



Politicized Healing: Addressing the Impact of State Sponsored Violence

Troy Harden ¹ and Elizabeth Deligio²

Keywords: state sponsored violence, racism, racialized trauma, torture, liberation, and collective healing

Author Biographies: *Troy Harden, PhD, LCSW* has over 25 years' experience working in higher education and community settings. His on-going research interests are in racial equity, community violence, and social trauma and interventions within community and organizational settings. He recently developed and led Northeastern Illinois' University's Master of Social Work Program, and is now Director of the Race and Ethnic Studies Institute (RESI) and faculty in the Department of Sociology at Texas A & M University. He has worked closely with Communities Partnering for Peace (CP4P), an effort to develop violence interventions for African American and Latino street outreach workers addressing violence in Chicago. As well, he is the lead researcher with the Department of Justice Bureau of Justice Assistance's Community-based Crime Reduction Grant in Englewood, partnering with the Englewood Public Safety Task Force. He has served as a leadership consultant with multiple institutions on issues of race, gender and poverty, including the City of Chicago's Department of Family Support Services, the Latino Policy Forum, Chicago Public Schools, Fathers, Families, and Healthy Communities, the Pan African Association, the Illinois African American Coalition for Prevention, Burrell Communications and Cook County's Project Brotherhood, a Black Men's Health Clinic. He is also Board President of the Chicago Torture Justice Center, which provides mental health and community services for survivors of police

¹ Texas A&M University & Chicago Torture Justice Center

² Chicago Torture Justice Center

torture by Chicago Police Commander Jon Burge and others impacted by state-sponsored violence. He received an outstanding educator award from Congressman Danny K. Davis in 2017, is a graduate of Loyola University Chicago's Master of Social Work program, and received his doctorate from DePaul University's School of Education. *Liz Deligio, MDiv, PhD* is a community psychologist with over ten years of experience in the psycho-social accompaniment of impacted communities. Liz has worked with communities throughout Chicago and internationally. She began her career accompanying communities impacted by the loss of public housing. As she pursued a Masters of Divinity and then later a Ph.D. in community psychology, her work became more expansive, focusing on state violence, memory, and collective healing. Liz Deligio was a member of the Comisión Ética in Colombia, a coordinator for Capacitar training with impacted youth in Kabul, and currently works with the Chicago Torture Justice Center addressing police violence in Chicago.

Recommended Citation: Harden, T. & Deligio, E. (2021). Politicized Healing: Addressing the Impact of State Sponsored Violence. *Global Journal of Community Psychology Practice*, 12(2), 1 - 12. Retrieved Day/Month/Year, (<http://www.gjcpp.org/>).

Corresponding Author(s): Troy Harden (tharden@tamu.edu) and Elizabeth Deligio (eininn@gmail.com)

Politicized Healing: Addressing the Impact of State Sponsored Violence

From 1972 to 1991, the Chicago Police Department (CPD), particularly CPD Commander Jon Burge, systematically tortured over 120 predominately African-American men into false confessions for crimes that they did not commit, resulting in several decades of incarceration for many of these men. After years of activism, in May 2015 the Chicago City Council offered an unprecedented response to oppressive and anti-black racism demonstrated by the Chicago Police Department by approving an ordinance to provide reparations to those harmed by racially-motivated law enforcement violence. The Reparations Ordinance included the creation of a community center informed by the needs of survivors of police torture. This paper explores the concept of politicized healing as a method to address racialized trauma, providing a case study and discussing the impact of race-based police violence and key aspects of the model, including how this can be supported for individuals and communities impacted by other forms of state-sponsored violence and oppression.

Author Note: Both authors are board members of the organization that is featured in the article.

