

Oppression Embodied: The Intersecting Dimensions of Trauma, Oppression, and Somatic Psychology

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Editor's Note: Rae Johnson, one of our most experienced somatic educators, offers a stellar example of integrating mind/body and behavior with cultural values and social structures in an exemplary study that illustrates Hakomi's unity principle. It is hoped her article will inspire others to follow her lead, since this inclusive quality of holistic work is simply too rare. It was previously published in the USABP Journal, Vol. 8, No. 1, 2009, pp. 19–31, and is used with permission.

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Abstract

Through narrative somatic inquiry, this study investigates the lived embodied experiences and understandings of individuals who identify as oppressed. It explores the somatic impact of their oppression: how they embody oppressive social conditions through their non-verbal interactions, and how oppression affects their relationship with their body. The participants' narratives suggest that a relationship exists between the somatic effects of trauma and embodied responses to oppression, and that the body is an important source of knowledge and power in resolving the traumatic imprint of oppression. These new insights are linked to the developing fields of somatic psychology and traumatology, and implications for diversity work in body psychotherapy is discussed.

Key words: *somatic psychology, trauma, oppression, diversity, embodiment*

The research discussed in this paper explores the somatic imprint of oppression: how we embody oppressive social conditions through our non-verbal interactions, and how oppression affects our relationship with our own bodies. The study integrates somatic perspectives with narrative inquiry (Clandinin & Connolly, 2000) to investigate how oppression is enacted and reproduced through the body, using a “body stories” approach (Johnson, 1997; Olsen, 1991; Sullivan, 1995) to access and document the lived embodied experiences and understandings of five women who identify as oppressed. This knowledge is then framed in the context of psychotherapeutic and psycho-educational practice, with particular emphasis on understanding how the somatic imprint of oppression may be linked to our emerging understandings of the body's role in mediating trauma, and how somatic psychotherapists can more effectively incorporate issues of diversity and social justice in their work.

An Introductory Narrative

For many years—well into my twenties, in fact—I would have insisted to anyone who asked that I was not oppressed. I was raised in a family of gentle introverts with a quirky disregard for social norms, and believed that my unique upbringing had successfully inoculated me against the kind of gender and sexual oppression that I knew other queer women experienced. For example, neither of my parents particularly treated me like a girl as I was growing up. Not that they treated me like a boy, either. Rather, they simply encouraged me to be myself—to identify and articulate my preferences, make my own choices, and take responsibility for my actions. My parents taught me by example and instruction to be more self-referenced than socially-referenced. They were always asking me what I thought, so I learned what I thought. As a result, I knew myself much better than I knew the world.

It wasn't until I started school that I began to recognize how different this made me, and how the combination of quiet, polite dependability and self-assured autonomy placed me outside traditional gender categories—I wasn't really like the girls (too strong minded), and I wasn't really like the boys (too reserved). More significantly, I understood somehow that I couldn't choose between being “just like the boys” or “just like the girls” without sacrificing something essential to myself. So I didn't. With the tacit but unquestioning support of my family and a series of friends who were attracted to my capacity to know my own mind, coupled with my relative disregard for what other people thought, I instinctively refused to “do gender” the way I was expected to. Of course, I refused to do many things the way I was expected to—not with any particular desire to rebel, but simply because it never really occurred to me to do otherwise.

The eccentricity that naturally developed from repeatedly choosing my own course when faced with an endless series of small but significant social choices pervaded all aspects of my identity. “Not fitting in” became such an intrinsic element of my day-to-day lived experience that it went relatively unnoticed, and was not understood by either myself or my family to be inherently problematic. Certainly, the effects of having constantly to choose between being true to myself and belonging to a social group were not analyzed, problematized, or politicized in any substantive way. It was just “the way I was,” and “the way things were.” Sustained by the care and understanding of a small circle of kindred spirits, the cost of my deviance remained unexamined until much later in my life.

Although I deeply appreciate the degree to which privilege undergirds the preceding statements—that I lived in a context where my oppression was not a vivid and painful figure, but rather an invisible but pervasive ground—I must also acknowledge the unique challenges it presents. One of the women I interviewed for this study remarked that she felt that one of the most destructive aspects of covert abuse was its capacity to render its victims unaware of the damage it inflicts, and my own process of reclaiming embodied knowledge lost to oppression echoes that experience.

As I noted earlier, this reclaiming process did not really begin until I was well into my twenties, through deep immersion in psychotherapy training that integrated bodywork and a dramatic exposure to the ideas and practices of radical feminism. As a student in a professional training program in Gestalt Therapy, I was exposed to the full range of bodywork approaches that had influenced the development of Gestalt—bioenergetics, Alexander Technique,

Feldenkrais, Rolfing, and massage, for example—and this exposure was as much experiential as it was theoretical. Around the same time, I formed a women's group with a number of my closest friends, and every Tuesday night for two very full years, we wrestled (sometimes literally) with the personal and interpersonal impact of living as women in a patriarchal society. I also began working as a counselor at a shelter for homeless young women, where I witnessed first-hand the devastation of body, mind, and spirit that violence against women perpetrates. My first night on duty at the shelter, I spent an hour cleaning dirt out of the ragged scrapes on a 16-year-old girl's face after she was dragged across the pavement during a gay bashing outside a local dyke bar.

After years of quietly accepting the notion that my refusal to conform to society's expectations was my individual choice (and therefore, my responsibility), I began to realize how very few genuinely satisfactory choices I really had with respect to gender and sexuality. For the first time, I began to question why I was repeatedly forced to refuse a social norm (to behave a certain way, to dress a certain way, to respond to men a certain way) and accept the consequences (alienation and marginalization), rather than feeling free to choose from a range of possible options, or to create my own. Radical feminist theory helped me to frame my discomfort and disconnection as systemic and political, rather than merely an introvert's existential dilemma. Although very few feminists were talking about the body at the time (Price & Shildrick, 1999), my own work with the body in psychotherapy provided a rich source of material that linked clearly and directly with issues of oppression. Light bulbs were going off—but they were going off in my body, not just my head.

These light bulb flashes of insight illuminated a somatic landscape far more damaged by the effects of oppression than I would otherwise have imagined. As I undertook additional professional training in dance/movement therapy, psychodramatic bodywork, crisis intervention, and traumatology, I began to recognize a pattern of impact that echoed what I was seeing in my clinical practice working with survivors of childhood trauma. Specifically, the effects of oppression on the way I used and felt my body seemed very similar to the somatic effects of trauma.

