All I Want to Say Is That They Don't Really Care About Us: Creating and Maintaining Healing-Centered Collective Care in Hostile Times

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Cover Page Footnote

All I Want to Say Is That They Don't Really Care About Us: Creating and Maintaining Healing-Centered Collective Care in Hostile Times

Asif Wilson and Wytress Richardson

The world we live in is bound by systems of power and oppression, what hooks calls "white supremacist capitalist patriarchy" (Sully, 2018). Seen through the lens of critical race theory, these often invisible structures of oppression are endemic to U.S. society (Delgado & Stefancic, 2000, 2017) and to the institutions that educators work in (Ladson-Billings, 1998; Ladson-Billings & Tate, 1995). Educators must navigate the complexities of these toxic settings of schooling, as must their students, while also supporting their students' survival under these conditions. While there is a growing field of research related to trauma-informed care (Bath, 2008; Ko et al., 2008), little of it focuses on the practices and frameworks that guide care for the caregivers[1] who provide it.

Through two case studies, this paper unveils a framework for what we call *healing-centered collective care* in trauma-informed educational settings. The oppressive structures that exist in the world are also present in educational institutions. These structures create harmful conditions for all members of those communities, including those charged with supporting students. Whether out of disinterest or ignorance, little trauma-informed care is provided for caregivers in educational institutions other than in the spaces caregivers themselves create outside of their work responsibilities.

Drs. Asif Wilson and Wytress Richardson both currently hold positions in higher education and experience firsthand the trauma caregivers are experiencing. Faculty and staff members seem to share a common attitude that reflects the same sentiment: "They Don't Really Care About Us." The culture of higher education offers very little support for caregivers who provide services for students. Our model of care may support institutions in transforming into more inclusive, healthier, and happier environments for all stakeholders. We hope that both case studies provide context-specific examples for other caregivers and educational stakeholders to imagine and actualize the conditions needed to foster well-being for all members of our campus communities.

Extending Trauma-Informed Care Into Healing-Centered Engagement

While trauma-informed care (Bath, 2008; Ko et al., 2008) offers some support to caregivers working alongside survivors of trauma, it is limited in that "current formulations of trauma-informed care presume that the trauma is an individual experience, rather than a collective one" (Ginwright, 2018, para. 7). In addition, trauma-informed care "provides little insight into how we might address the root causes of trauma" (Ginwright, 2018, para. 8) and "runs the risk of focusing on the treatment of pathology (trauma), rather than fostering the possibility [of well-being]" (Ginwright, 2018, para. 9).

Ginwright's (2018) framework for healing-centered engagement offers an extension of trauma-informed care that may be useful in addressing the limitations of current approaches to supporting healing. The framework includes four "key elements" (Ginwright, 2018, para. 12):

1. Healing-centered engagement views trauma and healing from a political perspective, not a clinical one. Ginwright (2018) writes "healing from trauma is found in an awareness [of] and actions

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1   We will use the term "caregiver" from now on, in lieu of educator.

that address the conditions that created the trauma in the first place" (para. 13). When viewing trauma with a healing-centered lens, the work of healing moves away from better coping with the environmental conditions that cause pain (resilience) to an analysis of the oppressive structures, systems, and practices in place that are the root causes of pain.

2. Healing-centered engagement is cultural and makes explicit the connection between healing and identity. It "uses culture as a way to ground young people in a solid sense of meaning, self-perception, and purpose" (Ginwright, 2018, para. 14). Healing-centered engagement is not just viewed through the lens of western medicine; it "incorporates culturally grounded rituals, and activities to restore well-being" (Ginwright, 2018, para. 14).

3. Healing-centered engagement is an asset-based framework that utilizes strengths and "acknowledges that...people are much more than the worst things that happen to them" (Ginwright, 2018, para. 15). Healing-centered engagement builds healing spaces rooted in peoples' "experiences, knowledge, skills and curiosity as positive traits to be enhanced" (Ginwright, 2018, para. 14). Here, healing-centered engagement is seen as a tool of community and cultural wealth (Yosso, 2005), where the deficit veils that oftentimes exist are lifted to reveal the strengths that all communities hold.

4. Healing-centered engagement supports adult "providers" (Ginwright, 2018, para. 15) in providing their own healing. Ginwright (2018) reminds us that "we cannot presume that adulthood is a final, 'trauma-free destination'" (para. 16). He builds on previous studies to claim that "the well-being of the adult youth worker is also a critical factor in supporting young peoples' well-being...Healing centered engagement has an explicit focus on restoring, and sustaining the adults who attempt to heal youth" (Ginwright, 2018, para. 16).

