

How to build *Collective Resistance* within The Warehouse Worker Resource Center: Start with *Healing Resilience*.

Laila Kent

CASA Pitzer Program, Fall of 2020

Acknowledgements

I want to thank Tessa and Jessica for their fantastic teaching, support, flexibility and confidence in us over the course of this challenging semester. The CASA Program has been the most academically stimulated I have ever felt, and I am left simultaneously exhausted, and incredibly inspired. I have the readings from this program saved in a folder on my desktop, and my notes app is full of rich quotes that I accumulated over the course of this time spent together. What a beautiful community you both co-facilitated with us, thank you!

I also want to acknowledge my utmost gratitude to my CEP team at WWRC: Vero, Brenda, Aditi and Morgan. I appreciate the dedication, thoughtfulness, transparency, spunk, and laughter we have created together. With this, the time, energy, care, and trust that WWRC has dedicated in getting us up to speed has been so generous, and I feel so blessed and excited for the opportunity to continue to work with you all into January of 2021!

Finally I want to shout out my lovely, lovely classmates. What a special bond we have created, I truly would not have made it through if it wasn't for everyone of you. I have never felt so held by a group of people in an academic space before, this feeling was the last thing I was expecting from such a weird and challenging time. I am going to miss seeing your faces on Tuesdays and Thursdays, and I just know we are going to have a joyous reunion one day!

Table of Contents:

Grounding Exercise.....	3
Introduction.....	4
Research Focus.....	5
Literature Review.....	6
Data Coding Part I.....	16
Data Coding Part II.....	20
Conclusion.....	29
Bibliography.....	30
Appendix.....	35

A Mindfulness Exercise

I want you to find a comfortable seating position and close your eyes. I want you to imagine being surrounded by all of the humans who you love, those who bring you strength, joy, purpose, resilience, they are all here alongside you. From your toes and moving on upwards I want you to scan your body, any tension or tightness you feel I want you to move through, softening and relaxing the belly, rolling out your shoulders, loosening the jaw, the lips, the eyes, loosening the knotted rope that may be in your mind. From here I want you to place your right hand over your heart, left hand on your belly, your left thumb resting lightly on your navel. Take a deep inhale through your nose, feeling the expansion of your belly and hand grow outwards for 4 seconds,1,2,3,4....holding for 4, 1,2,3,4, and then release this energy, pushing all of this hot air out of your mouth, for 4,...1,2,3,4, envisioning all of the tensions within your body following the breath outward and dissolving into the air. Draw a fresh inhale into your system with a sense of curiosity and lightness, and repeat this again twice more. Draw awareness to the pulsation of your heart, the surfaces your body is occupying, and the time, energy and kindness you are intentionally giving to honor your entire self. Slowly open your eyes and bring yourself back. Those people in your life are still there, enveloping you with love, providing you with the strength, the joy and warmth, the drive. With this bodily awareness, I want you to briefly reflect on these questions for a minute:

- *If you could imagine your communities manifesting themselves as feelings in your body, thoughts in your mind, and forces within your spirit what would those feelings be?*
- *What does being held and feeling supported feel like to you?*
- *What does resilience feel like?*
- *What does collective resistance feel like? What about liberation?*
- *Where in your life do you feel these feelings the strongest ? (At home, at work, alone, in community with others?)*

I wanted to give readers the opportunity to enter the conversation about healing and wellbeing work in an embodied way. I hope you give space for these feelings to enter and exit your body throughout today. Through this research I hope you can learn something new about healing, the nature of community organizing work, and can apply it to your own well being journey.

Much love and gratitude,

Laila Kent

Introduction

When Executive Director of the Warehouse Worker Resource Center (WWRC), Sheheryar Kaoosji spoke to our CASA PITZER class during our *Racial +Healing Justice Speaker Series*, he identified the community need for healing. He voiced that organizers are surrounded by an environment where “there is every flavor of trauma, workplace related or not, we either talk about it or we don’t, [and] historically as a movement we don’t have a great way to approach this” (Kaoosji 2020). To follow this, WWRC has explicitly emphasized a desire for further research to be conducted on this topic, and are looking for both generational leadership and professional expertise to provide “holistic approaches to community building and healing and wellbeing support” (Kaoosji 2020). Before I go any deeper into the topic of healing I want to introduce ***The Warehouse Worker Resource Center*** (WWRC) is a nonprofit organization based out of Ontario, California that is dedicated to improving the working conditions of Warehouse and Logistics workers in the Inland Empire and thus throughout Southern California (WWRC). WWRC uses *Education, Advocacy, and Action* to guide the mission, scope and impact of their labor advocacy-focused work. They largely serve as a place of support (both personal, legal, educational, and communal) for Warehouse workers that are faced with exploitation in the workplace including but not exclusive to issues concerning health and safety, wage theft, workers’ comp, workplace retaliation and organizing support.

With this, WWRC recognizes that the systemic and structural forces that create domination and workplace exploitation inside the warehouses, also impact the lives of community members outside of the workplace and within their communities. **Their recent launch of their Membership Program, a program focussed on establishing a community base, I believe represents a significant organizational pivot within both the structure and the priorities of WWRC.** The goal of the Membership Program is to “be a space to create an empowering community-based network that uses an intersectional awareness to drive the mission of collective resistance” (Fieldnotes, October 2020). The Membership Program is a centralized place where WWRC aims to provide various programs and opportunities all under one umbrella, giving opportunities for community members, (workers, organizers, and anyone else connected to WWRC network) to learn, share, grow, and mobilize collectively! With this launch, Membership aims to transition WWRC away from being more of a transactional, in and out center, where individuals get their needs met and then they exit the space, to become a long-term, community-based space where folks can become collective, long-term, forces of resistance.

Before I delve into the body of my research, I think it is important that I briefly geographically contextualize WWRC within scope of the Warehousing Industry in Southern California. The Inland Empire (IE), is currently home to the largest concentration of warehouse space on the entire planet. Southern California is the goods gateway to the entire nation,

receiving 43% of all US goods, which to put in perspective is around 500 billion tons, worth over a 1.5 Trillion dollars annually (Kaoosji 2018, Cooper et al. 2017). The metamorphosis of this region from once a citrus grove to now becoming the beating heart of the Logistics and Warehouse industry of our nation, is one that economists, developers, and corporations believe to be the economic overnight miracle of the 2008 recession, while warehouse and logistics workers, labor rights activists, scholars, environmentalists, and more point to the work of land and labor exploitation through the inner workings of capitalism (De Lara 2018). When we peel back the layers of history of the Inland Empire, when we look at the geographic advantages of the region, the racial demographics of who is being employed in these warehouse and logistics jobs, the quality of working conditions and protections to workers, we are able to see a larger picture of capitalism, specifically racial capitalism at work. The so-called miracle economists refer to as the Warehouse Industry boom following the recession in the IE, is particularly reliant and comfortable exploiting lower income, largely Latinx workers and their communities (De Lara 2018). Not providing adequate Covid-19 safety measures, using workplace retaliation and the language barrier to their advantage, neglecting workers comp and health care benefits, as well as using confusing and loose legal processes to that leave large corporations like Walmart and Amazon unchecked, are just a few ways in which the Warehousing and Logistics Industry has been able to grow their bottom line, while neglecting to address the working conditions within these Warehouses. Having an awareness of the regional context of the Warehousing industry in the IE is important to frame the valuable work that the Warehouse Worker Resource Center undertakes.

Research Focus

Director of the CASA Pitzer program, Dr. Tessa Hicks Peterson is currently spearheading a years-long research project to discover what the most common stressors, and what forms of healing and wellbeing support would be most helpful for the *staff* of 6 social justice centered organizations within the Inland Empire (including WWRC). My research project is within the same realm of healing support, however it is site specific, and is placed within an analysis of the organizational ecosystemic of WWRC.

My research question is as follows:

What methods and practices of healing and wellbeing support best mirror and honor the values, culture, direction and practices at The Warehouse Workers Resource Center?

- What are the **primary barriers and considerations** to make before integrating healing practices into the fold of WWRC?

To carry out this research I conducted *Community-Based Participatory Research* (CBPR) which is a holistic, action-focused, cogenerative, reciprocal, and truly community-based type of

research. Within this, I used a combination of Archival Research, Participatory Observation, as well as one-on-one conversations with WWRC staff members and a local Healing Practitioner, as my primary research methods. I dislike the term interviews, it feels intimidating and hierarchical, and in my case I don't think it represents the flow, or the goal of the conversations I had with WWRC staff, so I will use the term conversations instead.

Finally, I want to acknowledge my positionality as a student researcher, as a guest to the WWRC space I aimed to center the WWRC community, their needs, concerns, and perspectives surrounding healing to guide this project. Because I was cognizant of the fact that we are in a pandemic and people already so stretched thin, Interviewing folks or conducting focus groups or surveys, is a big favor to ask, because of these factors, I wanted to dedicate the majority of my time to my field notes, and Archival research. I also wanted to be particularly conscious of not asking organizers specifically about the origins and their levels of stress or traumas. Instead, I took time to listen and explore an understanding of their relationships within the topic of healing, within the community, by taking into account their ideas, concerns, and perspectives about what reimagining what healing and wellbeing support in the workplace could look like, or what it shouldn't look like! With this, I also want to acknowledge the racial, financial and educational privileges I hold, and recognize I probably would not have been given this incredible opportunity to be a part of CASA Pitzer, and work with WWRC if it wasn't for many of the factors that have lead up to my educational experience at The Claremont Colleges.

