Kirmayer, Gone, & Moses, 2014).



The authors Kirmayer, Gone, and Moses (2014) created this diagram, in part, based on understandings and experiences of Indigenous communities in the American continents who have survived centuries of colonial violence by European and Euro-American settlers. The diagram highlights how domestic violence and cycles of abuse in Indigenous families are directly linked to colonial violence through the intergenerational transmission of trauma. We believe that understanding and tethering together our struggles with other Indigenous communities is critical for our creation of pathways towards health in our communities.

We see the pomegranate tree as an inspiration for us to reflect on this multiplicity of struggles in how each fruit holds a multiplicity of seeds within. Palestine is transnational – we do not have borders that we control – instead, we transgress all borders. Our healing and liberation is also borderless. The transnational nature of decolonial movements in all places around the globe, not only in Palestine, is critical for our intergenerational healing and struggle. As CHWs, we should be drawing links transnational sources of decolonial healing and freedom across borders. This is important for our feeling united in the common concern of rejecting injustice, resisting colonialism and its remnants such as violence against women, racial and ethnic discrimination and other related issues. It is important that we, Palestinians, work to create our solutions in our local communities, yet with an understanding that we are not alone and that we are part of global movements that center Indigenous voices and perspectives of Black and Brown people for futures without colonialism, racism, patriarchy, classism, and related intersecting oppressions.

We, as Palestinians, are also an Indigenous people. One of the ways that we respond to the colonial abuses that we have faced and continue to struggle against – with all our experiences of injustice and lack of safety, with all the feelings of being disposable waste, of being displaced and forcibly thrown outside of human consideration – is that we often reproduce the abuse. This pattern of response to racial, colonial trauma is characteristic of responses of Indigenous and racialized communities transnationally, where we channel the colonial harm that we experience into our own bodies, families, and community relationships. Part of this reproduction of the colonial abuse means that we turn and perpetrate harm against ourselves and against the people closest to us. We begin to harm our own bodies through increased substance abuse or even through higher rates of suicide. And we begin to inflict increased harm against one another in our own families and communities, with higher rates of homicide and domestic violence.

Unhealed intergenerational, continuous colonial trauma is an extremely destructive force that causes us to assume oppressor roles ourselves – we seek to dominate and to hurt the people in our lives. We begin to normalize the perpetration of abuse, corruption, and violence against each other as colonized people.

When we approach our community work with this awareness, we require radically new theories that center healing from cycles of harm and the application of decolonial love practices for us to be able to begin to disrupt the abuse, corruption, and violence in our families, communities, and institutions.



As community workers, a central feature to our work is homevisiting. Therefore, we are responsible to understand violence in our families and communities in an especially thoughtful way. When we look at research, we can see that domestic violence and sexual assault are widespread worldwide (Dartnall and Jewkes, 2013). As far as we know, rape-free societies do not exist. Anyone can be a victim of domestic violence, including: psychological, emotional, physical, economic, and/or sexual abuse. Research shows, however, that sexual abuse and domestic violence are not experienced equally (Watts & Zimmerman, 2003). Females, children, sexual minorities, and other gender minorities are overrepresented in groups that are abused. This is, in part, due to a system of oppression that is called ‘patriarchy’.

‘Patriarchy’ is a term that can be defined as the current and the historic unequal power relations where cisgender males (‘cisgender’ is a term that relates to a person whose gender corresponds with their sex assigned at birth) have authority over cisgender females and people with other gender identities and sexual orientations. It is a system of oppression whereby females and people with other gender and sexual identities are systematically disadvantaged and oppressed across almost every domain of life. Male violence against women (including psychological violence as well as sexual abuse and assault) and violence against LGBTQ people are key features of patriarchy. You can learn more about violence against LGBTQ and how to refer your patients or other community members to Al-Qawas resources by contacting <http://alqaws.org/about-us>. We recognize that oppression against women and LGBTQ issues remain very sensitive in Palestinian society, as our communities continue to be deeply rooted in patriarchy. Nevertheless, as CHWs concerned with decolonial healing, we believe it is not only a responsibility, but it is our duty, to continually deepen our own awareness and actions for the liberation of all oppressed people in our society as we work together for decolonial futures.

There is a very limited amount of health and psychological research and practice in Palestine that focuses on challenging patriarchy. In 1998, the scholar Haj-Yahia conducted several large-population based surveys to investigate to what extent interpersonal, domestic violence against women connected to patriarchy. Of the women who were interviewed, 91% stated to have been exposed to psychological partner violence and half of the participants reported to have been exposed to physical violence by the partner (Haj-Yahia, 1998). A second survey conducted two years later justified the results (Haj-Yahia, 2000;2000a). Almost 20 years later, again Haj-Yahia et al. (2012) conducted another cross-sectional study on abuse of women by their male partners in Palestine and found similar rates (Haj-Yahia, Wilson, Naqvi, 2012). The Palestinian Central Bureau of Statistics in 2011 completed a very large study and found that almost one in two women is exposed to psychological, economical and social violence within the household in the West Bank. Sexual violence was found to be at a rate of 10% and physical violence was at a rate of 17.4% - almost one in five women (PCBS, 2011:10-17). Patriarchy is a public health problem and a political issue, not simply a family issue. We believe that it is essential for CHWs to learn how to address patriarchy as a critical dimension of the trauma that our communities face. There are leaders in our communities who are doing this work already, such as the Bethlehem Psychosocial Counseling Center for Women (PSCCW). PSCCW specializes in women’s empowerment, particularly for those who suffer from trauma resulting from exposure to violence. You can learn more about PSCCW and how to refer your patients or other community members to their resources by contacting info@pscww.org.

It is important to understand how patriarchy does not only exist in our families and communities, but regionally and at global levels as well. The Israeli occupation system is also patriarchal and employs sexual and gender-based violence as part of its system of settler colonial rule. Resisting patriarchy everywhere (in our families, in our communities, in our institutions, in our movements, in the Israeli colonial violence, and beyond) is a central praxis in our decolonial healing and liberation as Palestinians. Black and Latin American decolonial feminists and gender non-binary and LGBTQ communities in struggle have long instructed us: **there is no decolonization without depatriarchalization**. We wholeheartedly support this premise.

Nadera Shalhoub-Kevorkian (2000) has developed a model for addressing patriarchy and supporting women who face abuse in Palestinian communities. Here are five concrete strategies that she has outlined that you can explore and integrate into your work with an individual who shares with you that they have experienced trauma in their families or communities related to patriarchy or related to abuse from a male partner. In the table below, we have copied down, sometimes word-for-word, from Shalhoub-Kevorkian’s paper called *“Blocking Her Exclusion: A Contextually Sensitive Model of Intervention”*:

**Five critical components from Shalhoub-Kevorkian’s model:**

<p><b>Establishing Dialogue (Breaking the Silence)</b></p>	<p>The condition of females in Palestinian society can be harsh. Patriarchal beliefs and practices address females as if they are of less value than their male counterparts. The community workers who are active in addressing female abuse must begin from a place of understanding how silence works in family and community systems to further oppress women. Creating space for dialogue between the community worker and the victim (and her supporters) and between the victim and her family is a critical to break the silence, yet is a difficult and nuanced action. The purpose of these dialogues are to enable the parties to shift the focus from the interests of society, to the needs and rights of the victim by embedding her interests within those of the collective. These dialogues that community workers have with the families that they visit should be complemented by ongoing weekly psychosocial supervision meetings with a trained clinician or social worker with specialty in these areas.</p>
<p><b>Mapping and Activating Potential Resources</b></p>	<p>After the initial dialogues, the community workers should gather as much information as possible about key family members, social supporters, and community, legal and cultural resources that are available to the victim (for example, in the Bethlehem area, there is the PSCCW as we mentioned above). The role of the community workers is not only to map potential resources but also to convince the people with power over the victim to adopt humane values that guide the intervention strategy from beginning all the way through the accountability process.</p>
<p><b>Securing Acknowledgment of the Abuse and Commitment to Its Cessation</b></p>	<p>This component often entails setting up meetings to affirm candidly that an act of abuse had taken place and that all involved parties are responsible for and committed to stopping the abuse and blocking the victim’s exclusion. A lawyer and an official of a service or institution involved (e.g., social service, welfare department, police station, governor’s office, religious authority) should be invited to the meeting to give it a legal dimension that affirms the right of the victim to live in a safe and abuse-free environment.</p>
<p><b>Intensive Follow-Up and Ongoing Assessment</b></p>	<p>Intensive follow-up of the victim’s situation, regular homevisits, as well as documentation of the obstacles faced and resources that were used should be completed. These follow-up activities should be complemented by ongoing weekly psychosocial supervision meetings with a trained clinician or social worker with specialty in these areas.</p>

**Summative Evaluation**

Critical discussions should be held to determine what options for promoting ongoing safety and dignity are, including who are the key figures within the community capable and willing to offer their support. Ways to address ongoing challenges and mistakes should be made, to prevent future errors and establish greater accountability. These evaluations should include identification of factors that lead to safety and empowerment.