A research study I conducted on movement therapy with survivors of trauma (Johnson, 1996) reinforced for me the importance of recognizing the ways in which the body deals with traumatic experience, and helped me begin to articulate the somatic dimensions of post-traumatic stress disorder (PTSD). Subsequent trauma research (Levine,

1997; Nujenhuis, 2000; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 1996) has affirmed the role of the body in mediating trauma, and describes the somatic impact. These effects may include a sense of disconnection from the body (experiencing the body as somehow unrelated to the self, or an inability to feel all or part of the body) that the literature often refers to as somatic or somatoform dissociation (Nujenhuis, 2000). The somatic impact of trauma may also include a constriction of body movement (and a related discomfort with being physically expressive), somatic re-experiencing of traumatic events (body-based implicit memories in which only the physical sensation is present), a heightened startle response, and a range of somatic complaints (Scaer, 2000).

As I began to make these links for myself, I grew more attuned to the somatic manifestations of oppression in others, and began to attend more carefully for connections between what students and clients told me about their bodies and the social contexts in which they lived. I became increasingly curious about the ways in which the somatic imprint of social injustice might be experienced and understood through the bodies and voices of the oppressed themselves. What follows is the result of my research on the somatic dimensions of oppression, viewed through the lens of the accumulated knowledge of twenty years as a body-centered psychotherapist and somatic educator. To help locate this research in the context of my own professional work, another brief story is in order.

Several years ago, I was facilitating a movement therapy group for women in recovery from addiction. One of the participants brought an intriguing combination of enthusiasm and reticence to the work of the group—she struggled with group dynamics and finding her voice in group discussions, but was game to try any movement experiment I suggested. Her body language was hesitant, and her use of space limited, but there was often a smile on her face and a sparkle in her eyes. During one session, we improvised to music using large chiffon scarves, imagining that our bodies were expressing the qualities of air. As the sound of harp strings floated through the room, I noticed that Julia was moving with more freedom and ease.

When the group sat down together afterwards to discuss our experiences, the grin on her face was impossible not to notice. Beaming with pride, she confided that she had put her arms over her head. I think we were all a little mystified by that statement at first, until she explained that her childhood experiences with a physically and emotionally abusive alcoholic father had so stifled her ability to feel free in her own body, that she had become unable to raise her

arms over her head without feeling completely exposed and vulnerable. She had been taught not to take up space, not to reach or strive or rejoice. She had also learned not to expose the vulnerable core of her body to possible attack by others. Although she was now well into her thirties, she couldn't remember ever before feeling comfortable raising her arms over her head in the presence of others. It struck me again how critical the relational dimension of embodiment is, and how the ways we are with others (or fail to be) is so much an issue of the body.

From my perspective, there were incredible forces preventing Julia from being in her own body, in her own way. Although that morning Julia had named her father's abuse as one of those forces, I had heard her name many other factors in the course of our work together: being a street kid, a lesbian, a drug addict, a psychiatric survivor, a woman. I resolved then to focus my professional work on understanding how multiple social forces work through the body to bring oppression into being. The research described in this paper is grounded in that resolve, and I hope to offer new insights, knowledge, and understandings that are relevant to scholars and practitioners alike.

Conceptual Framework

The theoretical foundations of this research are located in the scholarly literature of a number of fields and disciplines, including embodiment and non-verbal communication theories, somatic psychology, and feminist and critical traumatology. Key findings in the existing literature are described below in a sequence intended to guide the reader through the interdisciplinary conceptual framework from which the study rationale and research questions emerge.

1. In short, embodiment theories and nonverbal communication research tell us that:
 - a. We become who we are through our bodies (not just our minds) (Hanna, 1970; Merleau-Ponty, 1962),
 - b. Our embodied experience is necessarily also a social experience (Merleau-Ponty, 1962; Price & Shildrick, 1999; Weiss, 1999).
 - c. The nonverbal component of social interaction (rather than institutional structure) is the locus for the most common means of social control (Henley, 1977; Henley & Freeman, 1995).
2. Traumatology theory and research tells us that:
 - a. Trauma is significantly mediated through the body and manifested in embodied experience (Scaer,

2005; van der Kolk, 1994).

- b. Oppression can be located on a continuum of trauma and be understood as chronically traumatic (Burstow, 2003).
3. Somatic psychology proposes that it is possible to transform individual experience through a process of somatic psychotherapeutic intervention and psycho-education that supports the cultivation of an integrated, embodied consciousness (Hartley, 2004).

Given that embodiment theory and research suggest that the body is a significant locus for experience through social interaction, and critical trauma theorists argue that oppression is traumatic, it is reasonable to assume that oppression may manifest in embodied experience in ways that parallel the somatic effects of trauma. Establishing this link through empirical research provides direction for somatic psychologists who engage in teaching, research, or psychotherapy with individuals who have experienced oppression. (For the purposes of this research, oppression is defined as a system of multiple social forces that unfairly privilege the members of some groups over others and subsequently limits access to resources and opportunities for members of socially subordinate groups.)

Although this study represents a preliminary foray into a rich and complex area, it does offer the beginnings of new knowledge. Specifically, it starts to uncover how oppression affects the way some individuals experience and relate to their bodies and the bodies of others. It also suggests that what we “know in our bodies” is critical to our understanding of social justice, and to psychotherapeutic and psycho-educational approaches to diversity work.

Emerging from the conceptual foundation and research rationale described above, my study asked the following questions:

1. How is social oppression experienced in and through the body?
2. How do we bring our bodies to the navigation of power differentials in relationships with others?
3. Can somatic psychotherapy/psycho-education provide a means for becoming more conscious and skilled in the ways we embody power?

These questions will be revisited throughout the text in both the literature review and in the discussion of the research data.

Review of the Literature

Scholars working in the area of critical social theory are making significant contributions to understanding the role

of the body in social experience (Cohen & Weiss, 2003; Price & Shildrick, 1999; Shilling, 1993; Turner, 1996), and offer important insights into how the body and society interact, affect and/or create one another. In particular, the work of social theorists emphasizes the role of the body in reproducing society, both through conscious modification and unconscious use. Despite the significance of these contributions, few of these ideas have been applied to practices developed to enrich the lived embodied experience of individuals. At the same time, most of the emphasis in somatic psychology to date has focused on the subjective internal experience of the body, with little reference to how that experience translates to the social and political realms (Hartley, 2006; Knaster, 1993). By linking key findings of critical embodiment theorists with somatic theory and emerging trauma research, I believe there exists significant potential for somatic psychology theory and practice to become a source of social as well as personal transformation.