My research was inspired by the theoretical frameworks both within Community Psychology and Liberation Psychology to guide my direction and ethos as a researcher, as well as provided the structure and thematic groundwork to help me further understand, and help remind me of the importance of zooming out to the macro perspective and how key centering the systemic, the structural, the environmental and the interpersonal context is to everything. These theories also inspired me to look into the power that centering community and interdependence, prevention, strength, equity and access, and liberation can have, especially within marginalized communities. With this, learning about the Liberation Psychology framework led to my discovery of Shawn Ginwright and his brilliant work within the topic of Healing Centered Engagement, a healing approach in which I center throughout the entirety of this paper.

Literature Review

This Literature review is intentionally structured to start broad by introducing more of a macro-perspective on the theories related to trauma-care and healing support. Through each source, I narrow in on healing practices that are progressively less mainstream, and more culturally attuned to the identities, experiences, and community needs of members within the WWRC network. Both organizers and workers here in the Inland Empire, face the complex implications and intersectionalities surrounding their race and ethnicity, socioeconomic status, immigration status, employment status, and straddle issues of mobility and access. By the end of this Literature Review, I hope to honor and explore a swath of

diverse approaches and practices that represent the diverse individual identities and community needs of folks that live in the IE and who are a part of the WWRC community.

1. Trauma-Informed Care (TIC)

A variety of fields, organizations, individual clinicians and practitioners, as well as activists have leaned on the principals Trauma-Informed Care (TIC), which is a frequently adopted, well-researched, cornerstone approach to addressing trauma. TIC was born within the medical arena, starting in the 1980'-mid 1990's, when the creation of the National Center for Post-Traumatic Stress Disorder, as well as Substance Abuse and Mental Health Administration (SAMHSA), kicked off a huge expansion of research and knowledge about trauma and the prevalence of traumatic stress in our society (Conradi, Pence & Wilson 2013). TIC uses more of a guiding approach rather than having fixed protocols or solutions to trauma so that the ideas within the theory can be transferable to many different organizational contexts. The six guiding principles of TIC are Safety, Trustworthiness & Transparency, Peer Support, Collaboration and mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues (SAMHSA 2014). A Trauma-Informed approach to care shifts from blaming someone by asking "What's wrong with you?" to discovering "What has happened to you?" (TIC Implementation Resource Center). With this, SAMHSA (2014) has established the standard of care for implementing a trauma informed approach, using the 4R's of trauma. These are:

1. *Realizing* the widespread prevalence and impact of trauma and understanding potential paths for recovery.
2. *Recognizing* how trauma can influence other realms of a person's life and can overwhelm a person's ability to cope and lead to negative consequences, (ex. harmful substance abuse, mental and physical health problems).
3. *Responding by* fully integrating knowledge about trauma into practices by creating safe environments that promote healing and recovery.
4. Seeks to actively Resist *re-traumatization by taking* steps to minimize situations that could trigger the person's traumatic experiences. (TIC Implementation resource Center, Wisconsin Dept of health services)

This approach has both ignited and informed individuals and organizations to focus on placing trauma, knowledge and awareness about trauma and its impacts to be central in building out support-based programs and policies. Rather than focusing on treating issue at face value, such as depression, addiction, chronic disease, or inflicting hurt on others, TIC digs deeper into the origins of an individual's trauma. Within the past few decades, the Trauma Informed Care approach has expanded beyond the doctor's office and has gained traction within mental health programs, schools, youth development agencies, criminal justice work, social work, and more (Ginwright 2019). Charles Wilson, Donna M. Pence, and Lisa Conradi, write in their Trauma Informed Care publication (2013) within The National Association of Social Workers, how implementing a TIC framework can shift organizational and professional priorities to be more conscientious of the lived experiences of their client base. They posit a few questions such as:

If professionals were to pause and consider the role trauma and lingering traumatic stress plays in the lives of the specific client population served by an individual, professional, organization, or an entire system, how would they behave differently? What steps would they take to avoid, or at least minimize, adding new stress or inadvertently reminding their clients of their past traumas? How can they better help their traumatized clients heal? In effect, by looking at how the entire system is organized, and services are delivered through a “trauma lens,” what should be done differently (Conradi, Pence & Wilson 2013).

These questions illuminate how implementing a TIC approach can lead to a more conscious, sensitive, compassionate way of engaging in conversation about hardship.

On the flipside, TIC has been critiqued on various levels, notably by activist and professor of Africana studies, Dr. Shawn Ginwright, who asserts that TIC is too simple and doesn't address the totality of traumatic experiences. He pokes holes in the individualistic nature of TIC, asserting that a fixation on individualism is problematic both within acknowledging and understanding trauma, as well as the healing process of trauma. By choosing not to address the notion of collective trauma, this delegitimizes the strength, power and potential that healing can have created in community with others (Ginwright 2019). Ginwright also asserts that the active choice of excluding the environmental context (neighborhoods, families, schools) as well as the systemic relevance of traumatic experiences, allows toxic systems, generational trauma, unjust practices and policies to be left fully intact and unaddressed (Ginwright 2019). His final main critique is that TIC is ultimately a deficit-based practice, as the centralized focus is on knowledge of the trauma, the hurt and the pain, the space for healing, growth, transformation and resilience takes a backseat, or is seen more as an additive rather than being an integral part to address the wellbeing of an entire individual (Ginwright 2019). With this, it is important to note that because TIC has a strong clinical base, is so well known, and is one of, (if not) the top leading approach to trauma-support, that many practitioners have deemed and normalized TIC as being legit because it is scientifically rooted, vetted, and justified by many medical practitioners. We should also note that more traditional psychological research is often rooted in the more Western ways of care and medicine, where cultural rituals, spirituality, and alternative forms of healing, might not be touched on, or even discredited.

2. Healing Centered Engagement (HCE)

To counter the principals within *Trauma Informed Care*, Ginwright (2019) asserts the need to reframe how we address trauma in a more holistic way, out of this critique he offers an alternative practice he coins as Healing Centered Engagement. Healing Centered Engagement or HCE is a strength-based approach centered more within collective holistic healing, and positions culture as being an essential focus within both personal and communal well-being (Ginwright 2019). It is important to note that within Ginwright's article: *The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement*, he caters HCE towards a younger demographic, however, I would argue that these insights are widely applicable to any

person at any age, as an individual or communities' journey with healing from trauma can happen at any stage of life. Ginwright (2019) offers 4 main distinctions within HCE:

1. Healing Centered Engagement is explicitly political rather than clinical

This means that reframing the focus from *source of trauma* to *healing from trauma* is an intentional shift that fosters awareness, agency, resilience and action surrounding the root conditions, oppressive systems, environmental factors that helped to create the trauma (Ginwright 2019).

2. Healing Centered Engagement is culturally grounded and views healing as the restoration and affirmation of identity

Here Ginwright posits that a focus on culture can ground (young) people in meaning, self-perception, and purpose (Ginwright 2019). With this, by incorporating the topic of intersectionality into conversations of identity and culture, this can spotlight the healing powers and potential that shared experience, community, diversity, and a sense of belonging can have on folks.

3. Healing Centered Engagement is asset-driven, focusing on well-being; what we want rather than symptoms we want to suppress

An asset-driven approach to healing starts off with the question of ‘what’s right with you?’ to replace ‘what happened to you?’, by positioning “those exposed to trauma as agents in the creation of their own well-being, rather than being victims of [or defined by] their traumatic experience” (Ginwright 2019, 3).

4. Healing Centered Engagement supports [adult] providers with their own healing

Healing is an ongoing process that all of us need, not just people who experience acute trauma. Addressing the wellbeing of the provider or support-giver is critical so that they don’t burn out, or don't project their own trauma onto others in the process of helping to support other peoples’ well-being.

Empathy is another aspect to HCE, and Ginwright outwardly urges adults or trauma/healing support practitioners to begin by telling their story first and taking an emotional/vulnerable risk by being transparent and honest to those people (oftentimes young people) seeking out support (Ginwright 2019). This process can create an empathy exchange between the adult, and young people (or whatever the relationship may be), which can be the foundation of situating healing centered engagement at the center of the support (Ginwright 2019). This practice begins to deconstruct the traditionally top-down relationship and knowledge transfer that is a common dynamic between nonprofits, practitioners, and more broadly service-based professionals and those whom they aim to support.

3. Healing through Movement: MSC and Embodiment

Often when we think about healing, we think of healing the physical body from discomfort or disease. Studies show that movement of the physical body increases blood and oxygen circulation, including to the brain, which can translate to experiencing elevated mood levels and increased cognitive functioning (Cobb 2018). At the same time, traumatic experiences can also be stored in the body. Peter Levine concludes in his book: *Waking the Tiger – Healing*

Trauma that traumatic symptoms and shock waves from trauma, are not caused by the triggering event itself, (such as an attack, car crash or childhood abuse), but trauma symptoms “stem from the frozen residue of the *energy* that was mobilized [or immobilized] when dealing with the threat but was not resolved or discharged in its aftermath” (McInerney 2011, 4). Levine’s work focuses on treating the body like an intelligent organism that has an innate ability to heal, and that rather than simply mentally reliving what happened, he claims that introducing the body to movement that should have happened or could happen can be extremely cathartic. By allowing the body to lead the healing process and utilizing its somatic experience as a trauma treatment, this can catalyze the energy that was connected to the trauma to release on a physiological level (McInerney 2011). The Movement Strategy Center (MSC) is an organization that uses practices of embodiment and interconnection through physical movement in community, to mirror and embody the transformation people and communities want to see within their own wellbeing and within the wellbeing of their society. Guided by the principals that are provided within the MSC website, the practice of engaging in transformative movement allows individuals to begin to shift the focus and conversation about how heavily domination, extraction, and exploitation impacts this world, to focus on embodying a life-affirming world, based within change, regeneration, and interconnection (Zimmerman & Quiroz 2016). MSC provides a welcoming space, experience, knowledgeable sources, and movement practices that encourage trying out creative, proactive thinking and movement rather than reactive thinking about trauma and conflict and taps into learning the physics of movement exploration to discover what unification, healing, and social change might look like and feel like in the body.