Addressing the impact of state-sponsored violence through a politicized approach
From 1972 to 1991, the Chicago Police Department (CPD), particularly CPD Commander Jon Burge, systematically tortured over 120 predominately African-American men into false confessions for crimes that they did not commit, resulting in several decades of incarceration for many of these men. After several decades of activism, in May of 2015 the Chicago City Council offered an unprecedented response to anti-black oppression demonstrated by the Chicago Police Department by approving an ordinance to provide reparations to those harmed by racially motivated law enforcement violence. The Reparations Ordinance included the creation of a community center informed by the needs of survivors of police torture. Although there are different models to address trauma, including addressing complex trauma, few explicitly offer culturally appropriate responses to race-based and state-sanctioned violence. As well, little in the literature illustrates the use of an anti-racist praxis in therapeutic or community settings. The Chicago Torture Justice Center asserts that helping individuals, families and communities heal

from state violence and institutional racism requires making justice work an integral component. This paper explores the concept of politicized healing, which emerged from the community center, as a method to address racialized trauma, providing a case study and discussing the impact of race-based police violence and key aspects of the model on community psychology, including how this can be supported for individuals and communities impacted by other forms of state-sanctioned violence and oppression.

Politicized healing combines a set of practical approaches based on the belief that healing can be political and the political can be healing. Politicized healing addresses the harm -- felt or experienced by individuals and communities -- caused by historic and evolving systems of oppression. For communities of color to engage actively in health and well-being, this can mean resisting conforming to practices of business-as-usual approaches that historically oppress and are designed to limit active civic engagement. Politicized healing is derived from liberatory psychology and healing-centered justice practices that seek to address oppression

through consideration of how individuals, families and communities are harmed by oppression. Politicized healing rejects an apolitical and ahistorical orientation to healing. Transformation occurs through actions designed to liberate and create a just society. This paper reviews this concept by naming specific forms of injustice (in this case, state-sanctioned racialized police violence), naming how trauma is shaped by this form of violence and includes the impact of historical trauma, racialized police and institutional violence, mass incarceration, and interpersonal violence and several key factors in addressing the impacts of the justice system. Politicized healing in this sense can serve as a catalyst towards anti-racist praxis, addressing racial injury in one of its most public forms.

Trauma and Race

Judith Hermann's seminal work on trauma introduced a frame that included both interpersonal manifestations of violence and trauma and how structural violence can create harm (Herman, 1997). Although clear in her work that structural forces contributed to violence and trauma, much of the research and literature that followed clearly focused on the interpersonal impact of violence, and until recently, little effort has been done to review racialized aspects of trauma. A recent text explores how social justice-informed trauma theories are developing that include the lens of historical, cultural, intergenerational and collective trauma, offering that collective and intergenerational views of trauma are not included within traditional Eurocentric trauma perspectives (Delgado, 2020). These incidences of collective trauma are generally brought on by the state, and rarely happen in absence of sanctioned efforts. Many scholars have written through the years on the impact of this form of violence on the lives of vulnerable populations impacted by historical and contemporary oppression. However, with the development of work that specifically identifies the impact of traumatic

experiences, there is a growing interest in being able to provide scholarly contributions to trauma research and interventions that seek to understand the impact of racism. For example, Carter (2007) highlights how people of color have elevated levels of PTSD not explained by other factors, illuminating a point that politicized healing seeks to address; everyone in the community may be impacted by a hurricane but not everyone will be impacted by racism and a hurricane. The solutions for those impacted by both cannot look like the solutions for those impacted solely by a natural disaster. In another example, the 2020 Pandemic has highlighted global disparities that previously existed. Although arguably an issue that has impacted everyone on the globe, including all aspects of human life, the hardest hit has been those who have been historically marginalized, and in the U.S., particularly African American and Latino populations and low-income communities. However, this is not the first recognition of health disparities within these communities. Too much of psychological literature, while willing to name disparities created by racism, does not in turn offer therapeutic models that treat the unique needs of communities impacted by racism including the psychological need to *end* the harm.