Find Shalhoub-Kevorkian’s full article here:

<https://www.journals.uchicago.edu/doi/abs/10.1086/516427>

Additional strategies for addressing patriarchy and supporting women who face abuse can be found:

<http://stoprelationshipabuse.org/action/how-to-talk-about-relationship-abuse/>

**Activity 2:**

We encourage you to revisit the vignette about the example patient A and her son B from the Maple Tree. After you have learned more about intergenerational transmission of trauma, patriarchy and injustices women face, are there new insights you have into this case example? Does your new awareness offer new choices for how you would respond or work with patient A and with her son B? Please share your reflections here:

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Furthermore, as you increase your awareness of the intergenerational dimensions of trauma and intersections with patriarchy, we believe that it is important that you deepen your understanding of the interconnections between other systems of oppression and how they are all linked to settler colonialism. For example, Patriarchy intersects with cycles of poverty and with racism, which are linked to colonialism.

The trauma that Palestinians face is intergenerational, and deeply *intersectional*. Various systems of oppression work syndemically – or as a synergy of pandemics. It is important that you are aware that these systems of oppression are rooted in colonialism, and that they are rarely explored or addressed with rigor from European and Euro-American frameworks on mental health and trauma.

In Palestine, scholars and community practitioners have been making these connections for decades. For example, Dr. Ibrahim Makkawi made it abundantly clear that “colonialism and colonial practices constitute the most oppressive and direct cause of community mental health problems” (2015; p. 423). Ibrahim Makkawi was a mentor and teacher to many of us in the CURCUM كركم Collective. We lost dear Ibrahim this year, as we write this workbook in 2022, *allah yirhamo*. We will always remember our beloved Ibrahim, and how he sought to tether together our liberation as Palestinians with the liberation of all oppressed communities. Ibrahim drew on understandings from Black Liberation movements, Decolonial Feminisms, and Indigenous knowledges transnationally – which all have been theorizing and healing against the complex wounds of colonial violence, patriarchy, and racism for centuries.



Ibrahim was especially inspired by the work of Frantz Fanon, a Black psychologist from the Caribbean who worked as a psychiatrist, a healer, a writer, a researcher, and a revolutionary freedom fighter against the French colonization of Algeria in the 1950s and early 60s. Fanon argued that racism, patriarchy, classism and capitalist exploitation are all interwoven with settler colonialism. Fanon believed that these oppressions work to incarcerate the colonized (or the ‘racialized’) into ‘zones of nonbeing’. Zones of nonbeing are the spaces where colonized people are thrown outside of human consideration by the colonizers (Fanon, 1963). However, Fanon argued that these zones are never total – colonialism is never fully complete – every Wall has its cracks. Every border is not only a border – it is also a fiction – where transgressions are not only possible, but inevitable. When we enact these transgressions, we transform our spaces that are marked by harm into ‘counterspaces’.

A counterspace is created when we, as colonized people, struggle in zones of oppression, in misery, and in daily grief – in the everyday Nakba – and yet we then repurpose these zones of oppression for our healing and liberation. Counterspaces are sites of intolerable violence and grief, which we then repurpose for our freedom.

Counterspaces are a necessity to our healing because of the ways that we, as Palestinians, are rendered as 'oppositional others' within a system of colonial oppression. We are racialized as a 'terrorist' other – as violent Arabs. By the colonizer, we are seen as killable, detainable, displaceable, and as inferior waste. Our belongingness is always in question. To understand our psychological wounds as Palestinians, we must understand these dimensions of colonial violence. To the colonial Israeli nation-state and its global allies, Palestinians are free to try to survive on the other side of the Wall – where we exist not only in a state of unbelonging to Israel, we as Palestinians exist in a state of unbelongingness to being human. In the eyes of the colonizer, Palestinians are understood as always undeserving of rights, as undeserving of freedom, as undeserving of ownership of land, and as undeserving of ownership of identity. Locked within these colonial conditions and systems of oppression, how do we work to rehumanize ourselves beyond these categories – beyond these binaries where people are rendered as living on one of two sides of a racist Apartheid Wall?

Counterspaces are critical to decolonial healing because they are enactments of refusal. We refuse to accept the Wall. We refuse to accept our inferiority. We refuse to stop waving our flag. We refuse to see our humanity only within the limits policed by our colonizers.

Instead, we create counterspaces - we transform our daily catastrophic conditions to find ways to live with dignity and sovereignty. Even when our homes are demolished, even when our people are kidnapped and incarcerated by the thousands, even when our limbs and lands dismembered, even when we are killed, even when we are surgically separated away from nearly all that reminds ourselves that we are human – still – we continue to go to school, we continue to talk with each other at the produce stands, we continue to find creative ways to celebrate one another at graduations, at weddings, at community gatherings and at rituals of all kinds. These are our counterspaces, sites where we enact our humanity even as we are racialized by the colonizer as subhuman. We create counterspaces when we transmute our grief and we remember that we can still love. In fact, fundamentally, we believe that decolonial love is at the core of our resistance and our healing. This love reminds us that even though we may not be able to fully protect and resist the colonizer's control and abuse over our bodies, our lands, our waters, our physical spaces, and so many of our material realities, we can protect our capacity to love. We can protect our psychologies. We can refuse the colonizer's control over our minds and our truths and our souls. Shalhoub-Kevorkian (2005) has shown in her work on 'counterspaces' how Palestinian women play a unique role in protecting and re-purposing sites of oppression towards liberation:

*"It is as if these women are turning their spaces into large wombs that nourish, protect, and contain their children, creating a counter-discourse....These counter-spaces are mosaics of the past, of things and acts and rituals remembered, but they are also places of refuge and secure a future. Within the realities of an ongoing present, these new spaces of the old and new recenter their dislocated world and create another 'home', one that effectively preserves what the bulldozers have seemingly destroyed." (Shalhoub-Kevorkian, 2005; p.134)*



Art by Shehab Kawasmi





**Activity 4:**

After you have made time to relax, and focus on your breathing, we would like to share a short story with you about a child and a magic carpet. Do you remember Clever Hassan stories as part of our Palestinian cultural landscape? You may remember a story about Clever Hassan, when he was still a small child, and how he journeyed up into the mountains beyond his village and came upon three adults arguing. Do you remember a story like this? Well, let us try to retell it now, as it has been passed down to us from our ancestors.

One day, Clever Hassan ventured beyond his village deep into the mountains and arrived at a clearing. Clever Hassan noticed three adults standing in a circle, or in a triangle, facing one another and appearing to be arguing. Each of the three adults were magicians of great wisdom and power. Each had created an enchanted tool, which were safe inside three different bags beside them on the floor. The first magician was arguing that the cloak of invisibility was the most important possession in our dangerous world. With this cloak, the first magician explained, you can disappear and avoid any hazard in your path. The second adult counter-argued that the hammer that this second magician had created was far superior because you could simply destroy and annihilate any threat in your way. The third magician claimed that the magic carpet inside their bag was most valuable – allowing you to flee and escape any harm with great speed and distance from danger.

Clever Hassan hid behind a large rock as he listened to these three magicians arguing. Then, according to this legend, Clever Hassan was struck by an intense and overwhelming impulse to steal the three magic tools. He snuck towards the first adult's bag and removed the invisible cloak and put it on – vanishing from sight. The three magicians continued arguing without noticing Clever Hassan even the slightest. He then approached the second magician's bag and removed the magic hammer, promptly concealing it under the cloak with him. Lastly, Clever Hassan removed the magic carpet from the third magician's bag. Enchanted by the carpet's grace, the intricate designs and vibrant colors, the abundance of stories and wisdom the carpet radiated in each thread – it mesmerized him, and the hammer slipped out of Clever Hassan's hands, causing a loud clatter as it cracked the rocks beneath. Clever Hassan cringed, and reached down to pick back up the hammer, yet this caused the cloak of invisibility to glide off his head and shoulders, falling to the ground. So Clever Hassan stood there, revealed with alarm and vulnerability besides the three adults who had now stopped arguing and were glaring at him with rage in their eyes. Forced to make a quick decision – should Clever Hassan grab the hammer and try to strike down the three adults? Should he pick up the cloak and disappear once again? Instead, Clever Hassan leaped onto the magic carpet with great conviction to escape. Yet it did not move! The three magicians

immediately snatched him up. They proceeded to lecture the child profusely about the importance of each tool and the destructive consequences that could ensue if they fell into the wrong hands. And they lectured Clever Hassan about the importance of respect and honor. About dignity and courage, and how thieving creates cycles of harm. Clever Hassan apologized and promised that he would never steal the magician's cherished possessions again. The three magicians released him, instructing Clever Hassan to return to his village. As he began to walk back down the mountain towards his village, he turned around and asked the third magician why the magic carpet did not fly away when he had jumped on it to escape? Pleased by the question, the third magician responded by sharing that the carpet would only fly away when an individual who climbs upon it activates their own imagination. The magician said to the child: "For the carpet to move, you must first draw a picture in your mind, a space that you dream into existence, a safety that you long for, a location that you desire. When you jumped on the carpet, perhaps you were too stuck in your fear to imagine where you wanted to go. Losing your imagination is losing your mobility."



After holding this story in your heart and spirit, we invite you to use your imagination to picture a magic carpet. Picture it in your mind - maybe it is as red as a pomegranate seed. Perhaps it is dark green like the cedar tree, or deep purple like shell of a muscle in the ocean. Does your magic carpet have a design? What does it look like? How big is it? Whatever your imaginary magic carpet looks like, picture it right in front of you right now, hovering slightly above the ground.