Forward Stance is a specific practice that focuses on four key components within movement: Stance, Energy, Rhythm and Awareness, that is outlined in MSC’s *Love with Power* (2016) publication. MSC explains how the mind-body practice of Forward Stance was born into action through the formation of a diverse coalition of organizations in New Mexico that formed a successful and thriving Reproductive Justice Movement. The first step in creating *Forward Stance* was inviting organizations that had not typically interacted with one another, together in the same space and they named the barriers that historically kept them apart and created a strategic vision for moving past these barriers that was rooted in an establishment of shared values (Zimmerman & Quiroz 2016). For these groups of individuals, using *Forward Stance* allowed them to identify the central themes that united their passions and struggles, that theme for the example they use was family. They next practiced moving together in different formations and leaders – such as a wedge, a circle, and others – to see which formation and leadership strategy would be the most powerful and strategic for the coalition to unite around and help fight against repressive legislation (Zimmerman & Quiroz 2016, 27). Simultaneously, MSC identified how the organization Forward Together used *Forward Stance* to strengthen their internal organizational culture by hosting talking circles and focus groups centered within non-violent communication during times of intense organizational conflict and overwhelming periods of exhaustion and burnout (Zimmerman & Quiroz 2016). They then brought in props such as water bottles, and bamboo swords, and engaged in movement practices, (such as sword

fighting). By simulating their feelings and relationship with conflict, debate, and tension, and acting these dynamics and feelings out, they created a space for individuals and teams to work up and out of conflict while learning to lean into their own senses of agency, newfound positionality, energy placement in an intentionally grounded, open way (Zimmerman & Quiroz 2016). Forward Together then integrated *Forward Stance* practices routinely across the structure of the organization, within movement sessions before each weekly staff meeting and before quarterly strategic organizational discussions (Zimmerman & Quiroz 2016). An example of this was both the Reproductive Justice Movement and Forward Together as they used transformative movement to experiment and explore knowing “when to move, how to pace themselves, and how to galvanize allies towards a unifying direction” (Zimmerman & Quiroz 2016, 34).

To further touch on the importance of rhythm and movement, we turn to the findings in psychological studies that describe the variety of social benefits of joint rhythmic action, and have a swath of pro-social consequences, such as enhanced rapport, cooperation, and social-cognitive functioning (Lumsden, Miles & Macrae 2014). With Lumsden, Miles and Macrae’s latest research: *Sync or sink? Interpersonal synchrony impacts self-esteem (2014)* they found a significant link between participants engaging in synchronized movement and them feeling better about themselves, compared to moving to just moving to their own rhythm. Using a specific example, members within Forward Together, created an exercise that combated the defensive, “hunkering down” attitude and stance many had in preparation for an economic recession, to develop more of a united, forward-stance through community movement (Zimmerman & Quiroz 2016, 35). Exercises were created that replicated the impact of the recession by finding specific movements that paralleled physically moving up and out of the downturn and anxiety. Some people found value in physically representing the impact of the recession through representations of attacks on themselves and their communities, while others took more of a leadership role by having a forward stance and countering attacks by finding ways to move resiliently together (Zimmerman & Quiroz 2016). To bring this example into the fold of WWRC and labor advocacy, physical movement doesn’t just have to take the explicit form of moving to fight, resist, and dismantle the oppressive workplace environments or employers, it could come in the form of engaging in practices that foster cross-community building and healing, and moving to build a movement that is based on community care, solidarity, and resilience. If workers only imagine a workplace or a world that is free of exploitation and full of healing in their heads, this ideological goal might exclusively stay in the head and not know the potential of what growth and change could feel like in the body.

4. Healing from Ethno-Racial Healing for Latinx Communities

When we talk about wellness and healing practices, focusing on ethnic and racial identity, culture, root sources of trauma, implicational experience, and community needs are crucial players in providing wellbeing support that is grounded in a culturally sensitive way. Most of the warehouse/logistics workers that WWRC works with are People of Color, the largest racial demographic of the WWRC community being Latinx. In this section, it is important and intentional to center Latinx authors and lean on literature that centers the experiences of trauma

and healing within Latinx communities. The article *Healing Ethno-Racial Trauma in Latinx Immigrant Communities: Cultivating Hope, Resistance, and Action* (2019) integrates intersectional theory, trauma-informed care, and Liberation Psychology to address ethno-racial trauma into their framework, while highlighting the implications and forms of resilience that grow out of oppressive immigration policies for Latinx immigrants (Adames et al. 2019). Adames and co-authors point to racism, nativism, criminalization, and immigration status to be central causes behind the experience of ethno-racial trauma for Latinx's.

For the purpose of length within this Literature review, I will touch on a few stereotypes and implications of “otherizing” Latinx folks through the topics of nativism and immigration status. For those who hold nativist ideologies, there are common stereotypes about Latinxs, including perceptions that they: “(a) are immigrants who refuse to assimilate, (b) make little effort to learn English, (c) bring with them their inferior cultural values and practices, (d) contribute to budget deficits and higher taxes, (e) take jobs away, (f) abuse public social services, and (g) reside in the country without authorization” (Adames et al. 2019, 51). These harmful, inaccurate, deficit-based stereotypes can result in experiencing ethno-racial trauma as we can see nativism both explicitly and implicitly seeps its way into society through legislation and policies, all the way to workplace culture, lack of worker protections and internalized oppression. Adames and coauthors (2019) also touch on the link between immigration status and trauma, this informing their later analysis and suggestion of the practice of HEART in which aims to center the nuances within the immigrant experience. Fear of a family member or close friend being deported is common among Latinx communities, one study showing 68% of Latinx's experiencing worries related to immigration (Lopez & Minushkin, 2008). Anxiety can oftentimes be the outcome of fear of being forcibly deported from the US leading Latinx immigrants to have a “diminished sense of psychological trust, safety, and security” (Adames et al. 2019). Fear of detention and deportation has been known to dissuade immigrants from driving, taking their children to school, seeking medical care, and reporting crimes (Adames et al. 2019). Adames (2019) asserts that experiencing anti-immigrant rhetoric, policies, and practices can create trauma within 3 different stages within the immigration process, these traumas for some, compound on one another. Studies show that while residing their countries of origin, the risks of trauma for Latinx immigrants have been linked back to the experience of “high levels of poverty, political persecution, natural disasters, kidnapping, rape, and sexual violence” (Bowen & Marshall, 2008). The second stage resides within their journey to the United States, where immigrants are often at further risk of trauma that is often related to “extortion, rape, robberies, kidnapping's, physical injuries, and exposure to extreme temperatures resulting in hypothermia and hyperthermia. After arrival onto US territory, immigrants often encounter additional incidents that threaten both their physical and psychological well-being such as poverty, exposure to community violence, racism, ethnocentrism, nativism, isolation, and fear of deportation” (Adames et al. 2019, 33; Aranda & Vaquera, 2015; Dreby, 2012; Foster, 2001). By digging deeper to explore the implications nativism and immigration status on the Latinx

communities can result in the experience and source of trauma, and from here we can begin to discover and explore the spaces and sources of healing that can be created.

HEART: Healing Ethno And Racial Trauma

One approach that focuses on Healing from ethnic and racial trauma and is called applying a HEART (Healing Ethno And Racial Trauma) framework and is guided by both Trauma-Informed Care as well as Liberation Psychology theories. Hector Adames (2019) and co-authors assert that healing for ethnic and racial minoritized groups requires these individuals, families and their communities to take back and hold a certain level of control and power over the ways in which they are oppressed, HEART focuses on healing that stems from the connection (or strengthening the reconnection) to their ethno-racial cultures and roots (Adames et al. 2019). Outlined below are the 4 phases that guide the HEART framework, the first 3 Phases lean more on the ideas within Trauma-Informed Care while the 4th phase is more rooted within Paulo Feiere's approach of Liberation Psychology. The phases are outlined as follows:

Phase 1: Establishing Sanctuary Spaces for Latinxs Experiencing Ethno-Racial Trauma

Through applying a HEART Framework, healing is centered to take place in spaces that have been created to be “sanctuaries”, where Latinx immigrants, their experiences, and stories are respected, validated, and affirmed. The goal of establishing safe spaces is for organizations and providers to create to the best of their abilities an environment where racial minorities can feel heard and protected from external invalidation, such as threats and hate that oftentimes contributes to psychological distress (Adames et al. 2019).

Phase 2: Acknowledge, Reprocess, and Cope with Symptoms of Ethno-Racial Trauma

Phase 2 uses *Concientización* and *Trauma Focused Cognitive Behavioral Therapy* (TF-CBT) to guide working through trauma on an individual, familial and community wide basis. *Concientización* is concept within *Liberation Psychology* as a process where individuals locate their experiences in a historical context of oppression and marginalization, so that they can challenge their assumptions about the source of their challenges and builds an awareness about the symptoms they experience being the outcomes of living in an oppressive environment (Adames et al. 2019). *Trauma Focused Cognitive Behavioral Therapy* (TF-CBT) which is a more mainstream trauma-responding psychotherapy practice, utilizes multiple techniques (like visualization, reframing thinking about the traumatic event, establishing distinct coping strategies) to help clients process traumatic experiences in a safe environment (Adames et al. 2019).