Some scholars have begun to note the historical aspects of racism and white supremacy, specifically noting how the impact of slavery and state-sanctioned violence perpetuated harm that continues to manifest within the African American community (DeGruy, 2017). Others have written how scientific racisms of the nineteenth and twentieth century, including psychoanalytic theories and psychotherapeutic practices, built models that ignored racialization and its impacts on the trauma-focused and therapeutic relationship while lending credence to genocidal projects like eugenics (Stevens, 2009). Other scholars have written that models that ignore the impact of historical legacies limit the understanding of how

trauma effects across generations (Brave Heart, 2003; DeGruy, 2017). When man-made disasters, such as slavery, interment in concentration camps, and wars occur, the impact can be seen for generations. Although it is difficult to make causal claims to future generations on the impact of the trauma on a current group, narrative approaches can help understand how psychological and physical health can be impacted by traumatic events (Mohatt, et al, 2014). In this way, the collective impact on a group can be seen, and should be addressed in therapeutic settings.

Several movements of the past have centered health concerns and practices as critical to address generational trauma, including efforts by the Black Panther Party, citing the importance of the Free Breakfast Program as a part of its Ten-Point Program in order to encourage families and children to engage in healthy eating. Initially, the Ten-Point Program did not include health as a part of its strategy. In 1972, the Ten-Point Program was ratified to include as its sixth point “we want completely free healthcare for all Black and oppressed peoples” (Bassett, 2016). The Party established 13 free health clinics across the United States. Although no longer in existence in its previous formation, the BPP set the stage for the establishment of health as a human right, and as an important part of liberation movements towards social justice for Black and historically oppressed people (Bassett, 2016).

Within the arena of health scholarship, and particularly mental health work, there is still little that discusses the impact of state-sanctioned violence, as most literature focused on the impact of microaggressions that occur in the workplace and within therapeutic relationships. State-sanctioned, or state-sponsored violence can be intended or unintended violence that is either generated or supported by the state, connecting cultural beliefs, laws, and policies that harm individuals and communities (Cruz, 2014; Delgado, 2020).

Politicized healing is the belief that healing is political and that politics can be healing. Utilizing the framework of heal, create, and dismantle, politicized healing seeks to locate a site of emergence between the actions/frameworks of heal/create/dismantle. This site of emergence simultaneously holds: Heal(ing)- - addressing/redressing racialized trauma. Create(ing)--imagining/designing/birthing a world without racialization. Dismantle(ing) or abolition praxis-- processes of justice, truth, accountability and transformation of white supremacist institutions/legacies/systems of power. Politicized healing centers a holistic view of the needs and wisdoms of people impacted by racism; racialized harms impact every area of a person's and a community's life therefore remedies to redress them must also impact every area of an individual's or community's life. Treating state violence and racialized violence will require looking at historical legacies, methods for individuals and communities, a critical examination of assumptions in Western liberal societies of a rights-bearing ontology, and re-imagining of “past” to protect against erasure for survivors.

Historical Legacies

A discussion of trauma inevitably will include a discussion of memory as memory is central to the treatment of trauma. Discussions of traumatic memory tend to focus on discrete episodes or periods of time in which a person experienced an overwhelming event. (Herman, 1997) Traumatic memories are often treated through a lens of Post-Traumatic Stress Disorder (PTSD); a “disordering” of time in which a person is responding to the present as if the traumatic experiences of the past are still occurring (Herman, 1997). Much therapeutic work is focused on putting memories into the past and reestablishing a trauma survivor's relationship to the present unimpeded by past events.

What is available if a trauma is past and present? What if its contemporary

manifestations also extend through familial lines to before a person was born? As Stevens (2009) writes,

The case of trauma that exceeds individual experience is also difficult to localize and thereby normalize. Categories of ongoing or repeated trauma, multigenerational institutional relations, or even the sense of impending trauma that can produce PTSD symptoms, are all types of trauma that fall outside the temporal parameters of conventionally applied PTSD models (pp.2-3).