Evolving Perspectives on Embodiment

In contrast to the primal and Eastern conceptions of the body/mind (Godagama, 1997; Yuasa, 1987) in which the body/mind is conceptualized holistically, the Hellenic intellectual tradition separates body and mind, and devalues the body and its perceptions as unreliable and illusory (Murphy, 1969). In a philosophical legacy extending from Plato and Socrates through to Descartes, the physical senses are regarded as imperfect instruments in perceiving the objective truth of external reality. Only the mind is considered capable of accurately discerning and understanding the true essence of existence, and bodily experience is actually thought to inhibit and impair our attempts to understand the nature of reality. This perspective has been profoundly influential on the Judeo-Christian theological tradition, as well as on later philosophical schools of thought.

Phenomenology offers perhaps the most significant Western philosophical challenge to Cartesian dualism. In particular, Merleau-Ponty's work offers an embodied, existential form of phenomenology that emphasizes the role of the body in human experience, and attempts to resist the traditional Cartesian separation of mind and body. In *Phenomenology of Perception* (1962), Merleau-Ponty argues that consciousness, the world, and the human body are intricately intertwined and mutually engaged, and that physical reality is not composed of the unchanging objects of the natural sciences, but is a correlate of our body and its sensory functions. His elaborations of body image and embodied intersubjectivity provide key concepts in understanding how becoming fully embodied depends on being

with other lived bodies. His notion of inter-corporeality acknowledges that the individual lives in a multi-personal field, and that this field conversely inhabits the individual. Embodied experience and the relational world are so deeply intertwined that inter-corporeality grounds and sustains our ability to relate to the world. The discovery of mirror neurons about a decade ago (Gallese, Fadiga, Fogassi, & Rizzolatti, 1996) provides fascinating evidence of the possible neurobiological basis for inter-corporeality, and ongoing studies in mirror neuron research include discussions on the possible implications and applications of this embodied intersubjectivity (Decety & Lamm, 2003). The conceptual significance of inter-corporeality to this research is the implication that we remain exposed to the other through embodied experience, and can take the other's different perspectives into ourselves through our bodies. In short, what happens to us on a body level in relation to others (including the embodied dimensions of oppressive social interactions) is both meaningful and profoundly important to our self-identity.

Somatic theory as articulated by Hanna (1970, 1986–1987) and others (Greene, 1997, 1998; Johnson, 1983, 1985, 1997) offers further insight into the question of how we bring our bodies to our social relationships with others. Somatic theory draws upon existential, evolutionary, and phenomenological perspectives to suggest that what we experience as reality depends on the quality of somatic perception we bring to our engagement with the world, and that privileging the subjective experience of the body corrects an historical imbalance that marginalizes this dimension of human experience. Using a somatic perspective allows us to understand one of the implications of this imbalance as a narrowing or constriction of consciousness that results in less freedom, fewer choices, and less functional patterns of embodied engagement with the environment (Hanna, 1970). In tracing the philosophical developments that support somatic experiencing, Hanna argues that the need for a return to the lived experience of the body is related to the evolution of the human species, in response to industrialization, rationalization, and the commodification of the body. From this perspective, somatically informed psychotherapeutic and psycho-educational practices could be understood as facilitating the awareness of body experience in support of its modification toward a more functional and intentional relationship between body, mind, and environment.

The Body and Critical Social Theory

Despite phenomenologist's (and somatic theorist's) concep-

tual linking of the individual and social worlds through the experienced body, the body is rarely directly referenced in sociological writings (Levin, 1988; Ritzer, 1996), and has only recently become a legitimate topic of study in its own right (Shilling, 1993). Gradually, however, the incorporeal abstraction characteristic of Cartesian dualism is beginning to be contested by feminist, queer, and other critical social theorists, who have made connections between disembodiment and gender oppression, as well as other forms of marginalization.

For example, in their preface to *Feminist Theory and the Body*, Price and Shildrick (1999) assert that “The association of the body with gross unthinking physicality marks a further set of linkages—to black people, to animals, and to slaves” (p. 2). Feminist theorists are also noting how embodiment has historically been characterized by binary norms—male/female, well/ill, heterosexual/homosexual, black/white—and that these norms are both threatened and confirmed by the existence of bodies that fall outside them.

Queer theorist Judith Butler (1991, 1993) provides a key concept in understanding how bodies are implicated, not only in the social production of difference, but in notions of identity as well. Drawing on Irigaray's (1985) notion of multiplicity beyond the binary and Foucault's social construction of the body (1990, 1991), Butler's notion of performativity—identity as constructed through a process of bodily reiterative acts and gestures—suggests how our experienced and experiencing body is us. Through performativity, the body “text” shifts from being comprised mostly of stable, unchanging nouns to becoming significantly about verbs. One of the important implications of performativity with respect to this research is that it provides a conceptual foundation for how somatic interventions (both psychotherapeutic and psycho-educational) might transform the somatic impact of oppression by providing alternative ways of performing embodied experience.

Critical race theorists are also addressing the somatic impact of oppression by examining how it promotes a dissociative relationship between self and body. For example, Laura Doyle (in Cohen & Weiss, 2003) suggests that traumatic oppressions such as slavery and racism work to colonize the body of the abject subject, so that access to our own bodily experience as self must be filtered through the lens of those colonizing others. French feminist psychoanalyst Julia Kristeva first posited the concept of the abject body in 1989, and proposed the idea of “abjection” as the turn against the maternal body. This highly ambiguous, ambivalent distancing represents rejection without separa-

tion. Like many somatic psychotherapists, Doyle suggests the art of language as a way of “touching” into the body without pain, and her analysis of the somatic impact of oppression aligns with (and complexifies) how many traumatologists currently understand the dissociative dimensions of trauma.