Phase 3: Strengthen and Connect Individuals, Families, and Communities to Survival Strategies and Cultural Traditions That Heal

Phase 3 connects Latinxs to their more traditional cultural values, practices, and community strengths that can help to build up culturally rooted psychological mechanisms to survive, cope, and heal from trauma related to attacks on their basic human rights and identities. Healing is incredibly personal and interpretive, for some healing can be through music, food, song, conversation, storytelling and getting more in touch with one's cultural roots (Adames et al. 2019).

Phase 4: Liberation and Resistance

Healing can continue to take place when people (a) gain *awareness* of the systemic roots of their individual and their communities' challenges, and (b) learn *strategies* to act in ways that resist oppression and lead to social change and hope (Adames et al. 2019). By encouraging oppressed groups to view their struggles through a collectivist lens and to resist by finding social justice organizations, communities, movements, and practices that combine healing with resistance, and that have collectivist visions that combat injustice, Adames et al. (2019) feels is a critical component in the process of healing from Ethno-Racial Trauma. With this, there are studies that show that the engagement in social justice work has been associated with positive mental health and faster recovery from presenting problems for People of Color (Comas-Díaz, 2015).

5. Healing Through Narrative Storytelling

For many marginalized communities, silence is often used as a survival strategy, however, the powerful practice of storytelling can aid the dismantling of oppressive structures and forces while simultaneously fostering internal and communal healing. For Yevette DeChavez a Latinx writer, scholar, and artist, she expresses experiencing a strong undercurrent of silence within the topic and stigmatization of mental health issues as the “keep it to ourselves and power through” mentality was something that she was taught from a young age (DeChavez). Queer, Latinx writer: Pricilla Blossom, attributes this same strained relationship to mental health, to a variety of intersectional cultural pressures within Latinx communities, including *Machismo*, the belief in faith over therapy, a general lack of awareness about mental health support and resources, as well as language and financial barriers (Blossom 2020). Yet there are scientific findings that prove that the act of speaking out, sharing stories and recounting experiences can promote healing on a physiological level. Oxytocin and Cortisol are the primary hormones that are released throughout the course of listening to an impactful story and have been studied to have tangible impacts on both the physical and mental health of the listener (Rankin 2012). These are just the hormones released when the listener relates to the characters emotions. Native Hope, an organization that believes that storytelling can dismantle barriers, bring healing, and inspire hope within Native American communities asks us to look at the science and consider the physiological impact that could be potentially magnified if the listener of the story not only relates to the speaker's feelings but relates to the character's life experience (Native Hope 2020). The hormonal responses to storytelling can spark both feelings of comfort, empathy, and empowerment, as well as stress, and anger and a sense of urgency, these are all emotions that can turn on the body's internal self-repair mechanisms that function as a form of alternative preventative medicine and healing (Rankin 2012).

In Latinx literary studies, *testimonios* are artistic narrative descriptions of an individual's story that often speaks to collective experience and have historically played significant roles both within political liberation movements in Latin America as well as within the Latinx diaspora to the US (Reyes & Rodriguez 2012). Medina Cruz scholar concentrating in racial and ethnic justice points out in the *Digital Latin@ Storytelling: testimonio as Multi-modal Resistance*

chapter of his book, that while there are other Latinx storytelling genres such as *cuentos* (stories) and *consejos* (advice), the *testimonio* is often situated within the genre of counter story, which is rooted within the theoretical frameworks of critical race theory (CRT) and Latino/a Critical Race Theory (LatCrit) (Medina 2018). Kathryn Reyes & Julia Rodriguez (2012) describe a *testimonio* in more concrete terms as an intentional, personal, and political release of an experience that was once hidden or protected, and that either sheds light on a wrong, brings forth a point of view, or is an urgent call for action. (Reyes Rodriguez 2012) To build off this, *testimonios* can be a liberating journey that can be both “a denunciation of violence” and a “demonstration of subaltern resistance” that can “be an act of removing mask that was previously used as a survival strategy” (González, Plata, García, Torres, & Urriesta, 2003, 234; Medina, Brochin & 2015). Guided by the womanist perspective of knowledge most notably Patricia Hill Collins, as well as the work of many Chicana scholars, a *testimonio* can be an “emerging power” that makes individuals “agents of knowledge” imploring them to “speak to the importance that oppression, [and] the importance that knowledge plays in empowering oppressed people” (Burnal, Burciaga & Carmona 2017). Building off of this, the testimonios are often situated within the framework of Paulo Freire’s *Liberationist Pedagogy*, where the testimonio can empower survivors to transform their oral narrative into a written representation that doesn’t aim to sensationalize their struggle, but rather can serve as an acknowledgment of the revolutionary aspect of literacy (Reyes & Rodriguez 2012).

DATA CODING

I decided to first data code my fieldnotes (Part 1) separately from everything else that I had, this decision I felt was based out of the need to get a strong understanding of the structure, scope and direction of the work conducted at WWRC, as well as discover what the values, strategies, tone, and culture is like. Part 1 of my data coding section you could read as being more of a brief thematic analysis of the organizational ecosystem at WWRC. Part 2 paints a bigger picture by drawing from all of my data: my Literature Review, my one-on-one conversations, as well as the themes I identified in Part 1. Part 2 serves as both analysis and provides tangible suggestions to certain methods and types of healing practices WWRC might want to implement by drawing attention to the steps and considerations WWRC staff might want to take before introducing healing practices into their organization.

My reasoning behind splitting the data coding sections into 2 parts is backed by me wanting to make informed analyses and suggestions that are well-tailored to an understanding of WWRC’s current organizational ecosystem, so that I can fold in valuable discoveries and insights found within my literature review and one-on-one conversations in a well thought out way. As an Organizational Studies (OS) major I wanted to see if I could use the skill sets I am actively developing in my other OS classes, within this class and I feel Part 1 is representative of this personal goal of mine. Think of Part 1 being the scaffolding, providing a contextual introduction to the findings and suggestions I provide in Part 2.

Before reading my data analysis, I want readers to keep in mind that I have been a part of the WWRC community for 3 months and that my communication with WWRC as well as my organizational observations are fully filtered through the virtual communication platform of google meet (a video-communication service through google).

Part I: WWRC Organizational Ecosystem: community, culture, values & practices

Theme 1: Building a Community Network

The primary theme I identified is one that I see as being a significant pivot in the organizational priorities and structure of WWRC, and this is building more of a base and community network of workers, organizers, and community members, through their recently launched Membership program. WWRC is both actively in the process of creating and aiming to further create the Membership program to be a space to “create an empowering **community**-based network that uses an intersectional awareness to drive the mission of **collective** resistance” (Fieldnotes, October 2020). With this, the Membership program also aims to be the glue that connects a variety of programs that WWRC offers together under one umbrella, giving opportunities for workers and organizers to learn, share, grow, and mobilize together. This pivot is in response to what Organizers have described WWRC **historically being in the past, which is a place where individual warehouse workers need are supported** through either legal, educational, or organizing support. Once **these needs are met, workers often disconnect from the WWRC network**. WWRC in the past have struggled with retention issues due to it being **more of an in and out center than a community center**, creating what Organizer, *Brenda Huerta Soto* describes as a more of a *transactional relationship*, one that is functional and serves acute, individual needs. However effective this may be for discovering tailored skills and support for challenging case specific issues of workplace exploitation, this structure and flow did not foster **collectivism, a key component needed for a comprehensive system change to occur within the logistics industry in the IE**. Corporations are quick to use the well-oiled mechanisms within capitalism that rely on competition to promote individualism and division and capitalize on pitting workers against one another. Because of this, WWRC’s move to provide workers with a welcoming community space is inherently an act of resistance, representing both a structural and strategic shift, but also a social and cultural shift that I believe affirms their long-term commitment to building a movement.

On a related note, the phrase: *welcoming the whole human*, frequently accompanied conversations that I observed about building a community network within WWRC. *Welcoming the whole human* refers to honoring the complex identities, backgrounds, and experiences that community members come to the WWRC with and avoids labeling community members simply by their line of work or struggles. For example, by acknowledging that a warehouse worker is also a community member, is also a family member, and an individual who carries a unique life

story, this avoids characterizing workers simply as victims of exploitation, and can combat monolithic narratives and perceptions that can surround marginalized communities. With this, staff members expressed that the membership program will hopefully provide members with a space that not only supports addressing dangers at work, but also engages in conversations about what the dangers are in their communities and how this can often be impacted by or connected to their line of work.



Theme 2: Knowledge is Strength and Power

The second theme I identified within my organizational analysis of WWRC, is the emphasis on knowledge being a source of power, specifically looking at the educational programs of both *Escuelita* and *CEP*. WWRC uses the spiral model of education and aims to start with centering the experiences and ideas of individuals, and then meets folks where they are at ***by filling in the gaps of knowledge*** about how the systems and institutions around us function, **so that these systems can be challenged**. I also observed that many of the organizers introduced knowledge and insights in a humble and non-threatening way, in order to make knowledge as accessible as possible. With this, Deputy Director, Veronica Alvarado has mentioned the phrase *knowledge is strength* and that gaining the knowledge to understand the intricacies of the system, is essential to challenge the system using “critical thinking, vigilance, mobilization and action,” so that folks “have the knowledge and tools to not be bamboozled” (Fieldnotes October 2, 2020). In addition to this, I noticed a beautifully inclusive tone while observing conversations about sharing and passing knowledge to others during the launch of the Membership program as one of the organizers who was leading the discussion provided the group with an analogy that has stuck with me: “If I see dark, someone with glasses can help guide me, and provide me with knowledge to see the light” (Fieldnotes, October 2020).