Now get in on top of it. Make sure you have your travel bag with you. Place your bag next to you on your carpet. Take a seat. Review your belongings inside your bag. Do you have a pen and paper to take fieldnotes? Did you pack your favorite snack? Get ready, time travel! We are going on a special flight. We are not only going to travel through space, we are going to fly through time. We are about to travel into the future! Goodbye, 2022, or whatever year it is as you are reading this!

Remember, before you go, you have to imagine. You must draw a picture in your mind of what the future you are going to looks like. This future you are going to is a future where the Israeli occupation has ended. Also, this is a future where people in your own community have transformed their own ways of oppressing even each other. This is a future where patriarchy has been defeated. This is a future where love, healing, and justice are embodied much more deeply, everywhere.

As you start to imagine this future, your magic carpet begins to fly! You are on your way. Your carpet flies you through time. Many many years from now - maybe you want to go 100 years into the future, maybe you want to go 10,000 years or more into the future. You hold onto the sides of the carpet and close your eyes as you accelerate and everything around you becomes blurred, unclear, and dizzying.

Magically, you have arrived! Your magic carpet stops. You open your eyes and everything is clear. You look around, what do you see? What does this future look like? A future that is so much more liberated from violence and intersectional oppressions. What are the patterns of abuse in your own family and communities that have been disrupted? Which patterns of harm are no longer being passed down from generation to generation in this future? Here, settler colonialism and racism are talked about only in the past tense. There is no more racism, no more oppression towards women, no more oppression towards queer or gay individuals. There is no more capitalism, or communism, or socialism, or fascism, or classism. Here, justice is ubiquitous. Health and wholeness are priorities.

What is the first thing you notice about this place? What do you see around you? What do you smell? Now, you jump off your magic carpet and you walk around. What does the ground feel like on your feet? Look around, what do you see? Look up at the sky. Take a walk around in this decolonial future. Maybe you see people around you nearby. You go and sit with them, and talk. What do they share? You take out your paper and pen, and you begin to take notes from your field trip. Please write down your notes here:

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Next, we invite you to draw what you see if you would like. You can use this space below to stretch or doodle anything that comes to your heart and mind when you imagine this future place, marked by liberation from settler colonialism, patriarchy, and intersectional oppressions:

What was this Magic Carpet activity like for you? Was it difficult to imagine a decolonial future with more freedom and healing in your communities? Like in the Clever Hassan story, do you understand the connections between fear, trauma, and blockages to our imaginations? Did you yourself experience any fear, anger, frustration, indifference, guilt, pain, grief, or other difficult emotions as you engaged in this activity? Please write down any reflections you have about your experiences of practicing decolonial imagination and protecting your futurity:

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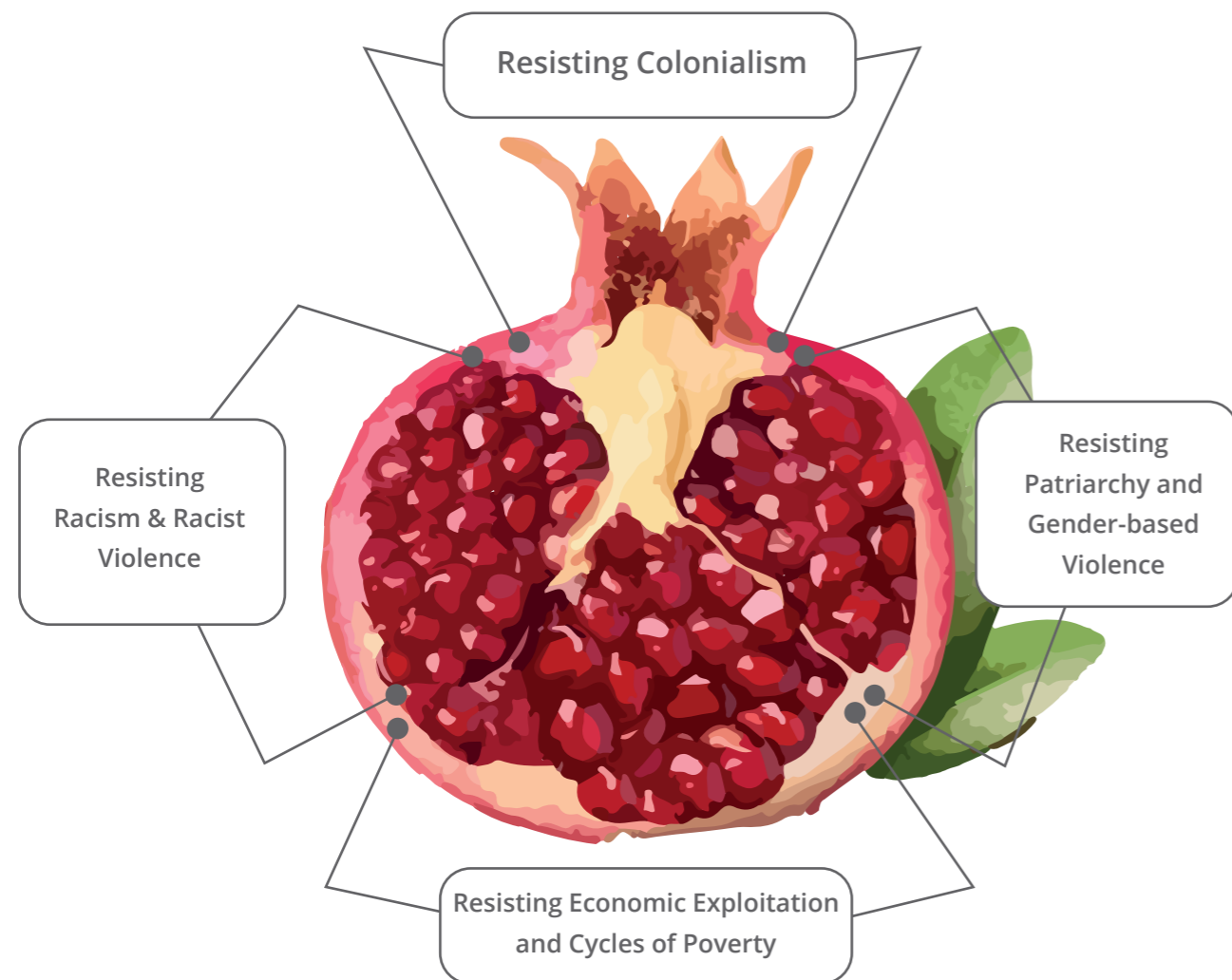
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### The Pomegranate Fruit/Seeds:

*“Pomegranates fill the heart with faith”  
- Palestinian Proverb*

The pomegranate fruit contains inside (protected by its beautiful, deep red skin) a multiplicity of seeds, which are well known for being outrageously delicious. The juicy seeds are not only delicious, but they also contain antioxidants such as ellagic acid, which has been found to slow the growth of cancerous tumors all over the body, including the lungs. The seeds are sustenance for healing, they are remedies for resistance. In the image below, we invite you to reflect on the ways in which our decolonial healing guide may support you to deepen your consideration of the interconnection of how resisting colonialism includes within it, our processes of resisting intergenerational cycles of racism, patriarchy, and classism/poverty. We offer these reflections with decolonial love and radical imagination at each step of the way.



To close this tree, we invite you to reflect on what are your key take-aways? How do you see your approach to community health transforming? What does decolonial love mean to you? When you become aware of colonial trauma as intergenerational and intersectional with other oppressions, how does this shift your health promotion practices? What questions are you leaving this tree with?

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## Oak Tree بلوط. Creating Constellations of Care and Transformative Relationships



### Oak Tree:

#### Creating Constellations of Care and Transformative Relationships

Welcome to the fourth tree. This Tree is represented by the image of an Oak. The Oak tree is truly special. Oak trees can survive horrific disasters and hurricanes. They survive and thrive under extreme adversity NOT because of their individual strength, but because they connect underground: the roots of Oak trees knot together underground in intertwined relationships to be able to survive even the most intense storms and catastrophes. In this Tree, you are invited to dive deep into your own relationships, to explore how decolonial healing is NOT only about shifting your understandings of trauma or of colonialism - but also - this work requires that we all fundamentally **shift how we treat each other**.

In this light, we are guided by the Oak Tree in our decolonial healing, interlocking underground – changing at the root, how we interact with each other. Our strength comes from how we are linked, not by the NGO system, not by the health care system, not by the UNRWA system, not by the economic system, not by any governing system, but instead, our strength comes from how we are **linked at the root system**.

وَاعْتَصِمُوا بِحَبْلِ اللَّهِ جَمِيعًا وَلَا تَفَرَّقُوا

*And hold fast, all together, to the rope of Allah  
and be not divided among yourselves*

- The Holy Qur'an (Sūrat Āli Imran, No.3, Āyat 103)

Underneath the surface, like high in the heavens, there resides interconnected constellations of care that make our wounds bearable, constellations of care that make our recovery possible. When we understand this, **we cultivate our healing by cultivating our connections**. Our healing starts and ends at the depth of our connections. If we have deep connections, our healing is intricate, rich, and resilient. If we our connections are shallow, or our connections are damaged, then our healing is fragile, exposed, and untenable.

**We cultivate our healing by cultivating our connections**



Photo of the roots of two trees interwoven by Hana Masud, taken in the ancestral lands of Native Americans, particularly the Kaskaskia people of the Grand Village of the Illinois.