Historically oppressed communities, such as African Americans, Indigenous and Latinx groups in the U.S. live with complex historical legacies including inheritance of harm and of resistance, kinship, and radical creativity. This intersection of holding the contemporary impacts and generational harm and resistance produces temporalities that are not linear.

Decolonial philosopher Alejandro Vallega (2014) writes, "The Western concept of History is dependent on a specific line of temporality; the past is what has been left behind or what remains to be written by the most advanced Western thought of the present; the future belongs to the Western present, as does the destiny of humanity (p.105)." Western European settlers and their descendants through colonization became the lone authors and meaning makers of historical events. White supremacy requires a narration of history that while able to name atrocities like slavery, decenters or even erases the impacts and in turn opportunities for redress and responsibility. Through a linear framework, the past becomes something that is over rendering the harm it holds unavailable for redress. The present is not impacted by the past nor should the future be shaped by its obligations. It should be noted that, Western thought continues to hold past *positives* in a framework that impacts the present and the future. The honorable history of establishing a Republic

is a living history that shapes the actions of politicians and other civic actors today and into the future. It is only histories that *negatively* implicate the Western European settlers and descendants that no longer create impact or call out for redress. For survivors of former Commander Jon Burge, there is no way to understand their detention, torture and incarceration outside of history. Legacies from centuries of white supremacist statecraft require members of African American communities to understand history in order to address the threats they face in the present. History for impacted communities are not events abstracted away from the present; history is a continuation of harms committed against the community as well as wisdoms developed by older generations to address racism. In demonstrating this Levins Morales (1998) writes, "medicinal history...make[s] medicine for the cultural and psychological effects of poverty, enslavement, intense racism and patriarchal colonial rule (p.5)." Historical legacies have contemporary impacts and shape the lives of individuals today. To make the impacts "medicinal" requires an intentional engagement with legacies, inherited practices, and ancestral wisdom to create collectively what can be nourishing and not just damaging from inherited legacies. A victim of a police violence, such as George Floyd, joins a long line of people of color killed by state actors or aligned para-state actors such as the Klu Klux Klan or Proud Boys. To approach the trauma of the Floyd family through an ahistorical PTSD lens is to encourage them to put the death of their loved one into a past-ness. The grieving of their lost loved one does not have to include the fear of ongoing violence. They may move forward into a world, that while marked by grief, is free of the harm that took their loved one. This approach is not simply ineffective; it is a racist praxis that imposes onto their lives and trauma a rights bearing ontology they are not allowed.

Rights Bearing

A falsehood in the construction of Western psychological knowledge is the centuries old ideal of a universal subject that is guaranteed a rights bearing ontology in the modern nation state. (Mills, 1997) In this paradigm there can be breaches of rights, an episode of abuse, but not a total and life-long denial of being a rights bearing subject. Much of psychology presumes in the treatment of trauma that a person has the ability to move past the period of being denied their constitutionally enshrined rights. This orientation makes it difficult to research and reflect accurately the experiences of many communities in the West and in the world who are born into bodies that Ta Nehisi Coates (2015) calls "marked for plunder (p.81)." The survivors of former Commander Jon Burge are all from communities of color and almost exclusively African American. For many survivors the day(s) of their torture in detention was not their first encounter with law enforcement or a pervasive white worldview that stripped them of inherent dignity, giftedness, and humanity. The harm that entered their lives through detention, torture and incarceration was an escalation of the racialized violence that had marked their lives but it did not happen in isolation or as a discrete episode of abuse. It was both ordinary (quotidian racialization) and extraordinary (a unique experience of the brutality of torture). It was an attack on them as individuals and an attack on the larger Black community as a warning. It was both historical (a continuation of state violence) and a unique contemporary manifestation (engaging torture to coerce confessions). Christina Sharpe (2016) writes, "...we must think through containment, regulation, punishment, capture, and captivity and the ways the manifold representations of blackness become the symbol, par excellence, for the less-than-human being condemned to death. (p. 21)." Sharpe suggests historical and contemporary manifestations of white supremacy reveal an absence of the rights-bearing ontology that the liberal western