Theme 3: Collective Resistance

The third theme builds on the previous two themes as many of the organizers have emphasized the need to center the community by building a sense of interconnectedness (Theme

1), as well as have the knowledge to understand the system, (Theme 2), in order to create **collective resistance**. When I think of WWRC and collective resistance the first thing I think of is one of the closing comments to the launch of the Membership program in which all participants were instructed to think about the “fire in our bellies, where is it, what does it feel like, what does it look like”, and “if we all get together, this fire will grow and get stronger” (Fieldnotes, 2020). WWRC staff members voiced the need for movements to have both an **intersectional awareness and a vigilance** to them, and that differences and barriers between folks were things that needed to be acknowledged and worked on in order to fight the bigger issue of coming together to combat systemic injustice. With this, I noticed a strong pattern of using language that is rooted in both action and resistance: **the primary words I identified were: vigilance, agitation, fight, critique, challenge, and defense** (Fieldnotes 2020). I also noticed that valuing collectivism was rooted within the power in numbers that can come from *challenging* the system as a diverse collective, and words and phrases that focused on growth, healing, possibility, and liberation seemed to be more of the outcomes of said community resistance.



One example of the premise of Collective Resistance, can be seen above through the graphic one organizer shared with us. Here we see the declaration “*Organize your Rage*” surrounding two howling wolves on top of an upside-down forklift. The forklift is a symbol of the Warehousing and Logistics Industry that is oftentimes a force of domination and power, while the wolves represent the power that community can have when you can weaponize your rage to come together and fight a larger oppressive system.

Theme 4: Strategy + Critical Analysis

I found that one of the most impressive parts of WWRC’s workplace culture is that programs, events, and decisions are all meticulously planned out. **Critical analysis and**

collective strategizing are core to the roll out of anything, and potential barriers and sources of tension or conflict are exhausted so that a space that is as safe as possible is created. I assume this comes from the nature of organizing and labor advocacy work, where organizers are having to be flexible, strategic, and vigilant, in order to effectively bring folks together and hold, (and teach others how to hold,) dominant corporations and employers accountable. I think it is telling that I first noted this powerful strategizing style just 2 weeks into my internship with my following fieldnote:

“Wow, I’ve never been a part of a workplace that is both running on full cylinders but is also simultaneously so tactful about everything. WWRC seems to always be thinking one step ahead, all the known and hypothetical obstacles are exhausted” (Fieldnotes, September 22, 2020)”.

It is an active choice to embed critical analysis into the fabric of your organization, and WWRC constantly questions the limitations and contradictions to all their ideas, as well as thoroughly identifies what the tangible resources/skillsets/strategies are needed to address community needs. During Town Hall planning sessions, we were urged to exhaust all possibilities, (if a happens then this is our response, if b happens, then this is our response). The power within this strategy of being extremely prepared, allows for flexibility to happen more smoothly when tensions do arise, and values alternative options to be both valued and explored.

I am reminded of a specific example of how this organizational preparedness is carried out, through when Morgan, (another CEP intern) and I were the designated Peacekeepers at our first town hall meeting, an opportunity that WWRC has never offered before. Our roles as Peacekeepers were to have a one-on-one conversation in breakout rooms with anyone who broke the identified community guidelines by being disruptive or saying problematic or harmful things. We were then given instructions to sit back and just listen to them, followed by reminding them of the guidelines, and then getting a verbal commitment to follow these guidelines. From here we would identify whether they seemed ready to re-enter the space, or if we thought they weren't ready and would further prevent community learning. I would then alert Daisy Lopez who would alert another staff member to either let both of us into the main meeting or to kick the participant out of the meeting if they were unwilling to commit to our community guidelines. After all this planning and running over multiple scenarios, and there being intense build up conversations about being prepared to have contentious political conversations, no one ended up coming to our town hall. In response to this anticlimactic outcome, Deputy Director of WWRC Veronica Alvarado voiced that “this is what organizing is, we will wake up and try again tomorrow” (Fieldnotes, October 20, 2020). This example illustrates just how deeply caring and conscientious many organizers are, and how these qualities can be seen through the consistent critical analysis and strategy that is embedded into the fabric of the organization and driven by the goal of making sure the community feels safe and empowered.

Part II: Pathways and Considerations for Building *Healing Resilience within Community Resistance*

Theme 1: Centering Community

“Community is my answer to everything” and “I hope WWRC invests more in community healing” were two responses of separate conversations I had with WWRC staff members where I asked them about their ideas, perspectives and concerns about integrating healing and wellbeing practices into the fold of the organization (Fieldnotes 2020). These quotes encapsulate my biggest takeaway through the entire data coding process, which is that WWRC is **committed to centering collectivism at the core of what they do**. Like I mentioned above in my organizational analysis, because community is one of their upmost priorities, staff dedicate a lot of energy to making sure that the community spaces they provide are as **truly community-centered, inclusive, safe, and empowering for folks as possible**. The launch of the Membership program is perhaps the most explicit representation of WWRC wanting to make a commitment to community, as my Supervisor Veronica Alvarado stated in early October that the goal of the Membership program was to “create a **community**-based network that uses an intersectional awareness and **community** empowerment to drive the mission of **collective** resistance” (Fieldnotes 2020). Here you can see the community being mentioned three times in one statement, a testament to their authentic commitment to community. Using Shawn Ginwright’s Healing Centered Engagement (HCE) framework, I want to point to a few examples of how WWRC is **already providing community healing spaces** through the *community-based, culturally grounded* ethos that Ginwright highlights in his first 2 points.

1. **HCE is: a holistic and an explicitly political approach, opposed to a more clinical one (Ginwright 2019)**
 - WWRC’s chooses to offer programs that go beyond challenging workplace exploitation.
 - They **recognize the systemic forces and environmental conditions** that often create exploitation inside the workplace **also create barriers outside of the workplace**, and oftentimes most acutely impact low income black and brown communities.
 - Because of this, they’ve provided opportunities like the Civic Engagement Program, Town Halls, and Covid Health Fairs, to help uplift and increase knowledge, access and awareness, to promote community flourishing.
2. **HCE is: Culturally grounded, and views healing as an affirmation and restoration of identity. (Ginwright 2019)**
 - I see WWRC already using **healing through political and educational empowerment**. This ties into their ethos that knowledge is power, and that with greater knowledge about the system, you can become empowered to fight

back. To WWRC, knowledge is empowerment, which is resistance, and for communities traditionally left out of political representation and power, education can become an affirmation of their identities or an act of taking power back.

- The teaching of this knowledge is also **unconventionally not top down** as it leans on PopED/Spiral model of learning so that personal experiences are centered, and that curriculum is culturally attuned to the largely Latinx and POC Warehouse working experiences here in the IE.

Based on Shawn Ginwright's first 2 distinctions of HCE, the membership program is a community space by Ginwright's determinations, check off the definition of having a "healing-centered" focus. With this, there are also other theorists and healing practitioners that use other methods and frameworks to heal and also center community at the core. For example, during one of the Membership meetings, one organizer in Spanish recounted her deeply powerful *Testimonio* and created a beautiful emotional moment in which I was, (and others too I'm sure) were deeply moved by, even through the Zoom platform. This same identification can be made in Adames' (2019) HEART framework in Phase 1 of healing which is: *Establishing A Sanctuary Space*, described as a being a community space where Latinx immigrants feel like their experiences and stories are respected, validated, and affirmed in an environment that is safe and protected from external invalidation or threats (Adames et al. 2019). Based on these parallels and determinations, I feel that if healing is something that WWRC choses to embark on, **a community-based approach is essential**, rather than an individualistic, or more clinical approach.

Theme 2: Language and Semantics of "Healing"

Even though HEC and HEART can be used to identify the presence of existing community healing spaces at WWRC, I have not heard any WWRC staff refer to these spaces as "healing". This is interesting because I think that both in impact and essence, community healing, (or however you want to define community safety, connection and empowerment as) is actively being created. The hesitancy to not want to use the specific word "healing", is something to unpack, and is a topic that I got further insight on when speaking with healing practitioner and LCSW based in Riverside, Emilia Ortega-Jara. Emilia explains that as a healing practitioner she often has to code switch and reframe her language to match what certain communities identify most with (Ortega-Jara 2020). For example: the words: coping mechanisms, self-preservation tactics, wellbeing support, and self-care activities, can all technically be interchangeable with the *healing practices*, however these words can land very differently depending on the community and the associations you have with it. With this, Ortega-Jara noted that reframing healing practices to community organizers as offering coping mechanisms and self-preservation tactics might be more appealing to organizers' tendency to use language as it is related to strategy, resistance, and practicality. I can use this insight and connect the dots back to a conversation that I had with an organizer who liked the idea of providing a

healing community space, but also mentioned feeling conflicted and having concerns about the practicality of healing practices as well as the temporary, privileged connotations that self-care can have.