We use Ginwright's (2018) healing-centered engagement framework as a guiding structure for healing-centered collective care for caregivers. While Ginwright's fourth key element is the only one that explicitly names healing for adult providers, we employ the entire framework as a pedagogical and epistemological medium that adults can use to engage in collective care.

We recognize that to better pour into students, we, as trauma-informed and healing-centered caregivers, must also create and maintain space to name our pain, communicate it to others, and begin creating collective processes that allow us to move closer to healing. Care, in this sense, is a political response to the oppressive conditions found in the world and in the school spaces we work in. We see caring for the caregivers as a political, communal, and fugitive (Campt, 2017) act of resistance. Care is fugitive because it creates the conditions for well-being, conditions that institutions of higher education (structurally) have yet to create and maintain. This act of resistance embodies the same refusal that Campt (2017) discusses:

> Practicing refusal means embracing a state of black fugitivity, albeit not as a "fugitive" on the run or seeking escape. It is not a simple act of opposition or resistance. It is neither a relinquishing of possibility nor a capitulation to negation. It is a fundamental renunciation of the terms imposed upon black subjects that reduce black life to always already suspect...It is a quotidian practice of refusing the terms of impossibility that define the black subject in the...logic of racial subordination (p. 113).

Two Examples of Healing-Centered Collective Care

The following two case studies provide examples of healing-centered collective care. We hope that readers

extract what is relevant for them, taking back concepts, practices, and questions to their communities in support of creating and maintaining their own collective care spaces. T.E.A.M. is told through the testimonio of Dr. Wilson and Girls of Grace is told through the testimonio of Dr. Richardson. Data from T.E.A.M. was collected over two years at a community college in a major urban city. Data from Girls of Grace was collected over a two-year span at an inner-city library that allocated private space for the youth center. In both sites, observations, reflective artifacts including written reflections and meeting minutes, and our testimonios served as data. They were collected, organized, and coded for their generative themes.

Both authors of this study work in institutions of higher education, and one of us runs a nonprofit organization where we have engaged in the scholarship and practice of well-being, trauma, and healing. Over the years, we have come to see the need for educational institutions and organizations—especially those interacting with (teaching, advising, tutoring, coaching, mentoring, etc.) students—to create and maintain structures of care for all. We came to know each other through a number of trauma-informed networks in Chicago. The studies presented here should be seen as complementary, supporting a more complex understanding of healing-centered collective care.

We arrive at this research as both insiders and outsiders. Because of our close relationship to each study as participants we invoke the testimonio (Latina Feminist Group, 2001; Delgado Bernal, Burciaga, & Flores Carmona, 2012) here as an additional source of data. Testimonio in this sense not only "challenges dominant notions of who can construct knowledge," but is also "a text…to theorize oppression, resistance, and subjectivity" (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 366).

T.E.A.M.

Transitional Education through Affective Methodologies (T.E.A.M.) started as a monthly space for approximately 19 participants—faculty, wellness center staff, advisors, tutors, and students from an urban community college—to develop a better understanding of asset-based pedagogies (Yosso, 2005), build relationships across our siloed departments, and better serve our developmental education students. We received a small grant to study our developmental education efforts.

The initial explorations of Yosso's (2005) community and cultural wealth framework led us to an investigation of the oftentimes invisible structures of oppression, what hooks termed "white supremacist capitalist patriarchy" (Sully, 2018). Collective discussion of these structural conditions helped us to develop a systematic analysis of the oppression people experience in the world, relating that oppression to larger structures in society and in our school.

After we spent nearly a year together, our work took a turn. It was the end of the spring semester and, as we always did, we opened up our meeting with check-ins—a ritual where every individual in the space could share their personal reflections related to how they were feeling physically, intellectually, and emotionally, and also express any needs they hoped the group could meet. During this particular check-in, almost every T.E.A.M. member shared a story of exhaustion, pain, and burn-out.

As I heard the narratives of my colleagues, I thought about colleagues at other institutions, mostly faculty and administrators of color who have lost their lives over the years due to stress and fatigue. I thought about my own stress and growing health concerns related to my long work hours, racial battle fatigue, and commitment to serving our students at the expense of my own health. I proposed to the group that we shift our attention the following academic year, when T.E.A.M. reconvened. I said, "We need to figure out how we are going to care for each other…because this place will chew us up and spit us out on the street" (field notes, April 18, 2018).