By mapping the intersections of critical social theory and the body, scholars and activists are moving issues of embodiment to the center of cultural and political analyses. For example, poet and activist Eli Clare (1999, 2001) articulates the links between disability, class, race, queerness, environmentalism, and child abuse by placing the lived experience of the body at the center of these experiences. In critically examining personal experiences with cerebral palsy, class oppression, and identification as a transgendered individual, s/he argues that attempting to avoid the body as the identified source of problematic difference simply perpetuates and entrenches those differences, and that reclaiming the body as self is a profound act of political resistance.

Trauma, Oppression, and the Body

Over the years, psychological researchers and theorists have developed differing understandings of how human beings respond to and are affected by trauma, ranging from early Freudian connections between neurosis and child abuse, to “shell shock” during the World War I, to more recent brain research. Increasingly, the social contexts of interpersonally-inflicted or relational trauma are being examined, in order to identify some of the underlying roots of this persistent source of human distress and suffering.

Judith Lewis Herman (1992) was one of the first to make connections across different forms of violence, and draw parallels between the private violence experienced in the lives of women and children and the public violence of war and terrorism. She asserted that there are important relationships between our personal experiences and the political context in which they occur, and that the legacy of various forms of trauma touches every facet of our society. Subsequent theorists and researchers in the field of traumatology also suggest that much of the violence and abuse resulting in PTSD exists on a continuum (and within the larger context) of social oppression (Scaer, 2005). For example, some scholars have framed violence in the Native American, African American, and LGBTQII (lesbian, gay, bisexual, transgendered, queer, intersexed, and inquiring) communities as a maladaptive response to racism and heterosexism (Bent-Goodley, 2001; Leventhal & Lundy, 1999; Wahal & Olson, 2004).

While it may seem self-evident that the explicit and implicit violence that attends various forms of social oppression can be traumatic for those who experience it on a regular basis, little scholarly research exists to support such a link. Feminist theorist Bonnie Burstow (2003) is one of few trauma specialists making explicit conceptual associations between trauma and oppression. She cites theorists working in the area of trans-generational trauma and community trauma to argue that individuals from oppressed and marginalized groups are violated in ways that have lasting psychological effects. She writes, “The point is oppressed people are routinely worn down by the insidious trauma in living day after day in a sexist, racist, classist, homophobic, and ableist society” (Burstow, 2003, p. 1296). Burstow describes trauma not as a disorder, but as a reaction to a kind of wound, and argues that there is a physicality to trauma that must be recognized even when no overt bodily assault occurs. In particular, she notes that the trauma of oppression often results in some degree of alienation from the body, and there is now some support in the research literature to suggest that systemic oppression and socially constructed imperatives about the body combine in ways that support marginalized subjects to experience their bodies as if they were outside them (McKinley & Hyde, 1996).

While the conceptual framework within which this research is grounded is aligned with theoretical perspectives that problematize a purely medical approach to trauma (Burstow, 2003; Herman, 1992), it is important to recognize that traumatologists now identify trauma as a physiological as well as a psychological and social experience (Levine, 1997; Ogden et al., 2006; Rothschild, 2000; Scaer, 2005; van der Kolk, 1994). Rothschild (2000) notes that, “Even when the traumatic event causes no direct bodily harm, traumatic events exact a toll on the body as well as the mind” (p. 34). Within the field of trauma research, the somatic effects of trauma have now been well documented (Rothschild, 2000; van der Kolk, 1994; van der Kolk et al, 1996).

In particular, somatic dissociation is strongly associated with reported trauma (Van der Hart et al., 2000; Waller et al., 2000), and there is now considerable evidence that somatic dissociative symptoms are prominent in the response of individuals undergoing trauma and in its immediate aftermath. While a universally agreed upon clinical definition of dissociation is not yet available, its features include “...a disruption in the usually integrated functions of consciousness, memory, or perception of the environment” (DSM-IV, p. 477). Extending that disruption to the somatic level, the dissociative mechanism that

serves to protect the individual from distressing material also serves to disconnect them from an overall sense of kinesthetic awareness. Although somatic dissociation can be measured as a normal phenomenon, potentially occurring throughout the population, it is also highly correlated with trauma (Speigel, 1994). Research also indicates a relationship between PTSD and other somatic complaints, although the physical complaints of trauma survivors (i.e., headaches, stomach or digestive problems, immune system problems, asthma or breathing problems, dizziness, chest pain, and chronic pain) are often treated symptomatically, rather than as indications of PTSD. Van Ommeren, Sharma, Sharma, Komproe, Cardeña, & de Jong (2002) found that the number of PTSD symptoms (independent of depression and anxiety) predicted both number of reported somatic complaints and number of organ systems involving such complaints. Neurobiological changes (i.e., alterations in brainwave activity, in size of brain structures, and in functioning of processes such as memory and fear response) and psycho-physiological changes (i.e., hyper-arousal of the sympathetic nervous system, increased startle response, sleep disturbances, increased neuro-hormonal changes that result in heightened stress and increased depression) have also been noted (Jaffe & Segal, 2005).

The trauma literature reviewed here emphasizes the somatic dimensions of trauma in order to establish the importance of the body in mediating trauma, and highlight the ways in which critical trauma theorists are reconceptualizing oppression as traumatic. This research extends that knowledge by describing how oppression manifests in and through embodied experience, and to what extent it manifests across established categories of trauma response.

Method

Participants were chosen for this study based on four criteria: a) they expressed an interest and willingness to explore their somatic experience of oppression both verbally and non-verbally; b) they claimed to have sufficient perspective on their experience (either psychological and/or chronological) that an exploration of it would not likely be detrimental to them; and c) they reasonably expected that participation in the study would afford them increased personal insight into their experience. Participants were recruited mainly from the student body at the University of Toronto in Toronto, Canada. Many students at this culturally-diverse university face significant social and economic barriers to higher education, and experience ongoing oppression and marginalization.

Each of my participants engaged in two, private, in-person

tape-recorded interviews with me, each lasting approximately 60 to 90 minutes. The interviews focused on their personal experiences of oppression, and how these experiences had affected: a) their relationship to their own body and the bodies of others, and b) their non-verbal communication patterns. During certain parts of the interviews, some of my participants also engaged in one or two somatic “experiments” drawn from well-established somatic psychotherapy techniques. These experiential exercises included a guided Focusing® exercise (see Gendlin, 1987), as well as an interactive “boundary” exercise to explore issues and patterns in the use of personal space. This experiential component was intended to allow us both to have an opportunity to develop somatic connections to the material raised during the interview/discussion—to get a feeling in our bodies what was being described in words—and to assist us both in understanding the nature of the participant’s experiences of oppression.