Theme 3: Adopting a Strength-Based Approach

I want to point out that WWRC's frequent emphasis of wanting to *welcome the whole human* into their space, also parallels Ginwright's 3rd point that HCE is an asset-driven **approach** framework that *identifies the wellbeing we want, over the symptoms we want to suppress* (Ginwright 2019). Ginwright states that a strength-based approach to healing starts off with the question of 'what's right with you?' to replace 'what happened to you?', and positions "those exposed to trauma as agents in the creation of their own well-being, rather than being victims of [or defined by] their traumatic experience(s)" (Ginwright 2019, 3). This is an absolute exemplification of the premise of WWRC's phrase: *welcoming the whole human*, which aims to honor the diverse identities, and life experiences each person who enters WWRC with, by and avoids labeling community members solely by their profession, struggles, or identity characteristics. In my Literature review, I described Trauma-Informed Care as placing a **trauma lens** on wellbeing support, focused around knowing your trauma intimately and understanding its negative impacts, whereas HCE has a **healing lens**, where strength, community and culture, and resilience is centered. Because worker's every day actions are often surveilled, **TIC might magnify and open-up trauma wounds**, whereas **adopting a strength-based approach like HCE, opens up avenues to explore the healing powers** that come from centering culture, community, strength, and resiliency.

I want to acknowledge that within many communities of color, trauma and crisis can be commonplace, and as result, working and living in persistently traumatic and stressful environments can get normalized. With this, one organizer described feeling like their community "was under attack 100% of the time" and when warehouse workers are placed under the high demands within the Warehousing Industry, oftentimes organizers are the first people to receive, absorb, and be triggered by the traumas of these community members (Kaoosji, 2020). Shawn Ginwright uses the mental health condition: Post-Traumatic Stress disorder (PTSD) and reframes it as Persistent Traumatic Stress Environment (PTSE), to shed light on the fact that many communities of color face trauma as it relates to fighting persistent systemic and institutional barriers. With this, the shift from disorder to environment, moves away from the individual and clinical trauma diagnosis, to a more racial, systemic I would take this a step further and point out that this reality is a strong reason that simultaneous **Persistent Stress-Reducing, Strength-based Healing is needed to counter the Persistent Traumatic Stress Environments**. Similarly, Emilia Ortega-Jara believes that questioning what it means for organizations to center joy, strength, and love at every turn can be a powerful tool to counter burnout and vicarious trauma, this strength-based emphasis uplifts an inspiring and live affirming tone. In my Literature Review I also referenced the *Movement Strategy Center*, an organization that embodies a more strength-based approach to their somatic movement work,

that focuses around “centering the live you want to live, rather than, the life you want to leave” (Zimmerman & Quiroz 2016).

In some respects, I feel there is somewhat of a contradiction between a strength-based healing framework and WWRC’s focus within collective resistance. While I do think the Collective Resistance theme that I identified in Part 1 is incredibly powerful, I also think that WWRC could focus on framing this goal in a way that places more emphasis on communities becoming **agents of both collective resistance AND healing resilience**, for folks to feel equally empowered to be *agents of their own healing, growth, and wellbeing as well as supporting others through organizing efforts*. Contradiction might not be the right word, but rather I think there could be a shift or a reframing that emphasizes healing as working alongside or partnership with collective resistance. If we see healing as integral to the process of a collective resistance against the harmful systems around us, we also can also resist so we can live the fruitful, meaningful futures we want for ourselves and our communities. Healing is integral to collective resistance, and resistance can be a powerful part of healing, it goes both ways.

Theme 4: Healing that starts with the Staff

The 4th distinction within Shawn Ginwright’s HCE approach, voices a critical need that if healing-centered support is being offered, that providers should also be engaged in healing practices, (ideally eventually collectively with community members). This is largely to address common community organizing struggles that can cause burn out, a projection of their traumas onto others, or the potential to absorb the traumas of the individuals and communities that they are working with (Ginwright 2019). **This is the direction in which I think WWRC has the biggest potential to grow towards within the realm of healing support.** Ginwright describes a traditional top-down division between knowledge knowers and knowledge receivers to be common within the nonprofit world, and that by bringing vulnerability and conversations about exploratory healing within these spaces can create more horizontal “empathy exchanges”. (Ginwright 2019). Ginwright also points out that if service providers choose to get vulnerable with themselves by exploring healing work, this can ripple out and inspire others to invest more into themselves as well. If healing practices and opportunities are offered out to the community first, without the staff or support providers addressing their own healing needs, is both premature, and unfair to the communities in which they work with, if they are not walking the talk. Ginwright’s ideas are echoed by one WWRC organizer who expressed that organizing can be “tiring and personally triggering” and how there “definitely is a community need to provide a healing spaces for organizers” (Brenda Huerta Soto 2020). With this, in our conversation we touched on the point that learning how to set boundaries for yourself and your capacity levels can potentially be a form of healing in itself, and can prevent organizers from feeling responsible for taking on other people's traumas (an issue referred to as vicarious trauma).

Reframing exploring healing practices as **being an empowering way for organizers to find what strengthens and is healing for themselves, so they can strengthen the quality and impact of the relationships they make in their organizing work, I think could be an**

approachable way of framing the introduction of healing into the organization. In a conversation I had with Organizer Brenda Huerta Soto she voiced hope that “healing practices would be an investment that WWRC makes,” and thinks that in the long-term there should be a “mutual invitation” to intentionally introduce a healing space for both WWRC staff and warehouse workers to engage in healing collectively, but that first, healing practices should be something staff are engaged in (Huerta Soto 2020).

Theme 5: Concern about not being Experts

I noticed a common concern amongst the 3 WWRC staff members I spoke with, and this was that they felt like they **didn't have the expertise, tools, or credentials to manage conversations that are focused on healing from trauma.** One organizer voiced a concern about “not wanting to open wounds and not knowing how to close them”, while 2 other staff members voiced there being an overall lack of resources, and knowledge about how to sensitively broach this topic (Fieldnotes 2020). Even though some organizers felt unqualified about the topic of healing, it is important to note that individuals are their own experts in knowing their own, and knowing their community's own strengths and struggles most intimately. This does not mean the role of the organizer should also be to be a therapist. Clinical psychological support is not in WWRC's lane, nor should it ever be something that organizers feel responsible or pressured to increase their capacity to provide in that for others. When integrating Healing practices within WWRC, I think it is important to vocalize that. Keeping this in mind, there are folks that dedicate their professional careers to providing healing support techniques to others. Identifying practitioners who use methods and practices that fall in line with the organizational values that WWRC holds, who are aware of the concerns, barriers, and stigmas surrounding healing, and who can be flexible and pivot depending on where community needs are. Based on these factors I found it incomplete to merely provide suggestions that are based within broad theory and organizational analysis without offering practical resources or speaking to someone who lives in the Inland Empire, and has expertise both within the field of healing, and within the realm of organizing.

CASE STUDY: Healing as an Act of Liberation: A Conversation with Emilia Ortega-Jara

I had the incredible opportunity to speak with Emilia Ortega-Jara, **founder and clinical director of Corazón Counseling, whose practice offers holistic wellbeing support that is** that is guided by “liberatory and decolonial frameworks” and is rooted in “community-based, ancestral care” (Corazón Counseling 2018). Their services range from workshops, to individual therapy, to support groups and classes, and aims to center BIPOC voices and experiences, and women and families in Riverside and San Bernardino Counties. What first drew me to this organization and inspired me to reach out to Emilia herself, was that on their website I noticed that the phrase: *addressing the whole human*, (mind, body, and spirit) into their space was used frequently, which is a familiar phrase that is routinely used within the WWRC community.

Emilia is both a Licensed Clinical Social Worker (LCSW), and healing practitioner, and while Corazón Counseling tends to focus more on specifically natal care support, Emilia highlights launching a sister-program to Corazón counseling that specializes in providing workshops and trainings for activists that are catered to providing holistic community-based methods and healing practices. (She said she would email me a link to the website once it launches). Emilia explained to me that former community organizing experience is the primary inspiration behind her entering the realm of healing work in the first place and is why she is personally invested and passionate about providing activist-centered healing workshops. Healing from vicarious trauma, preventing burnout, and promoting sustainable movement building within social justice and organizing circles, are the topics in which she described to be a primary focus of her activist-centered healing workshops.

Ortega-Jara also mentions how frequently she sees chronic illness within activist circles, and how this can be tied to the toll that vicarious trauma and perpetual stress can take on the mental and physical health of organizers. One of the dangers that can arise from organizers not prioritizing their own wellbeing, is that vicarious trauma might become normalized and accepted as just being a part of the job of an organizer. During our conversation, Emilia frequently references her past community organizing experience as she describes the burnout culture within organizing to come from the “pressures of feeling worked to bone” and “not having the insight, tools or space to heal”.....a familiar sentiment that current WWRC organizers have voiced (Ortega-Jara 2020). Emilia also asserts that the movements that she was formerly a part of, **would have been much more sustainable and effective if healing was core to their community organizing work.** With this, she references concepts within Loretta Pyles’ *Healing Justice* (2019) book to say that she believes: “You can’t have community-care without self-care.... [and that] living disconnected from and outside of your own body is unsustainable, and [the organizing] work too will become an unsustainable way of living” (Ortega-Jara 2020).