As we showed in the Pomegranate Tree, we are often entrapped within a pattern of responding to continuous, colonial trauma that cause us to channel the harm that we experience into our own bodies, families, and community relationships. As we discussed in the Pomegranate Tree, part of this reproduction of the colonial abuse means that we turn and perpetrate harm against ourselves and against the people closest to us. Unhealed intergenerational, continuous colonial trauma is an extremely destructive force that causes us to assume oppressor roles ourselves – we seek to dominate and to hurt the people in our lives. We begin to normalize the perpetration of abuse, corruption, and violence against each other as colonized people.

Decades ago, the Black scholar/activist Saidiya Hartman (1997) explained that the “terror of the mundane and quotidian” requires that people of color reset ways of relating in everyday conditions and relationships. Similarly, Nadera Shalhoub Kevorkian (2020) theorized a central dimension of the Israeli settler colonial system as creating zones of un-livability and slow death for Palestinians – killing not only our bodies, but creating carnage in our daily conditions and relationships. Our work as CHWs dedicated to decolonial healing requires that we challenge the normalization of suffering and the zones of un-livability which shape our everyday relationships. This means that part of the *Everyday Nakba is not only the colonial forces acting upon us, but acting within us.*

In this Tree, inspired by The Oak Tree, we invite you to reflect deeply on this dimension of the Everyday Nakba – the way in *which catastrophic conditions fold into our relationships.* As Palestinian community workers and healers concerned with decolonial work, we believe that it is our responsibility to contend with difficult questions, including: as we

quest for healing and liberation, how can we transform not only the ‘outside’ and ‘visible’ oppressive systems, but how can we transform underneath, deep within ourselves and our own responses? How can we transform how we treat one other?

### The Everyday Nakba is not only the colonial forces acting upon us but acting within us

This requires joint actions – like the Oak Tree that interweaves its roots with the roots of a multiplicity of other trees – liberatory transformation is only possible collectively, with meaningful collaboration, and emergent from our capacities to connect and care for each other. Therefore, in this Tree represented by the Oak Tree, we long to support you in increasing your capacities for contributing to transformative relationships and caring communities, where our collective healing is not a side thought, it is at the root.



Art by Shehab Kawasmi



of CHWs, or other healers in your work community are here for you, to support you in your journey towards transformation. Take a moment to think of someone that you can talk with about these issues, and who can offer you more support in you feel you need it. Once you have identified ways of accessing additional support in the event that you need it, we invite you to reflect on any harmful patterns in your relationships, even harmful ways of enacting (false) care, that have been handed down to you by elders or ancestors in your family or community, harmful patterns that you would like to let go of. You release these hurts and harmful patterns because you know that you no longer need to carry them into the future. Once you have practiced this reflection, we invite you to write or draw anything that supports your process of releasing. A poem perhaps, or an image – anything is welcome here, as part of your letting go of the hurt. This poem or image or anything you want to write in the box below, is part of your release, part of your demanding that this cycle of harm ends with you – it will not be brought into the next generation. You have poems in your veins. You have images in your heart. Feel free to use any way of expressing that you desire, or that you need, at this point in your journey. Of course, **if you do not feel ready** to reflect on these issues at this point in time, **you can leave this blank**. Follow your intuition. Follow what you desire and need right now. If you do choose to write a poem or to draw an image, please use the space below:

## Trunk of the Oak Tree: Shifts in Awareness



Image of Frantz Fanon from [https://en.wikipedia.org/wiki/Frantz\\_Fanon](https://en.wikipedia.org/wiki/Frantz_Fanon)

*"The colonial world is a world divided into compartments. It is probably unnecessary to recall the existence of native quarters and European quarters, of schools for natives and schools for Europeans; in the same way we need not recall Apartheid in South Africa. Yet, if we examine closely the system of compartments, we will at least be able to reveal the lines of force it implies."*

- Frantz Fanon (1963, p. 29)

A core element of settler colonialism, according to Frantz Fanon, is the division of the world into a "system of compartments" with lines, separations, and borders enforced by the violence of the colonizers. These colonial borders cut deep into our bodies and minds as they cut through the earth and sky, much like the Apartheid Wall which snakes across our Palestinian lands. This "system of compartments" divides apart our communities, such as by the Israeli prisons, patrols, and checkpoints. Fundamentally, this "system of compartments" seeks to destroy our most valuable 'natural' resource: our relationships. Therefore, central to decolonial healing is our insistence to care and nourish our relationships. In this light, when we revitalize our relationships, we enact powerful decolonial healing. We are envisioning this insistence to care and nourish our relationships as the work of creating "*Constellations of Care*".



## What are Constellations of Care?

*“Constellations exist only in the context of relationships,  
otherwise they are just individual stars”*

- L.B. Simpson (2017; p. 215)

We invite you to conceptualize “Constellations of Care” as reaching far beyond the Apartheid Wall. The colonial “system of compartments” separates us **transnationally** – not only on the small scale in our own bodies, lands, and communities. Therefore, decolonial healing also requires that our constellations of care cultivate relationships beyond borders, from Bethlehem to Haifa, from Sheikh Jarrah to Nablus, from Khan Younis to Lod, from Boston to Silwan, from Cape Town to Jerusalem, from Gaza City to Wallmpau Chile, and more...

As we transgress these colonially-configured borders, we shed new light on our oppressive conditions, and also, we shed new light on strategies for our decolonial healing and resistance.

In fact, this decolonial healing guide is itself an enactment of our persistence to defy colonial separation, to transgress this “system of compartments” and create new constellations of care. Many decolonial activists are calling this South-to-South Solidarity. As the CURCUM كركم Collective, we conceptualize our decolonial healing guide as interlinked with knowledges emergent from our relationships with communities across the Global South. We are honored to be connected, much like the roots of the Oak Tree, underground and transnationally, with collectives in Chile, India, and communities of color in Boston and beyond (see our article: <https://doi.org/10.1177/10778004211068202>).

A key understanding that we have learned from our relationships with colonized communities transnationally, is the importance of radical caregiving as an embodiment of decolonial love. When communities are forced to exist under conditions of chronic poverty, discrimination, and racist violence for generations, when constant trauma and daily struggle is normalized and people are so deeply dehumanized, then our work as community workers, healers, and CHWs requires that we provide enormous care and courageous love. We are required to enact such profound caregiving because we have refused to underestimate the shock of the everyday earthquake. We refuse to accept, not only the political conditions, but we refuse to accept the very air we breathe. We refuse the normalization of the tear gas and the continual murder that clouds our lungs each and every day. Protecting caregiving is like protecting oxygen. We uplift the importance of our cultivation of loving relationships, because if we don't, we will no longer be able to breathe.

## Breathing Life into Our Organizations

**Each of you have chosen to be a CHW.** You have chosen to devote your time to caregiving as central to your job description. You are the medicine. You are an enactment of decolonial healing. And your work to provide care to the families in your community unfolds within these catastrophic conditions of colonialism - The Everyday Nakba. The everyday earthquake. How do you yourself, and how does your workplace organization, struggle against this overwhelming asphyxiation, against this constant trauma, where the very livability of our communities becomes a critical causality of colonialism?

*I wish a snake would swallow me.*

*I wish the earth would split & swallow me.*

-Mohammed El-Kurd

The constant colonial trauma creates continual challenges within our bodies, families, communities, and a profound asphyxiation within our workplace relationships. Often, there is toxic, constant drama unfolding inside and outside of our workplaces. We know this to be true transnationally in colonized communities. At times, when we **choose** to work as community healers on the frontlines providing such courageous care, our workplace stressors can be even more challenging than the actual homevisiting with our patients. We often feel unappreciated, unseen, and undervalued. We can become so depleted and raw in our relations that we forget how work as a team, we distrust each other, and we disregard the priority of creating loving and decolonial environments in our workplaces. We have learned from communities struggling against colonialism and racism transnationally, that the struggle for healing and liberation requires not only counterspaces, like we talked about in the Pomegranate Tree, but it also requires **positive spaces of care and practice**. We need to be able to make mistakes, to learn to deepen our practice of empathy, to support self-care, and to notice and address burnout and how our own workplaces are constantly at risk to become just as toxic as the tear gas that the colonizer uses against us.

As a CHW, it may often feel like you have few options. Your career trajectory, your studies, and at times, even your family planning options, may be uncertain. Not only do the colonial conditions limit your movements and control your view, they also work to limit your job opportunities and stagnate your futures. The Everyday Nakba is outside and inside. All the stressors from these daily catastrophic conditions seep into our workplace relationships. They disrupt our abilities to practice community health in ways that grow from our deeply trusting relationships with each other as co-workers, and with our patients, our families, and our communities overall.

Therefore, decolonial healing is not only about our work with our patients. Decolonial healing is organizational work. It is relational work. Over the years, and emergent from our connections here in Palestine, and transnationally with Indigenous and Black communities in South Africa, Chile, Boston, India, Brazil, and across Global South communities, we have come to the critical awareness that our effort to create constellations of care in our workplaces is an essential manifestation of decolonial healing.

### *Relational Conflict and Vulnerability*

An important step towards creating constellations of care in our workplaces requires that *we change our reaction to relational conflicts*. Part of creating positive spaces of care and practice means that we shift our understandings and begin to *approach relational conflicts in our workplaces as opportunities* for us to: (1) grow individually, and (2) for us to collectively deepen our relationships for the health of our organizations. Relational ruptures are ways for us to strengthen the knots that link our roots underground – at the very locations where we ourselves hold much *vulnerability*.