Five narratives were developed from the interviews, and although the length of the original narratives does not permit their inclusion in this paper (each is about 20 pages), highlights from the narratives are interspersed throughout the discussion of the research findings. The participants referenced in the findings include Crissy (a mixed race aboriginal woman with a history of addiction and disordered eating), Natalie (a woman in a primary relationship with an Indian man who has struggled with body image issues for most of her life), Zaylie (a bisexual mixed race black woman who currently works as a physiotherapist and as an exotic dancer), and Pat (a middle-aged lesbian whose recent experience with a Bartholin cyst evoked feelings reminiscent of an earlier abusive relationship).

Findings

A number of common threads were woven throughout the participants’ body stories that allowed for a discussion of larger meanings in the context of the research questions, and permitted links to the existing scholarly literature that were grounded in the conceptual framework of the thesis. While several themes emerged from the information held within the narratives, this paper will focus only on two:

1. The relationship between embodied responses to oppression and the somatic impact of trauma.
2. The body as a source of authoritative knowledge as well as personal and social power, and as a site for resisting oppression.

In my discussion of these themes, I will highlight how they provide insights into the research questions, how they

extend what is already known about the role of the body in oppressive interpersonal interactions, and what these stories contribute to the theoretical literature and to professional practice in body psychotherapy.

Embodied Trauma

One of the questions posed by this study was how oppression was experienced in and through the body. The narratives offer a number of important insights by the participants into the ways in which experiences of oppression have affected the felt sense of their body. In particular, participants described experiences that focused on: a) embodied memory, b) somatic vigilance, and c) withdrawal or alienation from the body.

Embodied memory. Several of the participants offered insight and understanding into how the body may “hold” or remember experiences of oppression. For example, when I asked Crissy to reflect on the bodily impact of oppression in her life, she offered a vivid description of the sensation of her body being shaken in response to an oppressive experience. Drawing on the implicit knowledge accessed through the Focusing® technique, she talked about feeling as though her body was being violently shaken by an external force, and feeling a “jolt of fear” course through her body. This sensation of being shaken leaves her feeling confused, helpless, and frozen, as if “stuck between fight and flight.” Moreover, Crissy notes that these sensations of disruption and disorientation are very familiar to her, and often accompany experiences of feeling oppressed. By linking this description to the traumatology literature (Rothschild, 2000; Van der Kolk, 1994), it is possible to understand Crissy’s embodied memory of oppression as resembling the somatic impact of trauma, and exemplifying one aspect of traumatic intrusion, which is characterized by “physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event” (APA, 1994).

Pat’s explanation of her experience with a Bartholin cyst may also suggest a link between the somatic impact of trauma and oppression. As she described the physiological and psychological impact of having a vaginal cyst, Pat talked about uncovering the deeper symbolic layers of what the cyst represented about her childhood experience and the power imbalance in her relationship with her older brother. She described how her vagina held some memories of her relationship with her brother that needed to be held until she developed the psychological strength and capacity to look at these particular issues of oppression. By connecting with the felt experience of her body, Pat was able to access

layers of grief and loss that are “laid down in the body.” While Pat’s training as a psychotherapist has provided her with a conceptual framework for making the links between trauma and the body, it is in relation to my asking about the effects of oppression on her body that she offers this example. Further, she clearly indicates that she understood it as a form of embodied memory, and as a symbolic somatic manifestation of an earlier traumatic wounding.

Another example of the impact of oppression on the felt experience of the body is provided by Zaylie’s recounting of her experience engaging in the Focusing® exercise during our second interview, in response to my query about how oppression has affected her body:

When you first asked me . . . what came to me was that my body is hungry and dry and parched. Then the more I thought about it, I started to feel uncomfortable . . . that there was this kind of tar coating all of my insides that was stopping me from absorbing anything. Like everything that would come into me would just pass through.

Zaylie describes this tarry substance as something she ingested from the outside world, and that now exists within her body as the residue of her experiences of oppression. She further acknowledges that this residue prevents her from absorbing emotional, psychological, and relational nutrients; from being affected by positive experiences with others. It is not just that her body lives with the residual effects of oppression, but that oppression interferes with her capacity to engage with and be nourished by the world. Although Zaylie does not describe this experience as an intrusive traumatic memory, it is clear from her description that repeated experiences of oppression have left an imprint on the felt experience of her body that could be understood as a form of damage. This echoes Burstow’s (2003) assertion that trauma is a reaction to a kind of wound, and that the physicality of trauma must be recognized even when no overt bodily assault occurs. Recent research into the somatic effects of trauma (Ogden, 2006; Van der Kolk & Courtois, 2005) underscores the role of the body in mediating traumatic experiences, and the participants’ descriptions of their embodied experience of oppression provides important insights into how oppression as a form of trauma may be held and remembered in the body.

Somatic vigilance. All of the research participants spoke about how highly sensitized and attuned they feel to the reactions and responses of others, and although their narratives also describe the ways in which they now take advantage of this heightened awareness in a positive way, it was clear in my conversations with them that their relational

sensitivity was initially born of necessity resulting from difficult and problematic experiences with others.

In her narrative, Zaylie referred to a type of somatic vigilance with respect to men, and spoke about needing to be able to read their non-verbal communication, especially when in close physical proximity. Given that she also names sexism and sexual assault by men as part of her experience of oppression, it is perhaps not surprising that her vigilance is oriented to them as a potential source of danger. Natalie also made reference to her vigilance in noticing men in her environment, and notes her discomfort as something felt in her body. Pat observed that she is especially attentive to the bodily dimension of interpersonal interaction, and acknowledges that she becomes increasingly self-conscious when she feels that others do not respond to her nonverbal cues with some degree of kinesthetic empathy. As a young child, Crissy's somatic vigilance was focused on her mother, and her narrative describes the ways in which she learned to be highly attentive to her mother's smallest nonverbal cues in order to help Crissy anticipate and avoid an angry outburst of verbal abuse. This increased alertness to the body signals of others has continued into adulthood, and Crissy noted that she remains highly sensitive to nonverbal indicators from others that might suggest interpersonal conflict or difficulty.