Not healing and not taking care of yourself is what Emilia claims is an “act of colonial [and capitalist] servitude” (Ortega-Jara 2020). My interpretation of this statement is that if we decide to define capitalist servitude as not healing, as toughing it out, and pushing away pain, **we can define the act of healing as being the opposite: a radical act of liberation. And from here healing can both take simultaneous forms of resistance and resilience.** Capitalist servitude disconnects us so far away from our bodies, so far away from our non-material needs, that we can sometimes forget what it is like to function as a nuanced intelligent organism, so we begin to normalize living life as a machine. Capitalist servitude is capitalism brainwashing us to believe that we don’t have the capacity to heal, we don’t have the knowledge or expertise to heal, we don’t have the time to heal. If this is capitalist servitude, then anti-capitalist liberation on the other hand is whatever we want domination not to be, it is putting ourselves and our communities first, is centering joy and strength, centering resilience and prosperity, centering vulnerability and playfulness. Healing as an act of liberation is slowing down, and centers accepting ambiguities, and sitting within the unknown. Healing is taking time to understand our

whole selves, to connect our brains to our bodies to our spirit. **Healing can be an act of radicalism.**

Theme 6: Consider Somatic Movement Practices:

One of the primary types of healing practices that I believe could be beneficial to implement would be **movement-centered healing, particularly Somatic movement practices**. In my Literature Review I took a deep dive into exploring *Forward Stance*, a practice created by The Movement Strategy Center. While I think that this could still be an incredibly valuable movement practice to look further into, I think this method should be more of a long-term goal, for a few reasons. First, I was recently told that professor Dr. Tessa Hicks Peterson and her research team are already currently doing research on similar Transformative Movement Organizing Practices and are currently in contact with the MSC team in Oakland. I also think that because the nature of *Forward Stance* is so hands-on, I find it extremely challenging to imagine replicating the experience virtually, due to the pandemic. I don't want to repeat research that is already being conducted, nor do I want to suggest practices that are dependent on waiting for staff members being in person.

Two organizers expressed a similar sentiment about wanting ***tangible or practical coping mechanisms that offer more immediate relief***; I think that offering Somatic movement exercises could be a great first step. Somatic movement refers to focusing on the internal experience of movement rather than the external appearance or result of the movement (Somatic Experiencing Trauma Institute). I noted in my Literature review that research has shown that traumatic experiences can often be stored in the body, and that “experiencing trauma symptoms (anxiety, panic, chronic fatigue/pain, depression, sleeplessness) can stem from having frozen residue of un-discharged survival-energy that remains stuck or immobilized in the body and nervous system when dealing with a threat but was never discharged after the event” (McInerney 2011, 4). Peter Levine, Director of *The Somatic Experiencing Trauma Institute* (SETI 2020) has had over 40 years of experience in the field of biophysics as it relates to stress and trauma. He believes that by introducing the body to cathartic movement practices that could have happened, or should happen can help to “transform from trauma,” and gives people the tools and empowerment to use movement to heal themselves (SETI 2020).

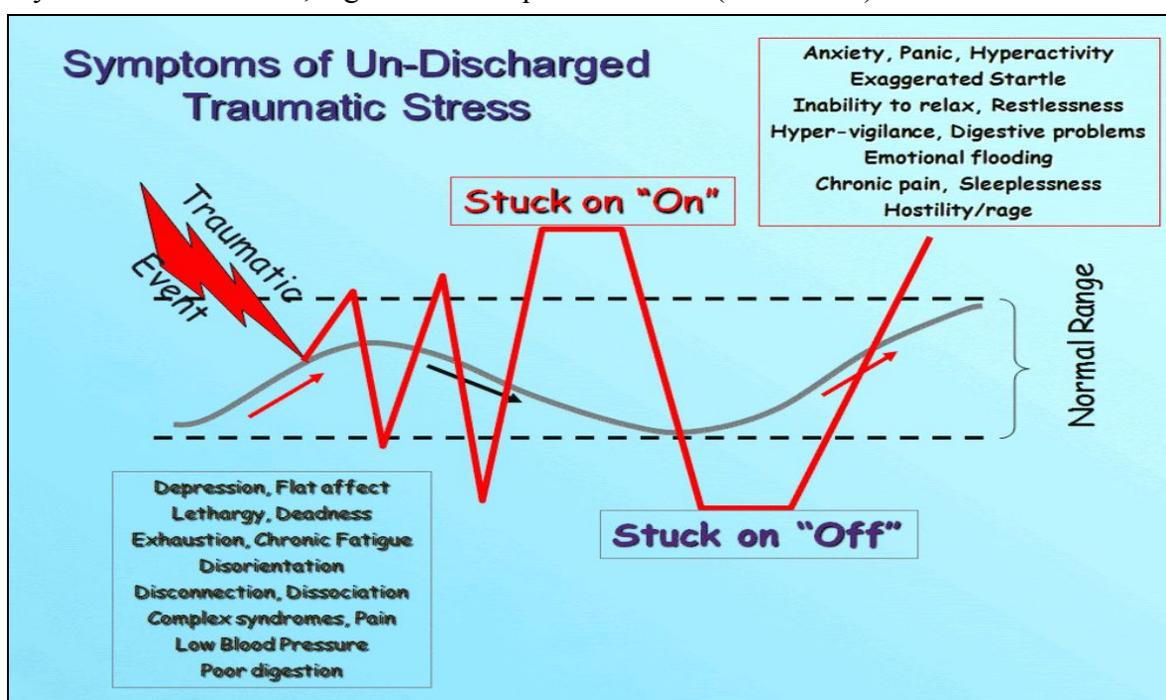
Emilia Ortega-Jara also talked about the power of Somatic movement exercises that she uses within her own practices. During our conversation she mentioned that she heavily leans on integrating the 5 senses, 4 elements, and group dialogue into her workshops. (Ortega-Jara 2020) With this, she also explores Somatic group exercises within her workshop training that she can specifically tailor to issues that organizers and activist circles commonly face, so that they can understand, cope, and move through pressure, anxiety, and stress in a proactive and regenerative way. Because she was once a community organizer herself, she did not hesitate to quickly identify a few coping mechanisms that WWRC could explore that are based on somatic awareness that could be beneficial grounding exercises, and if she was to be invited, she said she could teach an in-depth workshop on.

Her suggestions were:

- Butterfly hugs
- Tapping Techniques (TTT & EMT I believe)
- Somatic Breathwork

***Ortega-Jara also mentioned the *Liberate* app: a meditation app that empowers Black, Indigenous, and People of Color in community, on a journey to find inner peace. ***

Emilia refers to many organizers as being in “constant fight-mode, all the time” and that these somatic practices above can send targeted messages to the brain that can help *stabilize* the fight or flight response in the body (Ortega-Jara 2020). This stabilization and grounding can be learned and achieved by strengthening the *Parasympathetic nervous system*, which controls the body’s natural relaxation, digestion and repair functions. (SETI 2020)



*Above is a graphic taken from the website of *The Somatic Experiencing Trauma Institute* (2020) that I found to be a helpful visual aid within understanding concepts that both Peter Levine with SETI, and Emilia Ortega-Jara touch on.

Theme 7: A Gradual Introduction

One of the primary suggestions I have based off of my conversations with a few WWRC staff members as well as Emilia Ortega-Jara, was that healing practices should be folded into the organization in an *intentionally gradual way*. One organizer recounted an experience where they were working for an organization that had no prior experience or interest in offering healing support resources, until an intensely triggering incident occurred, and then organizers were given a healing circle space. This organizer described this experience as being rushed and not fully

thought through, as it created a “quiet, awkward, and forced” atmosphere. (Huerta Soto 2020) We can learn a lot from this insight, and recognize that applying an abrupt, intervention-style of healing is both reactionary and transactional by nature, and I think would be a **contradictory-style to the organizational direction that WWRC is currently embarking on.** With this, I think that it is integral to have a healing space where vulnerable conversations are already welcomed and a normalized way of communication. A space that does the opposite and places pressure and expectations for people to open, runs the risk of intimidating and scaring people off from the topic of healing, or worse, can result in there being a traumatic experience with healing itself.

Providing a **gradual introduction into healing practices is necessary** if the goal is creating a long-term commitment to cogenerate resistance AND resilience. Below are steps that combine many of the themes that I identified above and would-be worthwhile considerations to make:

1. **Establish a relationship with a healing practitioner** whose values are aligned with the collective organizational and interpersonal values established at WWRC.

Questions to consider when choosing a healing practitioner or organization:

- *Are they community-based?*
 - *Are they strength-based?*
 - *Ex. What is being used, a trauma lens or a healing lens?*
 - *Are they culturally grounded?*
 - *Do they seem flexible, and guided by discovering WWRC’s community healing needs, or do they seem to have a set agenda?*
 - *Are their healing practices more reparative, or transformative?*
 - *Are their healing practices accessible to all?*
 - *What is their experience/knowledge and or familiarity with stressors related to community organizing?*
 - *How much do they know, or should they know about the stress and traumas that can be specific to labor-advocacy organizing?*
 - *Are they based out of the IE?*
2. **Hosting an Introductory Healing Conversation with the staff.**
 - *Have a transparent conversation about what people's immediate reaction to healing is. Why does healing invoke different reactions to different people?*
 - *Have an open dialogue!*
 - *Explain how **collective healing is both an act of collective resilience and collective resistance within community organizing.***
 - *We must strengthen an investment in ourselves, so we can best show up for the communities we aim to support.*
 - *Talk about common traumas w/ organizers: vicarious trauma, hypervigilance, anxiety ect.*
 - *Use Audrey Lore, Healing Justice, and Emergent Strategy quotes*

- *Invest in purchasing staff-wide access to Healing Justice (or any other healing as it relates to activism books)*
- 3. **Learn about Somatic movement practices, try them out**
 - *Explore as a group, various Somatic techniques*
 - *Identify immediate physiological benefits associated with each practice*
 - *Try out integrating 10-minute somatic exercises into Monday weekly staff meetings*
 - *Brief 5-minute explanation of what the practice is, how to do it, the potential benefits it could have, and then the last 5 minutes could be a guided 5-minute exploration of this practice. Offering this could be a non-intimidating way to give staff the space, structured time, and opportunity to get their feet wet and explore engaging in a collective healing practice*
 - *Gage community interest and effectiveness over a period of weeks/months*
- 4. **Identify specific topics within healing support that staff feel is needed**
 - *Have practitioner host workshops and trainings catered to supporting these established healing needs*
- 5. **Make a long-term commitment to healing as an organization**

Conclusion

I want to zoom out and conclude by asserting that **if collective resistance is the goal for many movements, then a complete paradigm shift needs to occur, and this starts with centering healing at the core of community organizing.** Within WWRC, if a community-based, long-term, labor-advocacy movement is on their horizon, then providing community-based long-term healing practices should reflect their desired goal. With this, I believe that it is valuable to situate integrating healing into a workers-rights based organization, through the lens that healing can be seen as a radical act of collective resilience and resistance against the larger force of Capitalism. Through my findings I identified healing pathways and points of consideration that mirror the organizational ecosystem at WWRC. Here is a recap of my findings and suggestions:

Healing should be:

- Community-based
- Strength-based
- Start with the Staff
- Have a gradual introduction
- Be conscious of semantics of healing-related language
- Consider Somatic movement

I want to conclude by sharing quotes from three people who I had one-on-one conversations with, who talked about the need for a paradigm shift to occur within our movements. I urge you to sit with these quotes and think about how healing can be central to many calls for a paradigm shift to occur.