We are often taught that vulnerability is synonymous with weakness. However, we invite you to think about vulnerability as part of the constellation of care – as part of a revolutionary relationality that holds capacity for healing and liberation. We encourage you, as a Palestinian CHW concerned with decolonial healing, to change how you think about vulnerability. What can Oak Trees teach us about vulnerability? As we have shared already, Oak Trees move with care and patience, slowly yet communally, with tenderness and persistence to interlink their roots underground.

Inspired by the Oak Tree, we see vulnerability as enacting a deep knowing that even when things are hidden underground, even when a person's complexity is unseen to us, *human existence always holds a multiplicity of points of connection*. A person's behavior is never only determined by one issue. Even when a person says that they do something for one specific reason, or that their action is because of one specific perspective, we know differently. We know that there is always a multiplicity of reasons, a complexity of lineages, a web of histories, a series of factors, a convolution of negotiations and needs, all converging to shape how this one person just responded. Many times, a person may not even be fully aware of all the pieces that come together to shape how they just behaved.

When we are open to this complexity, we find the courage to ask ourselves questions such as: How is my own behavior connected to a multiplicity of impacts, needs, and histories? If my experiences and responses are always interwoven with such a complex web of factors, how do I piece apart and make sense of my own behaviors and reactions?



Lajee Summer Camp | Photo by Devin G. Atallah

*does the sun still rise and fall in the lands of the dead?  
 does the moon still wax and wane?  
 what about the wind?*

*when we're dust and dirt, smoke perhaps,  
 when we take our leave  
 will it still be so hard for me to breathe?*

*what if we hold each other – differently – tenderly?  
 developing that deep,  
 gentle connection,  
 vulnerable intersection,  
 flourishing forward from slow, intentional inhale....*

*where we are free,  
 not only to slow our heart beats with our breath  
 but to slow, and grow our radical rootedness with our depth...*

*here, down deep,  
 we are more than seeds,  
 we are the systems and the soil that we need...*

*don't forget – this is our birthright – the liberation of the lungs*

*exhaling out  
 the end of the beginning  
 trusting in  
 our moment, our movement towards life  
 with fistfuls of wind  
 and the songs of the returning birds, rising...*

*- a poem by Devin Atallah*

**Activity 2:**

As CHWs concerned with decolonial healing, we are called to reflect on our relational patterns and values, including on how we build trust in our relationships. **What does trust mean to you?** What are behaviors, ways of relating, actions, and communications, that help you build trust? What does trust feel like in your body? How to you cultivate it? What internal work do you want to do to practice trust more deeply and meaningfully in your life and work?

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Next, we would like to invite you to consider how trust is connected to presence and vulnerability. We believe that we trust people who are 'present' - not just physically, but psychological and emotionally 'present' and visible. We trust people who are open to being seen. We trust people who are responsive. We trust people who are willing to be vulnerable. If we show up to work physically, but not emotionally, then we raise emotional barriers around us that make trusting relationships harder to take root in our workplace.

**Activity 3:**

In this activity, we invite you to fill in the table below. In one column, please write down things that shut you down emotionally, that trigger you, and that make you less emotionally available and responsive to those around you. Questions that may help you respond to this column, include: What are things that other people do that often trigger me? When a conflict unfolds in my relationships, how do I respond? What happens in relationships that make me want to be invisible? To hide? To fight? To NOT show up?

In the next column, we invite you to reflect on things that help you develop your capacity to be vulnerable. Questions that may help you respond to this column, include: What are things that help me feel open to being seen? What do I need in order to not just show up physically, or to not just use my voice to share surface level comments in discussions, but to come to my relationships with more nuanced and skilled practices of showing up? How can I cultivate my willingness for my co-workers to see me as a fully human, vulnerable, human being? A human being that is imperfect and makes mistakes – a human being that is always ready to keep learning and to keep growing?

With these questions in mind, we now invite you to identify a few points of self-transformation in your relational way of being and your approach to conflict:

<p><b>My triggers, or relational things that quickly upset me, and that make me want to disappear, or to argue, or to fight back with my colleagues (or even with my patients):</b></p>	<p><b>Things that feel nourishing, and that support me, or give me courage to be vulnerable – things that help me “show up” and to be more present in my relationships with my colleagues (or even with my patients, in appropriate ways):</b></p>

We believe that a critical dimension of shifting how we relate to one another towards decolonial healing and liberation requires that we more genuinely embrace complexity. As healers, we are required to practice openness to work through conflict – knowing that “my perspective” is always, only, my perspective. That “my perspective” is always incomplete, and it is only through showing up, and co-building trusting relationships, that I can shift and grow my lens in order to see deeper – to develop the kind of trust needed. When we have this critical awareness, we can embrace workplace conflicts as welcomed spaces for us to deepen our understandings of ourselves and of one another, to enrich our perspectives and ultimately, to strengthen our trust and our work for our community.

*Being Wrong*

**Activity 4:**

This is easy to say, but it is very difficult to do. One of the reasons that it is so difficult to do, is because it means that often, we must admit that we are wrong. In fact, an important element of shifting and enriching our perspectives, is related to what adrienne maree brown (2017) talks about as “Being Wrong”. Allowing yourself to be wrong in your relationships with your co-workers, and even allowing yourself to be wrong with your patients, is important not only for your work, but it is a critical way for you to grow. In fact, we see growth as always interlinked with openness to change. There is no growth without openness, and there is no openness without vulnerability. In this light, openness to “being wrong”, is a powerful growth practice. What does it feel like to you to be wrong about something, or to make a mistake in your relationships? In your relationships at work with your colleagues? What does it feel like for you to make a mistake in your relationships with your patients? How can you increase your capacity to tolerate “being wrong” – to better learn from your mistakes?

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## Branches of the Oak Tree: Shifts in Practices



When we think of the branches of the Oak Tree, we envision each of you as CHWs, reaching out, organizing and enacting care at a high level in your community. Part of being a CHW is knowing when you need to shift your role from providing rigorous care to an individual patient and their family, to focus more on broader relational issues in your workplace and organizing responsibilities in your community. What is the difference between a community organizer and a direct care worker? Community organizers make the work of direct care workers possible. We appreciate how adrienne maree brown talks about community organizers as earthworms:

*"The role of organizers in an ecosystem is to be earthworms, processing and aerating soil, making fertile ground out of the nutrients of sunlight, waste, and everything that dies, to nurture the next cycle of life."*

(brown, 2017; p.116)

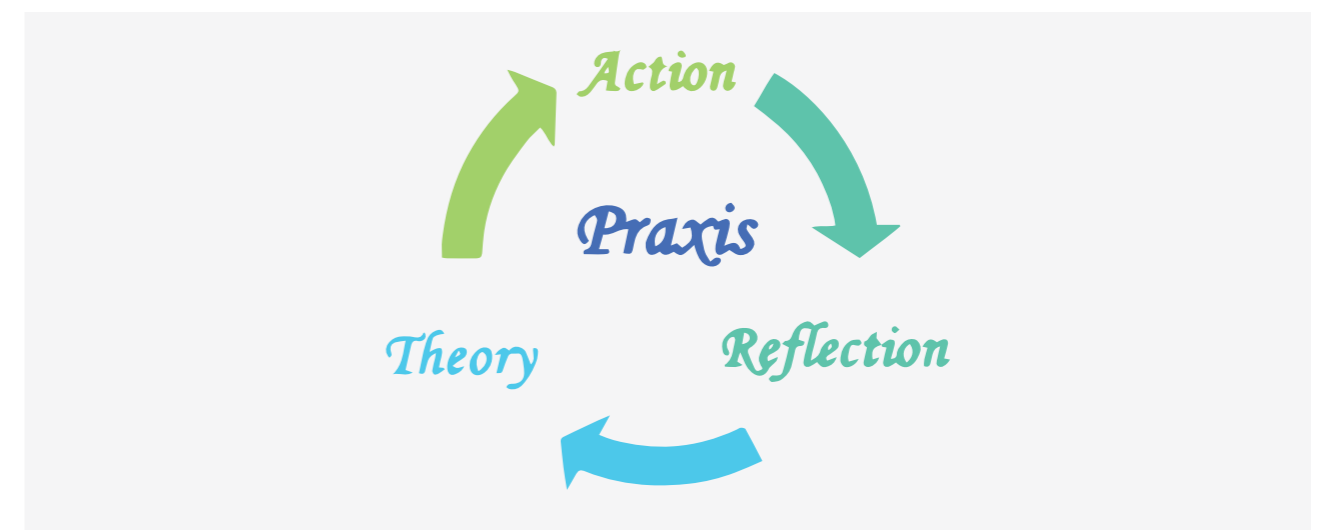
Over the past several years, we have learned from adrienne maree brown's writings. She gifted us copies of her book Emergent Strategy, which CURCUM members are bringing to Palestine. She also gifted a poem to Palestine as a love letter, which was published in Middle East Eye (see: <https://www.middleeasteye.net/opinion/palestine-love-letters-search-decolonial-justice>). She writes:

*dearest palestine,  
  
we see you, we see you,  
we see you every day  
casting a spell of love to the earth  
that holds your bones from then and now  
we throw our magic with yours  
we make a river*

*i feel the layers of dirt under your nails  
from the long crawl through stories of home and own  
back to earth that cannot be colonized  
can only be precious, only be beloved, only be free  
we lift our hearts to the horizon  
there is the sea  
  
you are salmon who remember the mouth of the river  
you are a chasm of molten earth under the sea  
beloved teacher, you show the way  
how rooting blood down is freedom  
how to stay  
and stay and stay*

- adrienne maree brown (2021)

As a long-time organizer, adrienne has taught us that when community organizers branch out and gather people, resources, access, traumas, stories, strengths, healing practices, and needs all together, powerful iterations of growth and change can flourish. Community organizers make fertile ground in their community spaces and relationships for deliberate movement towards ends which community members themselves collectively determine. In this process, community organizers then increase their own critical awareness, knowledge, skills and attitudes for nurturing forward ongoing cycles of social change and transformation. Community organizers are always changing themselves as they engage in cycles of reflection, dialogue, and action in community. Paulo Freire – a revolutionary community educator in Brazil talked about this iterative cycle as "Praxis".