Since human somatic responses to danger (even when that danger is not necessarily physical) are hard-wired into our autonomic nervous systems (van der Kolk, 1994), it makes sense that participants would report feeling increased body alertness around potential sources of harm, whether that source is a group of men standing on a street corner, or a conference table full of white, middle-class physicians (as is true for Zaylie when she attends case conferences at the hospital where she works). The experiences of participants as related in their narratives illustrate the ways in which this somatic vigilance became established for them as a habitual pattern of response. Although the catalysts for this response are experiences of oppression, participants' descriptions of the response itself are similar to those found in PTSD (APA, 1994).

Somatic withdrawal and alienation. In describing the somatic impact of oppression, all of the participants spoke about the profound disconnection from the felt experience of their bodies. In many cases, this disconnection was something that participants only realized recently through the process of addressing the impact of oppression. At the same time, participants also described this withdrawal from the felt experience of the body as strategic: something that

allowed them to survive the painful feelings generated by their experiences of oppression.

Pat spoke to the experience of somatic disconnection at some depth, and notes that her regaining of body awareness has proved crucial to her sense of healing and empowerment. She described the inability to fully inhabit her body as one of the core pieces of traumatic fallout, and a "certain state of collapse" in her body that reflected a similar state of collapse in her psyche. At the same time, her use of various bodily mediated substances—smoking, alcohol, food—can also be thought of as coping strategies that induce the desired effect of bodily detachment and numbing. Crissy's elaboration of her years of drug and alcohol abuse echo a similar strategy. Interestingly, Zaylie describes how she learned an effective dissociative strategy through the process of dance education, in her description of how dancers are trained to view their own body as an object, as explicitly taught in "white" dance forms such as ballet.

The descriptions of somatic withdrawal and alienation provided by participants appear to correlate in some ways to the PTSD "avoidance" criteria described in the literature on trauma. These criteria include feelings of detachment from self and others, which on a body level might refer to what Nijenhuis (2000) and others describe as "somatic dissociation." The experiences described in the narratives also bring to mind the work of McKinley and Hyde (1996) on objectified body consciousness, who suggest that systemic oppression and socially constructed imperatives about the body combine in ways that support marginalized subjects to experience their bodies from the outside, rather than from within.

Overall, it seems clear from the stories told by participants that some relationship between the somatic effects of trauma and embodied responses to oppression exists. While some of the somatic dimensions of oppression cited in the narratives lent themselves quite easily to a comparison with the body's known responses to trauma, the descriptions do not map precisely onto PTSD or chronic PTSD criteria. Although the psychobiology of trauma is an emerging and rapidly-developing field, and the somatic dimensions of traumatic experience increasingly recognized (Ogden et al, 2006; van der Kolk, 1994), empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established. However, theoretical links do exist (Burstow, 2003) and the descriptions of experiences of oppression by participants

in this study suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing.

Body Knowledge and Power

Despite the embodied wounds inflicted over a lifetime of unjust and inequitable power relations, each of the participants in this study also experienced her body as an important source of knowledge and power, and as a site for resisting oppression. Although safely regaining access to this source of power often required the same patient creativity that Laura Doyle (in Cohen & Weiss, 2003) describes, each of them recognized the importance of doing so. Natalie described a process of increasing reconnection to her body as she grows older, and echoes Pat's observation that she didn't know how somatically dissociated she was until after she regained more feeling, sensation, and awareness in her body.

Crissy talked about how yoga has helped her address the disconnection she once felt from her body, and Zaylie found that "black" dance forms provide her with a similar path back to her body. For Zaylie and Crissy both, dance forms that reconnect them with their cultural heritage provided a medium for embodied expression that helps them reclaim the power of their bodies for themselves. Zaylie engages in African and Caribbean dance forms, as well as hip hop. Crissy is involved with traditional North American aboriginal dance forms. Zaylie noted that dance has provided her with an extensive movement vocabulary, and that she consciously uses her learned capacity to articulate concise non-verbal messages as a way to resist or deflect oppression.

For Natalie, yoga provides a means for connecting with her body in a gentle and compassionate way that helps to soften some of the critical voices that have become embedded in her body image over the years. Crissy's movement classes serve a very similar purpose, and allow her not only to engage with her body in positive ways, but to facilitate that engagement for others. Pat and Natalie both acknowledged that finding ways to experience themselves as athletically capable has helped to foster a growing sense of their bodies as powerful, although it is perhaps worth noting that neither has yet undertaken this reclaiming through team sports.

In nearly every case, this reclaiming of the body as a source of personal and social power seems to have evolved through a process of intuitive selection and fortunate circumstance. In all cases, it has also proceeded through a process of

education, whether that learning occurs independently and informally, or through more established frameworks. However, except for Zaylie (whose capacity for embodied knowledge has been consistently cultivated over many years of movement training), the way back to the body has not been an obvious or accessible path. Certainly, participants acknowledge that safe forums for such explorations are rare, and that public health and education systems have not been sites for reclaiming their bodies as primary sources of experience, knowledge, and power.

Discussion

The knowledge generated by research participants on the somatic impact of oppression contributes to existing knowledge in several fields. The themes that emerge from the embodied narratives in this study underscore the significance of the body as a source and site of social injustice (Henley, 1977; Henley & LaFrance, 1984; Henley & Freeman, 1995; Price & Shildrick, 1999). The embodied experiences of oppression described by participants also reflect the more complex, nuanced understandings of social oppression as multifaceted (Johnson, 2001) and provide new insight into the way experiences of multiple forms of oppression are mediated in and through the body, by making connections to the trauma literature that acknowledges the traumatic nature of oppression. Specifically, the findings illustrate how oppressive interpersonal relations elicit traumatic reactions, and point to how the emergent nature of the experienced body (Grosz, 1994) provides a medium for transforming oppression. The narratives in this study also offer vivid illustrations of the way in which the body is a potential source of personal knowledge, agency, power, and creative expression.

This section discusses the contributions of the research in relation to scholarly knowledge and professional practice. First, the contributions to knowledge in the related fields of embodiment theory and somatic psychology are discussed. Contributions to traumatology are also examined. Next, the implications for practice are discussed as I draw on the experiences of research participants described in the narratives to suggest how these new understandings of embodied experience could inform current practices in somatic psychology and body psychotherapy.