nations state roots its history, law, and intellectual traditions within. Blackness becomes not a symbol of rights but of a condemnation to a "less thanness" that brings death before it ensures protection. Members of African American communities will know themselves as son, mother, brother, funny, smart, kind while also being forced to know themselves as "less-than." This creates a multiplicity in ontologies not being a sign of pathology but simply a reflection of what is required for living in a Black body. Therapeutic processes need to incorporate the wisdom born of generations of Black communities that have found ways to endure the grinding, eroding pressures of racialization. It is important to not impose an experience of rights bearing nor to entirely exclude it but rather let it be named in the experiences of the people who live it.

Treating Individuals, Communities and Individuals in Communities

As explained in the previous sections, communities impacted by racialized violence live with a series of obstacles that the generalized white subject does not. African American communities live with a set of historical legacies that bring both loss and insight. They live with a multiplicity of identities, not a singular rights-bearing identity. And they live with contemporary manifestations of racialized violence. Racialized violence can be directed at any member of the group because the violence is in response to a racialized identity and not to individual actions. Therefore efforts to address individuals will fall short by ignoring collective impact and strengths. Few models for trauma healing explicitly detail the shared impacts of racialized violence and the need for collective healing (Rinkler & Holland, 2018). Special focus on community healing in the redress of racialized violence should be explored, as communities that survived racialized violence for generations, particularly separation and destruction of families, have developed unique concepts of kinship, community, and solidarity. These cultural practices provided mending, strength,

inspiration, and resiliency. They are a rich and necessary resource for working with racialized trauma. It is not that the individual is not relevant in praxis for Black communities it is simply that they are not the stopping point. A complex moving between individual to community and community to individual allows the therapeutic relationship to interrogate the harms and wisdoms present in the pursuit of a praxis that centers liberation. Racialized violence oppresses individuals based on their relationship to a community of people deemed other and simultaneously puts pressure on the entire community. Burge arrested individuals and he signaled to a larger whole he can detain and torture bodies that look this - today it is not you but tomorrow it could be. Resmaa Menakem (2017) writes, "...trauma and healing aren't just private experiences. Sometimes trauma is a collective experience, in which case our approaches for mending must be collective and communal as well. (p. 13)." African American communities live with actual harm and the threat of harm based on racialized bodies and identities. There is no end to the trauma of racialized violence if it does not include the whole community. Individual African American community members do not get to be counted out from the threat of violence through individual choice or healing praxis. The whole community must be provided the eradication of the harm and its redress. This has implications not just for developing community praxis but also for the development of psychologies that work actively to eradicate racism. The work of social justice is central to the treatment of racialized trauma.

Problematizing Pastness

"Although the formal, clinical term is post-traumatic stress disorder, a more accurate term would be pervasive traumatic stress disorder. Post means after, and for many Black Americans, traumatic stress is ongoing, not just something from the past. (Menakem, p. 15, 2017)." As discussed in previous sections it is incorrect to approach

racialized violence through a Western-centric linearity that is based in the belief that if an event is in the past it is not ongoing nor does it impact the present. The orientation of pastness does several problematic things: it renders legacies invisible through ahistoricity and blocks knowledge needed to understand the trauma, "pastness" prevents/delays a redress of historical harms and distorts understanding of contemporary manifestations, and "pastness" asks communities and individuals to engage a framework of closure that is not available to them as the harms are ongoing. In a pastness orientation police violence becomes separated from lynching, Jim and Jane Crow, slavery, convict leasing, the War on Drugs and mass incarceration. Families separated by incarceration are not seen in line with families separated by the Transatlantic and Domestic Slave Trade. Individuals harmed by vigilante violence like lynching are not seen in a relationship to the contemporary individuals harmed by state actors (including state actors who created harm by not preventing vigilante violence). Authors Paul and Angela Lederach (2010) write,

We explore social healing through its metaphoric structure, with an emphasis on examples that address the simultaneity of temporal experience; of how we as humans construct meaning around our response to the past, present, and future, not as a linear concept but as lived multiple realities that are simultaneously present in the way we make sense of our lives, our place, and our purpose, particularly in the context of protracted conflict (p.9).