**Accountability**

Central to creating constellations of care and transformative relationships in your community is knowing how to organize, and knowing when it is time to shift your energy and work from direct caregiving to focusing on organizing praxis. As a CHW, sometimes you need to be an earthworm, building your critical organizing praxis underground. This does NOT ONLY require that you apply relational nuance and skilled individual listening skills, but it also requires that you apply radical listening – which is ‘collective listening’. You need to hold capacity to listen to the pulse of the community – to listen collectively.

Freire’s articulation of “praxis” teaches us that you can never do this alone. You need to be in dialogue, in circle, in transformative relationships with people to know when it is time to organize, and to know how your organizing efforts are impacting people. **You need to be in relationship with people who can help you take accountability**, to reflect with you, to ‘call you out’, and let you know when you have harmed them or said or done something insensitive. You need to be in relationship with people who can let you know when it is time for you to step up (to be more available emotionally – to be more ‘present’). Also, you need to be in relationship with people who can tell you, in loving ways, when it is time for you to step back, to take distance, to step inwards and do some self-work and self-healing.

*“Accountability is a continuous, active, and voluntary process of being responsible to yourself and those around you for your choices and the consequences of your choices. Unlike punishment, it is something that we do rather than something that is done to us....*

*Taking accountability means that we expect consequences for actions that we take, that we take responsibility for harms that we have done, that we understand the impact(s) of those harms, and, finally, that we focus on repairing them.”*

*- Mariame Kaba and Shira Hassan (2019; p.78)*

**Activity 5:**

A critical goal of decolonial community organizing is to create communities that can enact Accountability. After reflecting on the quotes above by Mariame Kaba and Shira Hassan, please complete the table below. You can also refer to Mariame Kaba’s website for more information on accountability and transformative practices (<https://transformharm.org>). In the table below, please write down your reflections on how you already practice, or hope to deepen, your accountability practice at your workplace:

<p><b>When you have treated someone unfairly or you do something insensitive at work, how do you like to take accountability for the colleague that you have harmed, and for your co-workers overall to repair relationships?</b></p>	<p><b>When a colleague of yours has harmed you, or done something insensitive at work, what do you need from the person who has harmed you, and from your co-workers overall to repair relationships?</b></p>
<p><i>When I have harmed someone at work, I need.....</i></p>	<p><i>When someone at work has harmed me, I need.....</i></p>

### Diversity and multiplicity instead of binaries

We believe that we cannot create accountable communities if we are not open to creating **diverse communities**. How do we break down the colonial “system of compartments”, or the ‘Walls’ put up in our communities as a result of the occupation, racism, patriarchy, and classism in our lives?

Key practices that we uplift in this decolonial healing guide as responses to this question are for us to lean into **diversity and multiplicity instead of binaries**. We encourage you, as a Palestinian CHW concerned with decolonial healing, to be open to change how you relate to questions around “who is in and who is out” and “who is us and who is them”. Trauma pushes us to see binaries in everything. Trauma creates drama. The wounds in our histories and our lives create drama in our relationships. And this is also connected to how our own cultural ways of relating often rely on binaries and hierarchies. We tend to see some people as leaders and keepers of all the solutions. We learn, early in our families and communities that people have different worth - and we continue to practice our relationships in ways that continue to hierarchically value people. We learn that judging people is normal. We learn to quickly judge people – “are they with us, or are they against us”? We feel that this is necessary for our survival. The settler colonialism, the Apartheid Wall, the checkpoints, the teargas, the environmental racism, all teaches us that some humans have more worth than others. That an identity card is the judge – at times, even the executioner. Some humans are eligible to live with freedom. Others are eligible to live in open air prisons. Some people are “in”, and some people are “out”. This is the binary. This is the colonial way. Decolonial healing refuses all the binaries that cut lines, erect Walls, and police our identities. Creating constellations of care in our communities means that we challenge these binaries – we challenge these tools that designate human worth and belonging as existing on one of two sides of a line. We challenge cultures of judgment – not only cultures of judgment laid down upon our backs by the Israeli occupation and daily settler colonial onslaught, but we challenge the cultures of judgment in our families, workplaces, and communities as well.

Instead of embodying cultures of judgment and binary thinking, a decolonial healing approach invites us to shift our practices in ways that hold awareness of how we live in ecosystems where everything is connected, everything is interlinked, and where life thrives when conditions are abundant and diverse. We live in a universe that holds contradictions, and where abundance and diversity are linked to our aliveness.

Decolonial healing practices revitalize the multiplicity in our relationships. We do not only strengthen our networks, but we also broaden and diversify them. YES, **healing our relationships means revitalizing and diversifying them**. It means **moving away from cultures of judgment** and towards greater empathy, listening, and loving practices that revitalize our interconnections – that breathe life into our workspaces and our families. Yet, this is incredibly difficult work. How do we revitalize our relationships within conditions marked by such massive cycles of harm? How do we open to diversity and multiplicity in our relationships, instead of falling into the traps of singularities

and binaries? Ecology teaches us that diversity is part of survival. We continually need different perspectives and ways forward. How do we uplift diversity and not uplift conflict? How do we avoid flattening our differences? As the Black queer scholar and freedom fighter Audre Lorde teaches us:

*“Without community, there is no liberation...but community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist.”*

Your work as a Community Health Worker (CHW), holds unique potential for healing and liberation precisely because you focus on community.

### Activity 6:

The promise for transformation that you bring not only resides in the bodies that you work with, but in-between them. Approaching community as a relational space in ways that uplifts diversity, shared intentionality, and empathy is revolutionary! When we lean into diversity, we understand that our differences are important. When conflict arises in our relationships, trauma wants us to become fearful, to fight, or to win. When we feel conflict coming, trauma gets us ready to defeat the ‘other’, or even to dominate. To practice decolonial healing means that we become aware of this, and we begin to notice what kinds of differences cause conflicts in our relationships. What happens when a relational conflict starts? What judgments do you notice that you tend to have a lot about people in your life? What does it feel like in your body to be judgmental about people? How can you work to begin to lean into differences and conflict, yet away from drama? What judgments are you committed to letting go of ?

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## The Oak Fruit/Seeds:

### *Self-Care and Closing Reflections*

The oak tree produces acorns. Each acorn has just one seed. This one seed, when it germinates, births a taproot, which serves as the anchor for a new tree over its entire life. We invite you to envision self-care as a critical element of decolonial healing through following the teachings of the acorn. The acorn instructs us that in this life, each of us has only one body – only one self as our one seed – as our anchor. Self-care is our duty, like the tree's, to protect our one seed. The acorn, however, is never alone – it emerges from an intergenerational legacy that is part of a constellation of stories of so many great trees, together emplacing their promise into each acorn, into each one seed. Then, the acorn is returned to the earth with purpose, with radical hope to replant futures – sown down deep and interwoven within a much larger network of roots, waters, and an abundance of underground systems of life. Self-care is our practice of living a seeded life – one where we protect our promise for continuing to nurture aliveness in our own systems and communities. How can we learn from the acorn and work to create our own taproot – our anchor – where self-care is our source that protects aliveness for our tree and all the other trees interwoven with our own?

When we live into this question, we see self-care as a process of creating conditions in our life so that our taproot can emerge. If we are not anchored in our own body, how can we be an anchor for our family, for our community, and even for our decedents? The acorn knows it must first grow the taproot, before it can do anything else. The acorn centers its taproot because it knows that it has many more decedents that it does ancestors. The taproot is the material reality – the manifestation of our duty to try to practice stability, to try to travel down deep so that we can reach the waters beneath and develop our capacity to practice love and care – so that we can breathe life even in the face of colonialism's commitment to ensure our precarious present and fatal futures. Self-care is NOT a selfish act. Self-care is our birthright, our radical responsibility, our decolonial duty.







**Fig Tree** التين.

What is my Role as a CHW? Closing Self-Assessments and Stepping into my own Psychosocial Praxis

**Fig Tree:**

What is my Role as a CHW? Closing Self-Assessments and Stepping into my own Psychosocial Praxis

وَالَّتَيْنِ وَالزَّيْتُونَ

*[I swear] by the fig and the olive.*

- *The Holy Qur'an (95:1)*

As we end this decolonial healing guide, we leave you with the fig, inspired by an arrival, as much as by an ending. We love to remember how Noah's arc is storied to have arrived in lands abundant with figs. We also love to reflect on how the fig is one of the most ancient crops to ever be cultivated by humans, even going back much more than 10,000 years. We are amazed with how figs are actually not fruits at all: they are flowers. Of course, figs are not just any kind of flower, they are inverted flowers.