Contributions to Embodiment Theory

Embodiment theories are currently situated across a number of fields, including anthropology (Csordas, 1999), sociology (Shilling, 1993; Turner, 1996) and women's studies (Price & Shildrick, 1999). Social theories of the body offer

important insights into how the body and society affect and/or construct one another. They elaborate the role of the body as a site of personal identity, how our social status is reflected in our relationship with our body and the body language(s) we speak, and the role of the body in reproducing society through conscious modification and unconscious use. Critical social theorists (Butler, 1999; Clare, 2001; Grosz, 1994) have theorized the body as crucial in the articulation of social difference, and an important basis for social oppression as well as a site for resistance. However, few theories of embodiment have been linked to practical applications that might transform the daily lived experience of individuals within particular social contexts (Weiss, 1999).

The narratives of lived experience related by the participants in this research provide unique insights into how oppression is embodied, how the subjective felt experience of oppression is understood and expressed in the body, and how the body can provide a medium for transforming personal experience and social interaction. These stories put flesh and blood onto the bones of embodiment theory while simultaneously challenging the tendency of some embodiment theory to focus on the body as an abstract social concept or surface for cultural inscription (Fielding, 1996).

For example, all of the participants described the impact of oppression on their bodies as occurring on an inner, visceral level as well as on the surface. Zaylie spoke about the sensation of tar coating her insides, and Natalie talked about her body as feeling “cocooned.” Crissy revealed that she used to dust her skin with baby powder to make it seem whiter, and Pat noted how she uses her arms to gesture into the “relational space” between two people as a way to navigate boundaries. In short, these narratives suggest that the embodied experience of social oppression occurs on all of these levels (inner, surface, and relational) at once. The implication for embodiment or somatic studies is that any abstraction of the body provides an incomplete understanding of a lived experience that is complex, multi-layered, and unique.

The research further suggests that embodiment theorists might productively focus on the body’s capacity to transform (rather than simply enact and reproduce) oppressive experience. Participants spoke clearly and convincingly about how they began to reclaim their bodies as a source of knowing about the world, and how becoming more attentive to the messages they conveyed to others through the language of the body provided an opening to shift their relationships with others toward a more equitable balance

of power. For example, Pat notes that coming to terms with the past and current wounding of her body feels very much like a victory, and that the journey of healing and reclaiming her body has provided a model for being in relationship with others that addresses abuses of power in a way that Pat feels has the potential to provide a larger healing for social oppression.

Contributions to Traumatology

Recent traumatology research has established that trauma is significantly mediated through the body and manifests in embodied experience. The psychobiology of trauma is an emerging and rapidly-developing field, and the somatic dimensions of traumatic experience are increasingly recognized (Ogden et al., 2006; Rothschild, 2000; van der Kolk, 1994). The effects of trauma are generally grouped into categories that assist in recognizing and understanding how trauma impacts embodied experience (APA, 1994). At the same time, empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established. However, sound theoretical links do exist (Burstow, 2003). What has not been researched until this study is how oppression manifests in and through embodied experience, and to what extent it manifests across those established categories of trauma response.

The insights and understandings of research participants offered a unique glimpse into the complex ways that oppression is mediated in the body as a traumatic experience. Overall, it seems clear from the information participants provided that some parallel relationships between the somatic effects of trauma and embodied responses to oppression exist. The findings of this study provide the first known basis in research for this connection, and suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing.

Contributions to Somatic Psychology

Somatic psychology relies on the internal felt sense of the body as the basis for working with and understanding lived human experience (Hartley, 2004). In working with the body, somatic practitioners address not only the mechanical, physical body, but also the engaged body; the body that feels and connects us with our emotions, sensations, memories, ideas, and beliefs. Although somatic psychology is essentially holistic in orientation, and recognizes the integrality of the environment with the soma, somatic psychologists have largely not taken up social issues, with a few exceptions (Hanna, 1970; Johnson, 1995; Mindell, 1996). While somatic psychotherapists are well situated

to address these issues, current somatic approaches almost universally ignore the cultural, social, and political dimensions of embodied human experience. Despite a commitment to a holistic perspective that includes soma and environment, (Greene, 1997), most of the emphasis in somatic psychology to date has focused on subjective experience through the body rather than on embodied relationship, or how interactive embodied experience with others translates to the social and political dimensions. It has been my experience in training and practicing in the field for over twenty years that somatic psychotherapists rarely provide clients or students with directed opportunities for exploring power differentials among individuals as members of groups, communities, and societies. Issues of social justice, diversity, and equity are almost never directly addressed (Knaster, 1996).

The narratives in this research study offer important new understandings to somatic psychology theorists and practitioners about the significant impact of oppression on embodied experience. Participants were unequivocal about how important social interactions were in forming an embodied identity, and the damage that inequitable power dynamics had on their inner felt experience of the body. Pat describes how she grew up feeling that her body wasn't ever good enough, Natalie mourned the loss of opportunity for her body to develop its full capacities, and Crissy's struggles with body hatred and shame threatened her very survival. Given that these debilitating effects resulted from interactions within social, cultural, and political realities, this research suggests that a shift in somatic psychology to emphasize the sociocultural dimensions of somatic experience would address the somatic impact of oppression more directly.

This research also provides valuable suggestions to somatic psychologists about some of the aspects this shift toward the sociocultural dimensions of somatic experience might include. Participants described a range of somatic effects of oppression, from body image to movement vocabulary. Their narratives also addressed issues of embodied boundaries, body language, and trauma. By making links between these issues and the felt experience of the body, somatic psychologists could harness their expertise on transforming the subjective experience of the body to more directly address its sociocultural context.

Implications for Practice

As somatic psychologists, therapists, and educators working in complex multicultural environments, we have increasingly come to recognize the significance of the diversity

and equity issues embedded in the process of personal change. There is also a growing appreciation of the notion that we each bring a unique perspective on these issues into our clinics, offices, and classrooms, based on the intersecting dimensions of our own personal history and professional development (Kellner, 2006). Our clients, of course, bring a similarly complex set of understandings, assumptions, and practices.

This section will focus on how the research informs our practical understanding of the ways in which the body is implicated in the navigation of these complexities, and how the embodied knowing of the research participants might inform the ways in which we address (or fail to address) diversity and equity in our practice. While the contributions of this research to scholarly knowledge discussed in the previous section fell across a range of disciplines (embodiment studies, somatic psychology, and traumatology), the contributions of this research to practice will focus on somatic psychotherapy.

