

## You Can't Framework Healing: *What happens when funders demand evidence for practices that move at the speed of trust*



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For centuries, communities practised wellbeing through ancestral wisdom – rituals passed through elders, healing embedded in ceremony, collective care woven into daily life. But colonial violence interrupted that transmission. War killed knowledge keepers. Displacement severed connections to land. Racism demonised spiritual practices as "primitive."

**Now activists are reclaiming what was stolen: indigenous healing practices, spiritual traditions, collective approaches to care** – like hot water therapy for newborns passed down through generations. or Ethiopian coffee ceremonies that take three hours because that's how long healing takes. **Reclaiming means moving at the speed of trust, not the speed of donor cycles.**

But here's the contradiction civic actors face: to get funding, you need frameworks, evidence-based programming, quarterly reports, metrics that prove your grandmother's knowledge works. **When you're forced to translate your healing into frameworks built by people who never honoured you, you lose the essence trying to prove the evidence.**

### THE TRAP

- 1 The colonial wound** – When elders die in conflict, they take lived knowledge with them.  
**In practice:** When Nyamal Tutdeal's cousin gave birth in South Dakota, far from elders, Western institutions asked: "Where's your evidence-based programming?" Her answer was: "The evidence is me. My cousins. My grandmother. Knowledge that exists even if it hasn't been documented."
- 2 The language gap** – In Nuer, there's no single word for "trauma." Many indigenous cultures lack words for "postpartum depression." Not because these communities didn't experience hardship, but because they had collective care systems that prevented isolation. Mothers were held by community. Pain was processed together, not individually.  
**The cost:** The therapy available, the frameworks funders recognise – they're all built on Western assumptions about individual suffering. But the wounds being addressed, and the healing practices that were interrupted, were always collective.
- 3 The extraction machine** – Western institutions want to know *how* indigenous healing works so they can replicate it, scale it, monetise it – stripping away the relational foundations that made it effective.  
**The response:** Practitioners are learning strategic refusal. "We're learning to withhold information. To not share our rituals. Because it's not supposed to be frameworked." – Nyamal Tutdeal

### PATHWAYS FORWARD



## WHAT THIS MEANS FOR CIVIC ACTORS

We've done collective care before. When the AIDS crisis devastated communities in the 1990s, Positive Women built peer support networks that held people through illness and grief; when environmental destruction threatened livelihoods, Wangari Maathai's Green Belt Movement didn't just plant trees; and long before any of these movements had names, communities across Africa practised Harambee and Ubuntu – collective care systems where no one's wellbeing was separate from the community's. **The knowledge exists. It's been tested across generations. The question is: will Western-dominated funding structures make space for healing that can't be measured in their metrics?**

**Wellbeing is the infrastructure of resistance. When we build that infrastructure from our own soil, using knowledge our ancestors protected, we don't just survive – we return home.**