Our collective experiences made it clear that the structures and processes of our school were not developed nor maintained to care for us. Here we extend Campt's (2017) definition of fugitivity to capture the dialectical nature of T.E.A.M. On the one hand, T.E.A.M. was a space that the institution was not going to create on its own. On the other hand, T.E.A.M. was an imaginative space where we could celebrate each other and envision what was needed for us to thrive. T.E.A.M. was attempting to create the conditions and contexts for us to "reflect on the strategies and expressions of...survival, perseverance, and sociability in an anti-black world" (Von Gleich, 2017, p. 210). Furthermore, as educators committed to changing the oppressive conditions of our school, we knew the future in store for us was not the one we were dreaming of during this critical time together.

For one year, about 12 of the original 19 members of T.E.A.M. dedicated two hours every other week, to the group. During our time together, we focused on three areas related to collective care: breaking bread, engaging in healing practices, and political education. These acts of collective care represent "an extended family, where members are intimately connected and routinely perform acts of compassion on behalf of one another" (Dockray, 2019, para. 12). Before every session, T.E.A.M. members would sign up to facilitate one of the areas. This supported a more equal distribution of responsibility and, more importantly, of authority within T.E.A.M. Each one of us had knowledge and power. T.E.A.M. put Ginwright's (2018) framework into practice.

Breaking Bread: A Time to Be

Because most of us (the members of T.E.A.M.) were so busy with our daily work responsibilities, we rarely created time in our schedules to eat and nourish our bodies. While eating is certainly important to our physical survival, eating together as a collective within a fugitive space meant much more.

The spatial context created through eating food in a collective, familial-like setting was both collaborative and imaginative. hooks and West (2017) elaborate on this very notion, saying:

> Breaking bread...has to do with a critical recovery and a critical revision of one's past, of one's tradition, of one's history, of one's heritage...Breaking bread...could lead toward our critical understanding of the past and present and our transformation of the present into a better future (p. 2).

Rarely are there occasions structured in the school day for faculty, staff, and administration to *be* with each other. It was in the *being* that T.E.A.M members were able to reflect on the current moment, look forward, and know that we were not alone in our work. At the end of the fall semester, a T.E.A.M. member wrote:

> The bi-weekly TEAM meetings have shown me that I am not alone in my quest for a more liberatory educational institute. Many of us are engaged in transformational and justice work—we sometimes don't realize it and this work oftentimes occurs in silos. If we can engage across disciplines, as we did with TEAM—getting advisors, students, faculty, tutors, and admin in a room learning, discussing, and reflecting together—lots can be accomplished (end of the semester reflection, December 2018).

Because the U.S. school system is structured by output, defined and operationalized as the production of "things" for the advancement of the institution in a competitive market (Harvey, 2005; Lipman, 2011), intellectual time to *be* is often under siege from pressures to achieve better results. Starting T.E.A.M. meetings with food, and more importantly, the time to *be*, created a fracture in the conditions set forth by the institution (an act of fugitivity). As one T.E.A.M member noted:

To be honest, since my first meeting sitting in with T.E.A.M. I knew I found "my people." It's an atmosphere of inclusiveness with folks who share my beliefs and also challenge me to think further and be more intentional with the students here from an education-based perspective...There is no one moment that defines the impact T.E.A.M. has on me, but I can tell you I look forward to the meetings because it helps me through another two weeks of serving my community here (end of the semester reflection, May 2019).

Healing-Centered Practices

Empathy, imagination, critical reflection, and loving action were critical components of T.E.A.M.'s praxis. We use the term *healing-centered practices* to demonstrate, more pragmatically, how T.E.A.M. was a space of healing. Healing-centered practices were engaged through a number of collective acts both during and outside of T.E.A.M. These practices were reflected in the group's attention to practicing care for each other. Our healing practices varied from meeting to meeting. On one occasion, we practiced chair yoga, on others, we wrote affirmations to each other and shared them, on other occasions we engaged in guided meditations.[2] During the last meeting of the fall semester, one T.E.A.M. member stated:

> I didn't know what this team was about, or what we were doing. This is my third meeting but it's something that I've never experienced in this building, nor in a corporate setting. I've never done affirmations before...I appreciate the team, being here. And I am ready for next year (field notes, December 10, 2018).