A number of questions emerge from the research with respect to implications for practice. In particular, I was struck by Natalie's observation during her interview that although she values an increased awareness of how her body engages with social power dynamics, she still feels at a loss about what to do with this awareness. If critical reflection is not connected to strategic action, how do we embody change? Or as Natalie pointed out, how does she help to make the world different for her children? To that end, many of the topics in the review of the literature provide some conceptual grounding for applying the research findings to the practice of teaching and learning. And although none of the participants in this study described the exact process through which they engaged in reclaiming embodied experience, it might be useful to theorize briefly about that process here, to help elaborate more precisely how somatic psychotherapy might incorporate both critical and embodied perspectives.

Somatic theory (Gendlin, 1978; Hanna, 1970; Johnson, 1983; Yuasa, 1987) suggests that cultivating embodied consciousness produces/elicits an altered state of consciousness, and Hanna (1970) suggests that this shift in consciousness can serve as a locus for resistance against oppression. More specifically, some somatic practitioners argue that being comfortably anchored in a solid felt experience of the body in relation to other bodies is so phenomenologically different from the experience of "othering" or being "othered" that it provides a compelling counterpoint to hierarchical models of social power—a place from which to experience the world differently even when the social

structures through which that experience is shaped have not yet changed (Johnson, 2003).

Pat described this phenomenon in her narrative through her observation that feeling connected to her own body fundamentally changes her relationships to others in a positive way, and it has been her own body journey that has made issues of social justice real for her. Somatic theory (Greene, 1997) as well as social theory (Foucault, 1991; Johnson, 2001) would understand this process as having profound implications for social structures, based in the premise that social structures are created (and reproduced) through a web of interpersonal relations. When those relationships change—body by body—so, slowly, do the structures.

Extending that process to the practice of therapy suggests that interventions that support the embodiment of clients simultaneously encourage the cultivation of more grounded and equitable relations with others. I contend, however, that the embodiment cultivated through these somatic psychotherapy strategies is not re-embodiment, that is, not a return to some idealized, natural, or “authentic” state of connection with our corporeal selves (i.e., we used to be connected to our bodies as children, but the adult demands of modern society have forced us to disconnect). Rather, this integration of somatic experience and conscious awareness should be viewed as a cultivation of a capacity for deeper and richer forms of consciousness. Yuasa (1987) calls this “bright consciousness”; Hanna (1970) describes this as the evolution of the soma. They suggest that conscious embodiment is new territory for us as a species, not a reclaiming of old ground. However, this should not align the project of embodiment with a modernist grand theory of progress—rather, the specificity and multiplicity of embodiment might be more congruent with a postmodern sensibility that recognizes the unique, fluid, and contingent nature of embodied experience.

By integrating these understandings with the concept of performativity (Butler, 1993), it is possible to suggest further implications for practice that speak to the question of how critically informed somatic psychotherapy might address the embodied effects of oppression. If the unequal social categories upon which oppression is predicated (Johnson, 2001) are culturally constructed through “regulative discourses” (including nonverbal communication as discourse) (Manusov, 2006), it is the repetition of acts shaped by these discourses that maintains the appearance of a coherent identity. In short, if oppression depends upon naturalized social categories of unequal power and status, the idea that identity is performative (that is, it depends

not on naturalized differences but on reiterative acts), then changing those acts disrupts the categories upon which social inequity depends. Given the value of nonverbal communication in the development of critical consciousness articulated by participants in this research, it follows that anti-oppressive somatic psychotherapy that incorporates psycho-educational material on nonverbal communication could provide clients with an opportunity to experiment with such changes, and develop a more refined and effective degree of somatic literacy (Linden, 1997).

While the cultivation of conscious embodiment and the development of somatic literacy form the two key implications for practice based on the knowledge and insights of participants in this research study, several additional implications also emerged from the findings. The first suggests a particular quality of therapeutic relationship, based on Zaylie’s description of the residual somatic effects of oppression. As she talks about having “this kind of tar coating all of my insides,” she further acknowledges that this residue prevents her from absorbing emotional, psychological, and relational nutrients—from being affected by positive experiences with others. It is not just that her body lives with the residual effects of oppression, but that oppression interferes with her capacity to engage with and be nourished by the world. It follows that if Zaylie’s experience of oppression has impaired her capacity to be affected by positive (and potentially transformative) experiences as well as protected her from damaging experiences, the importance of genuine engagement between therapist and client in the therapeutic encounter is underscored. Taking the time to establish a safe and nurturing environment in which the unique ways in which individuals embody oppression (and learn ways to protect themselves from oppression through the body) may be even more important than usual for clients struggling with its somatic effects.

This particular finding also has another possible implication for practice. Laura Doyle (in Cohen & Weiss, 2003) suggests that the art of narrative becomes a way to safely slip back into the subjective body. For the abject subject, words offer a way of touching the body and being touched by it without pain. Given the remarkable degree to which participants were able to disclose very personal and deeply troubling wounds, this study is able to provide some affirmation of the value of narrative in psychotherapeutic practices designed to help clients access similar material.

Conclusion

This article describes the embodied experiences of individuals who have faced various forms of oppression, and

connects those experiences to implications for somatic psychology theory and practice in an increasingly diverse social world. Although the stories they tell offer examples of the trauma and disconnection that result from the misuse of interpersonal and social power, they also offer the promise of hope and change. Despite the embodied wounds inflicted over a lifetime of unjust and inequitable power relations, each of the participants in this study still experience their body as an important source of knowledge and power.

This research provides some evidence of the relationship between the somatic effects of trauma and embodied responses to oppression. While empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established, sound theoretical links do exist (Burstow, 2003) and the data from this study suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing. The study also points to how the emergent nature of the experienced body (Grosz, 1994) provides a medium for transforming oppression, and the narratives in this study offer vivid illustrations of the way in which the body is a potential source of personal knowledge, agency, power, and creative expression. It suggests that the hope of social justice can be realized in part through reclaiming our bodies as the necessary ground of our (inter)subjectivity (Csordas, 1994).

Although this study offers only the beginnings of suggestions about how the project of transforming the lived experience of oppression through somatic psychotherapy and psycho-education might proceed, I hope that it will serve as an intriguing and inspiring point of reference for researchers, practitioners, educators, community activists, and others who are interested in engaging the body's capacity to resist and transform oppression.

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