“We should think about Kwame Ture’s distinctions between Organizing and Mobilizing...in order to move away from just mobilizing and transactional relationships, we need to focus our energy in system change, invest in healing, and invest in the long-term” (Huerta Soto 2020).

Link to: [*Kwame Ture on Mobilization & Organization*](#)

“Covid has ripped the bandages over our eyes, what is the world we want to live in, what is the system we want to replace it with, and how can we create a future we actually want to live in” (Alvarado 2020).

“We need a whole paradigm shift, mind, body, spirit. If we don't see our interconnectedness, this work won't be sustainable. It will have consequences, it just will. I went through it, I lived it, I've seen it” (Ortega-Jara 2020).

Bibliography

- Adames, H. Y., Chavez-Dueñas, N. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, 74(1), 49-62. 10.1037/amp0000289
- Alvarado, V. (2020, November). [Interview]
- Aranda, E., & Vaquera, E. (2015). Racism, the immigration enforcement regime, and the implications for racial inequity in the lives of undocumented young adults. *Sociology of Race and Ethnicity*, 1, 88–104. <http://dx.doi.org/10.1177/2332649214551097>
- Bernal, D. D., Burciaga, R., & Carmona, J. F. (2017). *Chicana/Latina testimonios as pedagogical, methodological, and activist approaches to social justice*. London: Routledge.
- Blossom, P. (2020, October 06). It's More Important Than Ever To Remove the Stigma Around Latinx Mental Health. Retrieved November 01, 2020, from <https://www.oprahmag.com/life/health/a29518665/latinos-mental-health-stigma/>
- Bowen, K. A., & Marshall, W. N., Jr. (2008). Deaths of Mexican and Central American children along the U.S. border: The Pima County Arizona experience. *Journal of Immigrant and Minority Health*, 10, 17–21. <http://dx.doi.org/10.1007/s10903-007-9052-z>
- Cobb, E. (2018, May). Is Movement Beneficial for Your Mental Health? Retrieved October 30, 2020, from <https://explore.mindbodyonline.com/blog/wellness/movement-beneficial-your-mental-health>
- Cooper, C., Mitra, S., Sedgwick, S., (2017). Goods on the Move! Trade and Logistics in Southern California. LAEDC Institute for Applied Economics.
- Comas-Díaz, L. (2015). Bienestar: A Latina grounded healing approach to trauma. *Latina/o Psychology Today*, 2, 6–11.
- DeChavez, Y. (2018, November 15). Latinx Spaces: Redefining Latinx Media – All My Secrets: One Latinx Woman's Struggle with the Silence around Mental Health. Retrieved November 01, 2020, from <https://www.latinxspaces.com/latinx-voices/one-latinx-womans-struggles-with-the-silence-around-mental-health>

- Lara, Juan D. (2018) *Inland Shift : Race, Space, and Capital in Southern California*. University of California Press
- Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*, 74, 829 – 845.
<http://dx.doi.org/10.1111/j.1741-3737.2012.00989.x>
- Empowering Workers in the Logistics Sector. (2020, October 09). Retrieved December 07, 2020, from <http://www.warehouseworkers.org/>
- Foster, R. P. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71, 153–170.
<http://dx.doi.org/10.1037/0002-9432.71.2.153>
- Fieldnotes. (September-December, 2020). Warehouse Worker Resource Center
- Ginwright, S. (2020, April 16). PTSE: Coronavirus underscores the need for healing America's racial divisions. Retrieved December 07, 2020, from <https://www.sfchronicle.com/opinion/openforum/article/Coronavirus-underscores-need-for-healing-15198316.php>
- Ginwright, S. (2019, March 28). The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement. Retrieved November 01, 2020, from <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- González, M. S., Plata, O., García, E., Torres, M., & Urrieta, L. (2003). Testimonios de Immigrantes: Students Educating Future Teachers. *Journal of Latinos and Education*, 2(4), 233-243. doi:https://doi.org/10.1207/S1532771XJLE0204_4
- Huerta Soto, B. (2020). [Interview]
- Kaosji, S. (2020). *Racial/Healing Justice Speaker Series* [Video file]. Retrieved from <https://www.youtube.com/watch?v=uT8xvNMY6t4&t=2875s>
- Kaosji, Sheheryar. (2018). *Choke Points : Logistics Workers Disrupting the Global Supply Chain*. Pluto Press.
- Lopez, M. H., & Minushkin, S. (2008). *2008 national survey of Latinos: Hispanics see their*

situation in the U.S. deteriorating; Oppose key immigration enforcement measures.
Retrieved from <http://www.pewhispanic.org/files/reports/93.pdf>

Lumsden, J., Miles, L. K., & Macrae, C. N. (2014). Sync or sink? Interpersonal

synchrony impacts self-esteem. *Frontiers in psychology*, 5, 1064.

<https://doi.org/10.3389/fpsyg.2014.01064>

McInerney, C. (2011 Oct-Dec). The Healing Power of Movement. *Network Magazine*. doi:

<https://static1.squarespace.com/static/550af520e4b08394079870b0/t/55e824b3e4b0c6b7e923ac1c/1441277107108/The+healing+power+of+movement.pdf>

Medina, C. (2018). Digital Latin@ Storytelling: Testimonio as Multi-modal Resistance. In

Racial Shorthand: Coded Discrimination Contested in Social Media. Computers & Composition Digital Press.

doi:https://ccdigitalpress.org/book/shorthand/chapter_medina.html

Meet Our Team of Counselors, Therapists and Educators: Riverside CA. (2020, December 02).

Corazon Counseling. from <https://corazoncounseling.com/our-team>

Medina, C., Brochin, C., & Perry, M. (2015). Chicana/Latina Feminist Methodologies of

Embodiment. In *Methodologies of Embodiment: Inscribing bodies in qualitative research* (1st ed., pp. 102-116). NY: ROUTLEDGE. Retrieved 2020, from

<https://www-taylorfrancis-com.ccl.idm.oclc.org/books/e/9780203582190/chapters/10.4324/9780203582190-7>

Native Hope. (n.d.). The Science Behind the Healing Power of Storytelling. Retrieved November

01, 2020, from

<https://blog.nativehope.org/the-science-behind-the-healing-power-of-storytelling>

Ortega-Jara, E. (2020) [Interview]

Rankin, L. (2012, November 27). The Healing Power of Telling Your Story. Retrieved November

01, 2020, from

<https://www.psychologytoday.com/au/blog/owning-pink/201211/the-healing-power-telling-your-story>

Resilient Wisconsin: Trauma-Informed Practices. (2020, September 09). Retrieved November

01, 2020, from <https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>

- Reyes, Kathryn & Rodríguez, Julia C. (2012) *Testimonio: Origins, Terms, and Resources*, Equity & Excellence in Education, 45:3, 525-538, doi: [10.1080/10665684.2012.698571](https://doi.org/10.1080/10665684.2012.698571)
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Wilson, C., Pence, D. M., & Conradi, L. (2013). Trauma-Informed Care. *Encyclopedia of Social Work*. doi:10.1093/acrefore/9780199975839.013.1063
- What is Somatic Experiencing? (2020, December 04). Retrieved December 07, 2020, from <https://traumahealing.org/about-us/>
- What is SE®? (2020, June 07). Retrieved December 07, 2020, from <https://somatic.experiencing.es/en/what-is-se/>
- What is Trauma-Informed Care? (2020, April 13). *Trauma-Informed Care Implementation Resource Center*. Retrieved from <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
- Zillac, Chloe. (January 2020). *Are Warehouses in the Inland Empire a Blessing or a Curse?* Sierra Club
- Zimmerman, K., & Quiroz, J. (2016). *Love With Power - Practicing Transformation for Social Justice* [PDF]. Oakland: Movement Strategy Center.
-

Appendix

Link to Excel sheet of my all my Fieldnotes: [Fieldnotes.Lkent.2020](#)

Link to Transcripts:

https://scrippscollege-my.sharepoint.com/:w:/g/personal/lkent1221_scrippscollege_edu/EWtUWpBg_2FGqpmr1yxsBNoBbtOBZvqfrqgQLOuREwHFow?e=9Wobsu

If you have any further questions about my research findings or process please don't hesitate to reach out!

Laila Kent, 206-437-1956, laila6116@gmail.com