Here we get a glimpse into the fugitive nature and healing potential of T.E.A.M. From Mel's[3] saying, "I am ready for next year," we may be able to draw the connection between T.E.A.M.'s affirming practices and healing. Ginwright's (2018) healing-centered framework "has an explicit focus on restoring and sustaining the adults who attempt to heal youth" (Ginwright, 2018, para. 16). Being appreciative of the collaboration and ready for the future exemplify the restorative practices of T.E.A.M.'s healing-centered engagement (Ginwright, 2018).

In reflecting on their experience with the check-ins that every T.E.A.M. meeting started with, one T.E.A.M. member stated

The meetings provided a group of people for me to check in on and who can check in on me. This was a group of people who were genuinely glad to see each other every two weeks. I think it created unity that epitomizes a "family." We are like a group of cousins who get together to plan and work and laugh and cry (end of semester reflection, May 2018).

Our check-ins, among other healing-centered practices, reflected the familial kinship relationships T.E.A.M. members held with one another. Through the deep connections we built, we knew we could depend on one another and collectively imagine and temporarily enact the sort of world we hoped to live in.

Political Education

Political education was a crucial component of our collective care efforts. Without a strong understanding of the structures of oppression in our lives and our school, we may have continued to blame ourselves for the pain we were experiencing. Furthermore, without constant affirmations of our existence and fugitive

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2   This list is not exhaustive.
3   Pseudonym

work, we may have continued to reproduce oppressive conditions for our students, even under the guise of trauma-informed care. One T.E.A.M. member wrote

> By way of T.E.A.M. I was enlightened by the definition of trauma and subsequently the impact it has on our students and on the employees. Unpacking…trauma and the inability to talk about it… forced us to look at our students with a little more compassion and start to address the wellness of our entire community (end of semester reflection, May 2019).

During our time together in T.E.A.M., we read articles, watched videos, and listened to narratives that validated our existence and our decolonial praxis and helped us to develop the vocabulary and conceptualizations of the work we were engaged in. Political education in T.E.A.M. cultivated the group's understanding of justice, equity, liberation, and agency. Ginwright (2018) reminds us that "building an awareness of justice and inequality, combined with social action…contribute to overall wellbeing, hopefulness, and optimism" (para. 13). Here, political education represents an awareness of the structures of oppression and the motivations for liberation. Both of these themes provide meaningful examples and road maps to learn from.

Reflecting on the value of T.E.A.M.'s political education, one T.E.A.M. member wrote, "The educational pieces are always my favorite because I love reading radical work in different areas that relate to education and how it can make us better and more effective instructors for students" (end of the semester reflection, May 2019). T.E.A.M. members studied a wide variety of scholars and scholarship including, but not limited to, trauma and trauma-informed care (Bath, 2008; Ko et al., 2008), epigenetics (Bowers & Yehuda, 2016; DeGruy, 2005), dominator culture (hooks, 2003), healing-centered engagement (Ginwright, 2018), and culturally sustaining pedagogies (Paris & Alim, 2017).

Freire (1970/2007) reminds us that "apart from inquiry, apart from praxis, individuals cannot be truly human. Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other" (p. 72). The political education we engaged in during T.E.A.M. not only increased our knowledge of various concepts, but also supported our interactions with students. For us, political education was often absent in our day-to-day responsibilities; I frequently hear that there is no time to engage in intellectual work. T.E.A.M., as a fugitive space, intentionally created the intellectual context for us to better understand ourselves and the world we were engaging in with students.

T.E.A.M. Turning Inward

T.E.A.M.'s shift to put more effort into care for ourselves, the caregivers, seemed to be a critical move. The group used an asset-based approach that built upon the members' "experiences, knowledge, skills and curiosity" (Ginwright, 2018, para. 15) as opposed to our deficits. This positioning of ourselves and each other provided T.E.A.M. members a space to be, a space to learn together, and a space to heal together. When asked about the shift, participants agreed that it was necessary. One person said, "I believe it was a good move. During our check-in it showed that this was needed at the time for the group" (end of semester reflection, May 2019). Another T.E.A.M. member wrote, "It definitely helped with identifying peer support systems and in building authentic relationships with colleagues in a manner that usually doesn't happen in typical 'work meetings' (end of semester reflection, May 2019).