Figs are flowers with their petals folded on the inside. And each fig flowers into the delicious fruit that we love only when it receives pollen. However, the reproductive parts of the fig are tucked inside, and therefore, the wind and the bees cannot help like they do for other plants and trees. In order for the fig to receive the pollen, a special wasp is required – called the “fig wasp”. In this way, the fig wasp and the fig tree rely on each other for their existence. This is called “mutualism”, from an ecological perspective, which is an intense form of interdependence that means that completely different species of organisms live together in ways that completely depend on each other for their mutual survival.

From the fig, we learn about the importance of mutualism, of creating communities where everyone is needed – where no one is disposable. Figs teach us that death is required for life, that the fig wasp knows that it must die, and then merge and transform in rhythm with the tree, becoming fruit, following the seasons and the cycles of generations.

## Roots of the Fig Tree:

Palestinian cultural legacies, Indigenous practices, and community knowledges.



In the introduction to this decolonial healing guide, we began this workbook by noticing that as Palestinian CHWs, you are asked the impossible. How can a team of a few CHWs promote wellness and healing in their communities against such long-lasting, historical, and dehumanizing conditions shaped by the settler colonial conditions, the Israeli Occupation system, the displacement, the cycles of poverty, the patriarchy, and all the violent interlocking systems of oppression? We hope that our decolonial healing guide offers you some spaciousness to travel inwards, to flower on the inside, like the fig tree and the fig wasp, we see you as mutually growing with your community, even in the face of loss and all the colonial forces of destruction creating barriers in your daily life. You keep walking house to house. Family to family, pollinating healing and mutualism in your community.

When the world has turned their backs on Palestine, on Palestinian refugees, you, as CHWs, are a profound enactment of decolonial healing. Your response to the violent disregard of Palestinian rights and self-determination with continual colonial trauma is a recipe of community care – an enactment of mutualism with daily radical listening and homevisiting, teaching and cultivating critical connections for health with your patients despite unremitting uncertainty. Of course your role is ambiguous, your role keeps

shifting to meet the changing, dire needs, where the Everyday Nakba promises world-ending, catastrophic consequences in the lives of our beloved Palestinian communities. Palestinian women and mothers in particular, are constantly providing care to children, to husbands, to parents, to neighbors, and more. Palestinian parents often neglect themselves because they give their lives to their children so that their children can live with dignity. No one asks Palestinian parents what they need to make things easier for them. No one asks Palestinian mothers what they need to make spaciousness for them to breathe more freely.

You, as CHWs, do this as part of your work. You nurture your roots when you visit elders in your community, you ask, with your words, with your actions, with your presence, with your attention, you ask: My dear community member, what do you need to be seen, to stay connected, to feel more whole? What can we do to make things easier for you? Dear mother, dear father, dear auntie, dear elder in our community, what do you need to feel better?

Below, we share an example of this rooted work in the narrative of a Palestinian CHW who accompanied one of their patients in an ongoing journey towards wellness – in an embodiment of radical care and decolonial love. This patient is an individual who lives in a refugee camp in the Bethlehem area. The CHW wrote this narrative in their own voice:

I will share an example of my work with a middle-aged woman who I support in my community. In this narrative, I am withholding details and even changing aspects of her story to protect her privacy.

At the beginning, we were not working with her at all, and instead, our primary patient in the home that we were caring for was actually her father. In fact, she never shared with anyone about her struggles with diabetes until her father brought it to our attention. When we approached her to offer our care and support for her health, at first, she seemed unwelcoming and uninterested. During the beginning of our relationship, I remember walking out from her home so many times with the impression of: “Why bother? If she really does not want me there, then why should I continue working with her?”. When we, as the two CHWs assigned to her home would arrive at the house, her greetings were dry, she never had a smile on her face, and in all our efforts to connect with her, I continued to feel uncomfortable. Her father would often complain and report to us about his daughter’s lack of interest and self-care. I did not know this at the time, but now I understand that her being unwelcoming to us and her not wanting to work with us, was related to her histories of abuse and the depth of her psychological pain. I now know that all the uncomfortable feelings that I was having, was actually a critical part of health promotion work. When taking someone’s blood pressure, or reading their blood sugar, you need the right tools – similarly – when working on issues at such a

depth of pain and struggle, our continued care and patience is essential. However, I did not know this at the time. I was only getting more and more frustrated, even detached myself.

After we continued to show up at her house, and we continued to offer our support and to let her know we were ready to listen to her, eventually, something changed. She began to open. When she started speaking with us, I felt devastated, as if my hands were locked with handcuffs. I struggled to know what to do or how to respond. I focused so deeply on her words, hearing her with all my senses, not wanting to miss out on any one of her stories or any one of her statements. When she would share her struggles, her histories of abuse, of harm, and the deep pain and isolation in her life, she would start to weep so profoundly. As she cried, I remember that I tried to say a few words here and there, but I felt inadequate and unsuccessful. I felt something inside me that was holding me back from feeling empathy more genuinely.

As our homevisits and our sessions with her continued, I began to feel the weight of the loneliness, fear, hurt, and isolation that she was holding. Her health was declining. She felt fear from her family, and eventually, she confided in us she had ideas to end her own life. Throughout this process, the support I received from my supervision team was essential. We were able to help her access mental health treatment and the care of a social worker. This was not a quick or easy process. Throughout this period, I would often feel tightness in my chest just thinking about her situation, and felt that I myself needed more care and therapy. I was under a lot of pressure, and could not handle her persistent phone calls. Sometimes we would even visit her after work hours because she needed so much support from us. The cumulation of it all caused me a great deal of distress. However, with our increased support, and with the new support she was accessing from the mental health treatment, she began to transform. She became more open to focus on her physical health with us, and we were also able to help her access essential care for her diabetes, including life-saving in-patient procedures. Eventually, she even began to leave her home, to participate in all the activities and events we organize at the Environment and Health Unit and the Women Unit and Sports Unit of the Lajee Center. She became socially engaged, and I felt deep joy in watching her interact with everyone in all the activities.

When she began to improve, I felt relieved as if there was a rock on my chest and got lifted. I could breathe again. Our work as CHW with her was major in her healing journey. She began caring for herself, following diets to help with her diabetes, adhering to her medication regimens, participating in activities hosted by Lajee Center.

When she was severely injured by Israeli occupation forces in one of the many times that they routinely invade our camp, I felt so deeply enraged. One of her

body parts was completely disabled in the attack (to protect her privacy, I will not share more details about her injury). We are all in the same community, and we all face harm at any given time. We struggle under chronic oppression. No wonder that so many of our people in the community have chronic illnesses. Our bodies are obligated to hold, and to survive, so much pain, rage, injustice, and inhumane treatment, in a world that still, remains silent.

When reflecting on my work, I now notice that my role as a CHW is holistic, not just the physical health dimension. I felt my value, and the importance of my existence, and that my help is transformative. I have a different love and appreciation for my role, it's humanizing. Yes, we feel the burden, but we also feel the pride.

Of course, there are moments when we don't feel a sense of pride or accomplishment. Moments when we forget even why we do what we do. Moments when we feel hopeless, when we are stuck. There are times we fall hard to the ground. In those moments, I have learned that it is so important for me to remind myself that change is not only possible, change is what our work is all about. We cannot force people to transform. We must stick close to our care-giving practices, to our love practices, to our insistence to keep opening new doors, to create spaces of safety and health in our relationships. We are called not only to address our patient's physical health – our work is so much more than that. Our existence is a reflection of our humanity. Our giving is mirrored through the pain we feel for our patients, when I help someone I feel that I helped a family member. Each patient I visit is no less important than anyone else in the world. Our work is the embodiment of justice.

I want to end my reflection with my patient's words. I can still hear her voice in my head, when she said to me: "Thank you for giving me my life back".

In this narrative, the CHW shared how they visit a woman in their community and worked to co-create spaces of livability with her over a long period of time. The CHW persisted, in an embodiment of resilience and justice, to continue to find opportunities where they could support their patient in feeling human again. The CHWs worked with her in ways that not only focused on her feeling relief from physical ailments, but feeling heard and given the space to follow her tears and to follow the trust in her new relationships with the CHWs. This led her into accessing more treatment, even urgent mental health care. The CHWs refused to overlook the depth of the colonial wounds in her life. This individual, like so many Palestinian refugees, have survived a multiplicity of forms of colonial violence and harm – manifesting not only as diabetes. As the CHWs listened to her stories and the multiplicity of wounds, they saw her in her wholeness, including in her isolation, her histories of abuse, her heart pain, and the agonizing lacerations and disabilities from the Israeli occupation invasions.