Temporal simultaneity does not ask communities impacted by racialized harm to have a separate past; instead they can mourn slavery as they would the death of a loved one, they can experience outrage over lynching in the immediate aftermath of the Civil War as they do the death of Trayvon Martin. They can live in temporal simultaneity; unwilling to ignore the harms,

past or contemporary, and further White Supremacy's erasure, distortion, and minimization to prevent accountability, redress, and transformation.

Recently, the Black Lives Matter (BLM) movement has centered the concern for racialized violence in the public sphere, particularly noting how policing impacts Black bodies. Some community psychology scholars have noted how a BLM framework can guide critical social justice and movement practice (Thomas & Zuckerman, 2018) and others how BLM can offer a healing justice approach towards therapy and clinical work (Bartholomew, et al., 2018). Politicized healing then becomes an important arc towards addressing racialized trauma.

Politicized Healing: What is it and how does it address the gaps?

Politicized healing arose from years of communal reflection amongst the survivor community impacted by former Commander Jon Burge and the detectives underneath his command. This community lived through decades of abuse perpetrated specifically by Burge and the Chicago Police Department, various States Attorneys, Judges, Prosecutors, and Mayors. The abuse included detention, exposure to methods of torture designed to induce coerced confessions, incarceration (a complex trauma holding separation/loss of family, exposure to ongoing psychological/emotional violence, loss of dreams/careers/future-ness, and ongoing exposure to a punitive/unpredictable authority structures with significant control over the well-being/options/hopes of inmates--at a minimum), segregated confinement and isolation, the disappearing of members of the community through detention (community awareness of the abuse and impunity connected with the CPD), explicit threats made to family members and loved ones who sought information/accountability, and the cruel erasure of the knowledge/lives of survivors and loved ones as they faced impunity in

court rooms, prisons, police stations, and in the media. This community and its extended circle of advocates is well positioned to reflect on what it takes to address the impacts of state and racialized violence. Survivors and families knew that the injuries were to individuals and the collective. Survivors and families understood that Burge's confidence that he would receive impunity for his illegal actions was grounded in historical legacies with lines tracing both to law enforcement and vigilante groups. They knew that their lives stood as one mark in a longer line of history for racialized peoples and that they are impacted by the strength and wisdom of their ancestors as much as the force and ignorance of racism. Finally, this community knew with measured certainty that the manifestation of racialized state violence though the mechanism of police was not in the past for them or for the community.

Through different community processes three main tenets emerged as definitive to the work the community was engaging: heal, create, dismantle. Survivors wanted praxis for healing that reflected their experiences of power, time, and being. This included addressing the impact of the torture experienced as individuals and its impacts on the community, exploring losses associated with incarceration including the effects of persistent stress while in confinement. Survivors and their loved ones wanted to build community for transforming unjust systems by dismantling white supremacist power structures. They wanted a community that holds the interpersonal connections they have with other survivors as well as allies who sacrificed in solidarity, empathize with their conditions, and perform actions that address the structural oppression. Finally, they wanted to create together a world not dominated by racialized state violence, by transforming systems and community to operate in new ways toward creating peace, safety, and justice. These three tenets make up politicized healing and work to address the gaps identified in the current approaches to trauma and race. The

following explores each tenet and examples utilized within the center.