While these healing-centered collective care efforts were used for our own well-being, they also seemed to impact how we interacted with students, supporting this paper's claim that if we care for each other

more we will, as a result, have a stronger capacity to care better for our students. At the conclusion of T.E.A.M., one member wrote, "Students come to us (as we may come to work) with many life experiences, both positive and negative, that shape their learning and development. T.E.A.M. allowed us to learn about how to support students and provide them a space to name and frame their experiences" (end of semester reflection, May 2019). Here we see the symbiotic nature of T.E.A.M.—a space for us to focus on ourselves while also focusing on our students.

Girls of Grace

The genesis of Girls of Grace came after I continually experienced encounters with girls who seemed to lack confidence, self-respect, self-esteem, an awareness of their culture, and an ability to make adequate decisions. After observing social and physical scarcities in the lives of middle-school and teenaged girls in the Ashburn neighborhood of Chicago, I created a safe space for young girls to learn the life skills necessary to increase their opportunity for holistic growth and development. What began as a small in-home life skills group expanded to a formal program. In May of 2007, I founded the Girls of Grace Youth Center, a 501(c)(3) nonprofit organization. Through a volunteer-driven model, Girls of Grace dedicated all its efforts to the holistic development of girls between the ages of 10 and 18. The Girls of Grace Youth Center focused on three core program components: healthy self-development, leadership development, and mentoring. The ultimate goal was to create a safe space; provide a variety of tools for the girls; help them break the cycle of unhealthy behaviors and lifestyle choices by mirroring effective practices, speaking life, and doing the work required to support them in shifting their thoughts, actions, and behaviors; and expose them to a different way of life.

I quickly realized the social and emotional needs of some of the volunteers as well as the constant need to pour into them. I started noticing that some of the volunteers' interactions with the youth were curt and abrasive. After having discussions with the caregivers, I came to understand that they were dealing with high levels of stress in their lives. They wanted to help, but their approaches and techniques were not appropriate or conducive to the safe haven we were building. I created intentional time with the volunteers. Our time together was in a circle, fellowshipping over food and building healthy friendships that went beyond just working together. As we connected, shared intimate stories of our lives, and sometimes even cried together when in-depth personal information was being disclosed, we were brought closer to each other. It was evident that healing was occurring and that deep connections were being made. Girls of Grace shifted its purpose. While we were there to service the girls, we also needed to better understand and respond to our own pain.

Ginwright's (2018) healing-centered engagement framework calls for an explicit relationship between healing and identity. Girls of Grace principles were constructed from Ginwright's theory. We welcomed and valued each individual as they were and made a conscious effort to build relationships that recognized and used everyone's strengths. Through our work, we developed four principles that embody the essence of our organization. These principles are practiced with both the caregivers and the girls.

Girls of Grace Principles

- We create a space for open dialogue with caregivers to stay connected.
- We work toward developing relationships with one another collectively and individually.
- We promote growth and affirm the significance and worth of girls of color.
- We develop caregivers to effectively mentor and support youth.

Since developing and incorporating these practices, Girls of Grace has transformed into a healing-centered organization that has become beneficial to all members of the community, including the caregivers.

Soul Connections

To initiate the new direction of Girls of Grace, I incorporated Ginwright's (2018) healing-centered engagement, which builds healing spaces rooted in peoples' experiences, into our work. I established listening circles that took place twice a month; the first occurred a month after we launched the program. I had found it necessary to create listening circles after I observed caregivers having encounters with the girls that lacked compassion. I hoped the listening circles could transform our interactions with the youth if we focused on naming and responding to our own lived experiences.

During our first circle, I shared how we had a responsibility to behave as if we loved and cared for the girls. I impressed upon the caregivers that we could not react to the youth negatively. That seemed to go over well and resonated with everyone. Eventually, our discussion began to get deeper. I shared an experience I had growing up, where I felt as though I was being treated unkindly, judged by adults who perceived something I did as inappropriate. I was talked down to, which made me feel less than. That sparked multiple women sharing similar experiences. One educator cried when talking about her situation. She expressed how she was always called "fast" and told that she was "boy crazy." She went on to describe how such experiences with adults negatively impacted her life.

Each subsequent circle became more intimate. We felt comfortable with one another and connected with each other through story-telling our lived experiences; we call these connections bound by shared experiences *soul connections*. We shared the good times and bad times, our disappointment and pain. The listening circles created contexts for everyone to share their experiences and express their hopes, dreams, and life expectations.