## Trunk of the Fig Tree: Shifts in Awareness

At the beginning of this decolonial healing guide, in the Olive Tree, we invited you to complete a self-reflection activity to assess where you were in your understanding of some of the critical elements in our workbook. As this decolonial healing guide comes to a close, we invite you to return to this activity and re-complete the assessment below:

### Activity 2. Closing Self-Assessment

<p>Self-Assessment: How I see myself as a CHW who Promotes Psychosocial Wellness and Healing in Conditions of Continuous Trauma and Oppression <i>(when we created this self-assessment, we were inspired by adrienne maree brown's self-assessment in her book Emergent Strategy, and also the self-assessment developed by the Clinical Psychology Doctoral Program at the University of Massachusetts, Boston)</i></p>	<p>I am strong in this area</p>	<p>I need to grow in this area</p>	<p>I don't understand this area</p>
<p>I listen to others and I respond after I have reflected deeply - this includes my understanding how to practice empathy and how to attend deeply to relationships.</p>			
<p>I deeply appreciate it when my team members or patients challenge me, and I work to hold myself accountable by applying and practicing critical analysis to my own reactions and defensiveness.</p>			
<p>I see interpersonal conflict as generative, and always as an opportunity for me to contribute to personal and collective growth and liberation for myself and my community. When doing so, I value the practice of being able to have insight into my reactions, and to be able to tolerate and hold difficult feelings in myself.</p>			



<p>I value reciprocity and giving and receiving in ways, which at times, involves my being vulnerable. I continually ask myself - what can I give? What can I sacrifice? How can I hold space for the pain of others? What can I contribute to my colleagues and to my patients? What can I contribute more broadly for my community? I practice this generosity in balance with also receiving support myself. I continually ask myself - what can I receive from others? How can I receive support and know when I need to reach out and ask for support for myself?</p>			
<p>I hold complex understandings of trauma and healing and their interrelatedness with journeys for justice.</p>			
<p>I understand multiple dimensions of trauma and colonial wounds, and their interrelatedness with hypertension, diabetes, and complex journeys for health and wellness.</p>			
<p>I know deeply that promoting health requires promoting healing and justice in my community. I understand that resistance to colonialism, racism, classism, and patriarchy are all interrelated and deeply rooted in psychological journeys of liberation. In this light, I approach my work as part of my own humanity rising. I focus on developing myself and I work for my own psychological liberation.</p>			
<p>I am comfortable with the undefined nature of my work, and the multiplicity of dimensions to my role as a CHW. I know there is ambiguity in my role because my work focuses on trying to create change within the intolerable conditions of colonialism.</p>			

<p>I understand how even though I am oppressed myself, I also participate in the oppression of others. I hold awareness of how my actions can be hurtful and can oppress others.</p>			
<p>I practice self-awareness into the ways that I have internalized oppressions.</p>			
<p>I have deep knowledge of my personal meaning of what it means to be Palestinian and how my histories and my identities impact my work as a CHW in my community.</p>			
<p>I practice re-envisioning - I work to imagine what futures can look like for myself, for my community, and for Palestine (beyond statehood) towards decolonization. I know how my daily work to enact care and healing justice in my community is integrated into this broader work to forge decolonial futures into existence</p>			

After doing this self-assessment for a second time, do you notice any changes? Please look back to the Olive Tree, and notice where you were at the beginning, and where you are now as you journey through the Fig Tree. What stands out to you? Does anything surprise you? Do you notice areas you have grown? Do you notice areas you still want to grow more in, or things you continue to hold confusion on? Please share your reflections below:

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## Fig Tree Branches: Shifts in Practices

Throughout this decolonial healing guide, we hope that we have created spaciousness for you to explore inwards, to dive deep into yourself and your work as a CHW, as a health educator, as a care-giver, as a community organizer, and most of all, as someone who knows how to cultivate from within yourself, the power to heal.

**Activity 3:** We hope that your engagement through the previous four trees of this decolonial healing guide has shifted many of your perspectives and practices in meaningful ways. *What have you seen change in you as you've journeyed through this workbook?*

In the table below, we invite you to **reflect on changes** to:

1. your approach to **relationships** in your work, for example, how you have changed your perspectives and practices for providing care, for resolving conflicts and transforming harm, for listening, and for centering healing as you build critical connections with your co-workers at your organization and of course, with your patients;
2. your approach to **teaching** and health education, for example, how you have changed your perspectives and practices for nurturing continual iterations of growth, and how you support your co-workers at Lajee Center and your patients under conditions of colonial trauma in ways that center healing as part of continual learning; and
3. your approach to **community organizing**, for example, how you have changed your perspectives and practices on ways to transform the material conditions in your community, how your work to increase access to resources for health and justice in your community has shifted in ways that center healing as part of organizing and linking to resources.



### Changes in your Psychosocial Praxis as a CHW:

Changes in your approach to  
**Relationships:**

Changes in your approach to  
**Teaching and Learning:**

Changes in your approach to  
**Community Organizing:**

## The Fig Fruit/Flower:



Let's be honest, the fig fruit (which is an inverted flower) is ridiculously sweet. Like the fig, as we flower inwards, we practice new, beautiful possibilities. We believe that when we behave like an inverted flower, we too transform into ripened fruit. **This is the practice of changing our inner ecosystems to change our outer ecosystems.** Like the fig, we are flowers that, once we blossom inwards, we become ridiculously delicious in the present. When we work on our psychological, corporal, and embodiment of liberation, then we can discover that we have new capacities for abundance and sustainable systems – new strategies for changing the outside material conditions in our communities so that our freedom will flourish. Following the fig, when we blossom inwards, when we flower on the inside, we become fruit for our communities to enjoy.

However, this flowering does not come without extraordinarily work and sacrifice. In fact, the flowering comes with work that is not only hard, it is transformative. It demands that we change – that we grow and completely shift our roles and our forms. The fig fruit teaches us that transformation is not only possible, transformation is necessary. In fact, for the fig tree and the wasp, transformation and survival are synonyms. Each fig fruit is an embodiment of both alchemy and grief – of wasps ending their lives and transmuting their sacrifice into protected survival not only for their offspring, and not only for their own species, but incredibly, their sacrifice creates possibilities for continual life for the tree. As the wasp enters the fig, its wings break off because the tunnel into the fig is so tight. The wasp will never fly again. The wasp dies inside. But this is the wasp's calling. In fact, each fig fruit that we eat, when grown naturally, contains the remains of at least one dead wasp. The wasp corpse becomes completely broken down into proteins inside the fig. In many ways, figs are incredibly nutritious, containing powerful antioxidants, vitamins, minerals, fiber, and yes – proteins!

This is the fig's calling. New fruits promise new trees, and new generations of wasps promise the re-growth of collective wings. Our freedom, like the fig and the wasp, is inextricably linked our living out our calling. We are free when we live our life with purpose in our work – responding to our calling.

Below, we invite you to reflect on your calling. Yet, first, we invite you to pause, take it slow, breathe deeply, and enjoy this closing of our workbook together.

Please, take this time to sit with yourself, and celebrate where you have come. Where you have been. And where you are headed. We welcome you here - to this point of arrival, to this point of departure. You are invited to sit with this poem, written for each of you as cherished Palestinian CHWs together by Nihaya Abu Rayyan and Devin Atallah:

### The Calling

*We are called to sow the earth  
in our lands where everything dies  
and justice waits.*

*Here, we fly like wasps  
through the veins of humanity  
with drops of sweat and blood  
that promise  
honey  
figs  
in our hands.*

*Here, we harvest liberation  
and the very next day, go back to work.*

*Our eyes blinded by bullets, yet still, we see far into the future.*

*Because the soil teaches us that we don't have to wait  
for justice to fall from the tree.  
We can live into our dreams at the small –  
at the level of our rooftops*

*our secret gardens  
our revolutionary relationships.*

*Even when thorns cut our feet  
when we stumble, and return to the earth  
we rise again  
to kiss  
the sun on our grandmother's hands  
stained yellow  
with turmeric  
with no time for purposeless pain  
no compromise with death.*

*We fight for the removal  
of colonialism from our lands and from our lexicon  
where we work like an inverted flower  
like a timeless proverb  
or the resistance poem.*

*Here, we are called to sow the earth  
guided by our love  
and the weekly homevisit  
from war to war.*

*How do we become the keys  
to our own doors?*

- a poem by Nihaya Abu Rayyan and Devin Atallah

#### Activity 4:

As we end this workbook, we would like to invite you to leave by re-centering on any words or lines from this poem that may resonate with you. Would you like to reflect on how your work is a devoted enactment of care for your community, visiting families door-to-door, where you transform into becoming keys capable of uncaging – capable for creating liberated homespaces in even the most colonized zones? How does your devotion manifest in your work – in your planting, in your sowing? And what are you sowing? What are you called to in your work? How are you listening to your calling? What do you need to be able to listen more deeply, to open doors that unlock liberation in ways you need right now?

Below, please draw, or write your own poetry or open prose if you would like, with your reflections on your calling. We hope that you consider how being called to the work is different than being involved in the work. Being called to the work is different than being interested in the work. Being called to the work requires that you are open to being transformed – that you have no control over the outcome of your work – but that you still are open to surrender to your purpose.

*How are you called to this work of being a Palestinian CHW? What is your calling? And how will you respond to the call ?*

Lastly, we would like to highlight that part of the design of this workbook training process includes an element of evaluation research. More specifically, we, as CURCUM, in collaboration with the DARA Collective at the University of Massachusetts Boston ([www.daracollective.com](http://www.daracollective.com)), will be conducting in-depth qualitative interviews where each CHW moving through this workbook will be invited to share their experiences with this decolonial healing guide and training process so that new iterations will hopefully resonate more genuinely with you. However, if you would like, before the formal interviews, we invite you to reflect now on what you are feeling and thinking, as our guidebook comes to a close.

*In particular, now that we have arrived at the ending, what should follow? What do you find yourself longing for next? From your perspective, what would be a meaningful next step?*

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*What are you surprised that we left out of this workbook? What do you think we should have included? What was missing? What are you finding yourself longing for, wishing that you had been afforded more time and space to reflect on in this initial iteration of our decolonial healing guide?*

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