By Heal, we refer to survivors engaging in a self-determined process of restoring ourselves and connecting to others and what we care about. hooks (2000) identifies love as a practice of freedom including the ability to move toward what you desire and away from what oppresses. Healing from racialized violence is not a finite act or moment. It is about the freedom to move away from what oppresses (dismantle), including historical legacies and trauma, and toward what is desired (create). For the survivors, there is an understanding of the multiple ontologies that are present, and healing can be individual and collective. Heal in this case study is a dynamic movement between heal/create/dismantle. We know healing is occurring because the freedom to move is there and that freedom is being put to the purpose of creating a world that is liberatory. Healing in this model is not as directed toward a reduction or removal of symptoms although certainly those are metrics that may help identify that what is being created is what is needed. Rather it is a reduction and removal of harm; a well-being that is not in spite of racialization but free of it. One such example was the creation of a "Politicized Grief" work group, that utilized boxing as a way to explore grief and trauma recovery. Participants creating a "squaring up and letting go" toolkit, that utilized the strengths and interests of survivors to develop an intervention to address trauma and while encouraging to "fight" the system.

Politicized healing works to Dismantle by unapologetically exposing and deconstructing systems of harm. One of the most effective social lies that reproduce white supremacy is the trope that racism necessitates tinkering at the edges of a liberal society instead of dismantling a white supremacist system. The liberal lie is clearly evidenced in the explanation of police violence resulting from a few bad apples instead of as the intentional

consequences of a diseased orchard. If the trees are sick, they will always produce bad apples—if the trees are left untreated for centuries it is safe to assume the harvest is meant to be bad apples. For communities of color who live with chronic cycles of exposure to racialized harms dismantling is not a choice it is a matter of physical and emotional survival. For the survivors of the Chicago Torture Justice Center individual healing cannot be separated from social healing which requires dismantling failed power structures and creating new systems of participation. Survivors engage in advocacy efforts to change policy that harms communities, advocate for torture survivors who are still incarcerated, participate in direct action events addressing injustices, and overall are active participants in transforming current systems.

Politicized healing helps to Create by building reparative power towards new paradigms that we collectively imagine for our communities. Something that is not often discussed in the treatment of trauma is the necessity of imagination. In the heal/dismantle/create dynamism, to move past the site of the rupture in an individual or a community's life necessitates imagining a time, a place, an embodiment of wellbeing that is not currently available. An individual not impacted by racialized violence may be able to reach backward; *I would like to go back to the time before the loss*. This is not an exact blueprint but it provides the individual with a sense of what they are looking to restore or reconnect with as they heal. For communities impacted by racialized violence reaching back does not afford a time "before" the harm although the past holds resources and inspirations. Reaching forward can feel blocked or unobtainable in the light of centuries of oppressive power. Rather a transcendent reaching must occur; a reach of imagination that holds the knowns of the past with the desires for a different future and transcends limits to establish a place that can hold what is longed for, needed, and desired. This praxis of imagination aligns with Afro-

futurism. Guillame (2020) defines it as, "Afrofuturism draws from the history of the African diaspora to imagine liberatory possibilities for the future (pg. 1)." Politicized healing, like liberatory imagination, recognizes this is a moment of emergence and of liminality or betweenness. What is being called for and created to transform systems is known and unknown, it is here and still emerging, it requires a praxis of presence and action. It requires a framework of simultaneity, a past/present that is individual/collective that seeks to create/dismantle in pursuit of healing/justice. Transcending pushes past the limits of current possibilities toward a new society. It rejects the endless iterations of reform that maintain core structure and limit transformation. Transcending also acknowledges that what we know/have is not reflective of all we can be/create. Survivors have worked towards the creation of a memorial that will honor the police torture survivors and their resilience, as well as the struggle for justice they waged with family members and activists. The work towards the memorial has actively engaged the art and social justice communities in co-creating and imaging what the possibility of the memorial could be. Through communal participation, a memorial and gathering space entitled *Breath, Form, and Freedom* was chosen, by artist Patricia Nguyen and John Lee.