This circle process supported our soul connections. It allowed me to hear the hearts of everyone and connect with them on a personal and professional level. Through these shared experiences, soul connections were made that would not have developed without the circle process. Over time, trust, patience, and understanding manifested and relationships flourished. Also, a sense of belonging emerged that felt comforting, safe, and natural. These shared experiences aided in bonding us together in a loving and caring way.

Ginwright (2018) states, "healing from trauma is found in awareness and actions that address the conditions that created the trauma in the first place" (para. 13). Our circles allowed for authenticity that was critical for the well-being of all. We empowered ourselves and collectively joined together to create a space that supported our needs and propelled us to better care for the youth we were working with.

Sankofa

Another foundational principle we incorporated in Girls of Grace was Sankofa. Sankofa is a word that means "go back and get what is at risk of being left behind" (Temple, 2010). It serves as the call to action to go back to one's culture to generate power and the essence of the spirit. This is symbolic and traces back to the Twi language of Ghana. During our work in the circles and through our shared experiences, I realized that many of the women lacked pride in their Blackness and the natural beauty they possessed. During one meeting, one woman made it very clear that she hated her "nappy" hair. Another woman was disgusted with her full hips and cried because of the maltreatment that she experienced from being teased and taunted growing up. Many of the women disliked at least one feature of their bodies. This negative identity was

being reproduced with the youth. Incorporating culture into our time together, so that the women had to go back and learn the history which aligned with who we truly are, was transformational. Over time this created a paradigm shift, as the women grew to understand the historical context of their experiences.

As Girls of Grace caregivers, we considered that this charge of going back to capture the foundation of what identifies us and our experiences highlighted the need to collectively care not just for the youth we were serving but for one another (the caregivers) together. Many of the women lacked a genuine connection with their African heritage. Sankofa served as a principle that helped us explore our culture from a historical perspective. Reaching and reflecting to build on our original foundation provided the strength-based perspective whereby we empowered others and combated the deficit-based climate we were working in.

Moving Toward Healing-Centered Collective Care

It has become evident that the stressful conditions that currently exist in classrooms and institutions today need to change. Caregivers cannot pour into the lives of others if we are mentally unfocused and physically and emotionally drained. If caregivers are expected to support the well-being of others, it is crucial that institutions develop and maintain healing-centered collective care practices for the caregivers.

This paper presented a framework for what we call healing-centered collective care. We extended Ginwright's (2018) healing-centered engagement to conceptualize a model of collective care for caregivers engaged in trauma-informed care both in school settings and outside of them. The two case studies presented here are not intended to be replicated and scaled—we hope that readers will take the emergent themes back to their own spaces and contextualize the work in ways that are useful to their communities. We conclude with a set of suggestions we offer to readers as starting points toward creating and maintaining their own healing-centered collective care spaces:

- Kinship relationships: Without deep kinship relationships, or what we call soul connections, collective care initiatives will likely result in inauthentic and individualistic spaces. T.E.A.M. and Girls of Grace could not have engaged in healing-centered collective care without trust and political understandings of the members' bonding inextricably to one another. Healing-centered collective care requires kinship relationships among the members.

- Political education and fugitivity: Without an analysis of dominator culture (hooks, 2003), we run the risk of blaming individuals for the pain caused by white supremacist, capitalist, and patriarchal structures in society and schools. Long-term political education, as described through the work of T.E.A.M., may provide other caregivers with an understanding of the structures and systems of oppression embedded into society and our educational spaces. A systemic analysis of these very structures also illuminates the fugitive nature of healing-centered collective care. The fugitive spaces created were meaningful, but only temporary solutions. More structural approaches to healing-centered collective care should be considered. Until then, harmed people will continue to find ways to survive, using fugitivity as a tool to create the conditions of love, care, and compassion.

- Asset-based approaches to collective care: Asset-based approaches to healing-centered collective care de-center pain and focus on well-being. Through this focus, educators may be able to better imagine and create the conditions that foster joy, as opposed to reacting to the painful conditions of our lives.

As mentioned throughout this article, educators working with students must consider how to create and maintain healing-centered communities of care. When we create the conditions that allow us to "do more

than survive" (Love, 2019), we are also creating the conditions for the world we want to live in one day. We hope that oppressed people can someday live in a world where we do not have to create fugitive spaces for our own well-being. However, in this moment we must do what we can to (re)appropriate institutional spaces, allowing us the freedom to imagine and enact (within the fugitive spaces we create) that world.

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