In summary, politicized healing represents an opportunity to address racialized violence through the activation of healing, dismantling, and creation, that can allow for individuals and communities to heal from oppressive and structural violence while actively working towards community change. It invites practitioners, activists, policy leaders, and community members to work collectively, and does not separate these respective entities that are often separated in practice. In this sense, the opportunity to for a collective healing of historical and recent structural violence can occur.

References

- Bartholomew, M.W., Harris, A.N., & Maglangland, D.D. (2018). A call to healing: Black Lives Matter movement as a framework for addressing the health and wellness of Black women. *Community Psychology in Global Perspectives*, (4)2, 85-100.
- Bassett, M.T. (2016). Beyond Berets: The Black Panther Party as health activists. *American Journal of Public Health*, (106) 10, 1741-1743.
- Bell, C. & Jenkins, E. (1993). Community violence and children on Chicago's south side. *Psychiatry Interpersonal and Biological Processes*, 56(1), 46-54.
- Brave Heart, M.Y. (2003). The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration. *Journal of Psychoactive Drugs*, 35 (1), 7-13.
- Burston, B. (2005). Toward a radical understanding of trauma and trauma work. *Violence against Women*, (9) 11, 1298-1317.
- Carter, R. (2007). Racism and psychological and emotional injury: Recognizing and assessing race based traumatic stress. *The Counseling Psychologist*, 35(1), 13-105.
- Coates, T. (2015). *Between the world and me*. New York, NY: Penguin Random House.
- Cruz (2014). Book Review. Structural violence: The hidden brutality in the lives of women. *The British Journal of Criminology*, 54(2), 366-368.
- Danieli, Y. (Ed.). (1998). *Intergenerational handbook of multigenerational legacies of trauma*. New York: Plenum.
- DeGruy, J. (2017). *Post-traumatic slave syndrome: America's legacy of injury and healing*. New York.
- Delgado, M. (2020). *State-sanctioned violence: Advancing a social work social justice agenda*. New York: Oxford University Press.

- Duran, E., & Duran, B. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *Intergenerational handbook of multigenerational legacies of trauma* (pp. 342-372). New York: Plenum.
- Guillame, C. (2020, September 4). The Books Briefing: Imagining Black Futures. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/books/archive/2020/09/octavia-butler-tomi-adeyemi-ta-nehisi-coates-and-afrofuturism-books-briefing/616033/>
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York, NY: Perseus Book Group.
- hooks, b. (2000). *All about love: New visions*. New York, NY: Harper Perennial.
- Lederach, J. P., and Lederach, A. J. (2010). *When blood and bones cry out*. New York, NY: Oxford University.
- Levins Morales, A. (1998). *Medicine stories: history, culture, and the politics of integrity*. Cambridge, MA: Southend Press.
- Menakem, R. (2017). *My Grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Las Vegas, NV: Central Recovery Press.
- Mills, C. (1997). *The racial contract*. Ithaca, NY: Cornell University Press.
- Mohatt, N.V., Thompson, A.B., Thai, N.D., & Kraemer Tebes, J. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science and Medicine*, (106), 28-36.
- Rinker, J. & Lawler, J. (2018). Trauma as a collective disease and root cause of protracted social conflict. *Peace & Conflict: Journal of Peace Psychology*, (24), 2, 150-164.
- Sharpe, C. (2016). *In the wake: On Blackness and being*. Durham, NC: Duke University Press.
- Stevens, M. (2009). From the past imperfect: Towards a critical trauma theory. *the Semi Annual Newsletter of the Penn Warren Center for the Humanities*, 17(2), 1-9.
- Thomas, D. & Zuckerman, A. (2018). Black Lives Matter in community psychology. *Community Psychology in Global Perspectives*, (4)2, 1-8.
- Vallega, A. (2014). *Latin American philosophy from identity to radical exteriority*. Indianapolis, IN: Indiana University Press.