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EMBODIMENT, HEALING & OTHERNESS

- Interpretations of somatic methods as part of the healing from the experience
of otherness

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ABSTRACT

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The purpose of this master's thesis is to examine the somatic methods as part of the healing process from socially constructed otherness. The study is located at the intersection of feminist research, therapeutic culture research, body and embodiment, phenomenology, and otherness research.

The study examines how somatic methods are perceived as a method for healing from the experience of otherness. In addition, the study investigates phenomenologically what personal and societal meanings are given to these healing experiences. Data was collected through eight interviews. Participants were somatic methods practitioners who all worked in Finland. Interviews were analyzed with interpretative phenomenological analysis (IPA).

The results of the study show that integration from otherness and somatics were connected to the experiences of the interviewees. Somatic methods strengthened the interviewees' experience of belonging to their bodies, other people, and the living environment. In addition, implementing the exercises as part of the group was perceived as an important part of the healing experience. Especially meaningful for the interviewees' experience was the process of being seen by the others in the group and witnessing the process of others. The social meanings the interviewees discussed were related to the possibilities of broadening the ways of expressing gender and some normative practices in somatic spaces. In addition, the interviewees experienced these opportunities as opposites of the society's prevailing performance norm and capitalism. Somatic methods were seen as part of an alternative lifestyle that substantially impacted the interviewees' relationship with their bodies, how they relate to other people, and how they perceived their environment.

Keywords: otherness, embodiment, healing, somatics, therapy, culture, phenomenology

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1. INTRODUCTION

This thesis arose from my interest in understanding my personal experience in relation to otherness and somatic methods. While I got my personal experience, I was honored to witness other people in their processes. This also made me interested in somatic methods as a way to connect to other people and the space around. Because of my strong personal history with the topic and the willingness to be transparent with my positionality, I will start this thesis by opening up my own story in relation to somatic methods, healing, and otherness. Further, I will continue by stating the theoretical and philosophical assumptions as a ground for this thesis.

1.1. My story

In 2017, I discovered somatic spaces by attending a retreat in Finland, which involved many somatic practices. The retreat was four days long and included different methods such as free/improvised dance by oneself and with others, meditation, group therapy, yoga, and somatics. There were 20-30 participants in a group, plus the facilitators. Groups were usually for all genders, and the age of the participants varied from 20 to 60. Participants had different nationalities and ethnicities. Often the spoken language was English. Facilitators were university educated in the fields of Social Sciences and Psychology. We gathered into a circle and shared from the present moment. In small groups, we trained our senses to recognize our embodied emotions and feelings toward what we heard or shared.

I'm a woman and person of color (POC) living in a white-privileged society in Finland. I have an able body, and I speak Finnish as my mother tongue. I have experienced otherness related to racism and sexism. Both are forces in society, but they have also been internalized. Insecurity in my body affects how I feel when entering a new space with new people and how I create narratives and meanings of people's behavior. Too often, my reasoning is fear-based and relates to the experienced societal hierarchy. Now I know that these experiences of everyday racism can be called structural violence, and they may cause trauma.

As I attended these somatic spaces, three essential things happened to my experience of myself. First, I realized how much this trauma of otherness affects my body. I was used to making myself smaller or more feminine by highering my voice, retracting my stomach, and using dresses that wouldn't allow my African heritage to be seen. Further, I straightened my hair and pleased

everyone to be accepted. In the background was the experience of racial hatred, in which I felt people just hated me without knowing who I am. When I walked in the streets, I often imagined someone just attacking me simply for the cause of hating my skin color. Slowly, I became more aware of my embodied reality in these therapeutic and somatic spaces. The first realization was painful, but then I could release and empower the pains coming from the trauma by expressing them, sharing about them, and being with them. At the same time, other participants in the process beared witness of. It was eye-opening to witness how others suffer from different pains and other histories and how deeply their stories affect their ways of being in the world. This shared process made me feel that I belong and am not alone.

These experiences of embodied belonging and safety were also spiritual in their nature. I realized some structurally caused pains and tensions through free movement and dance. I was in a trance, losing my sense of self, time, and space. In addition, I started to be in line with my roots; I let my afro grow, my body be free and robust, and my legs dance as they wanted to without me trying to understand. I felt empowered.

Through these exercises, I realized a lot of internalized societal structures and norms, such as internalized racism, sexism, and gendered views of myself. With time and reflection with other people and reading relevant literature, it became clear that there was something that could be called trauma. It came to the surface through somatic exercises, and the healing process started as the experience came to be seen in acceptance by me and others. Healing for me means simply feeling more at home in my body, more comfortable and even at ease with my ancestral history, and through that, to relate with others and nature more authentically. Later, healing also meant criticism towards (racist and sexist) structures and willingness to do things differently. I believe healing has no ending point but is very holistic and dynamic by its nature. Becoming more aware of the relationship between inner and outer structures, to be witnessed and supported when trying to unlearn from them, has been one of my most remarkable experiences. It has led me to study Gender Studies and enter the therapy field.

Instead of only criticizing the existing power relations in the current therapy fields, this thesis aims to raise hope towards different communal practices to find common, trustworthy ground to discover how and what it is to unlearn from oppressive structures and perhaps become more authentically oneself without ignoring the self's changing nature.

1.1. The purpose of this thesis

In the 20th century, there was an uprise of embodiment theories and practices related to otherness. Therapeutic techniques allow people living on the margins of society to be heard and become part of communities. On the other hand, therapeutic practices can also provide tools for critically examining society, such as concerning society's competitiveness and commercialism. (Brunila, Harni, Saari & Ylöstalo, 2021, p. 333.) For example, dance- and movement therapy has been studied to reconstruct one's political self and empower and encourage people with their futures. (Bareka, Panhofer & Cigaran, 2019, p. 2.)

In this thesis, I conceptualize the embodied experience of otherness as a social construction (Johnson, 2014; 80 & Johnson, 2001, p. 20). The experience of otherness may be traumatic by nature (Burstow, 2003, p. 1296). Otherness experienced as trauma can be true for some since the sociopolitical context affects people in different ways (Karcher, 2017, p. 124); therefore, the starting point of this thesis is to be interested in how people explain their experience of otherness and how they have been helped with somatic methods. Furthermore, I am interested in what personal and societal meanings are given to healing experiences.

Otherness is often related to the sociopolitical context of the individual (Comes-Diaz, Hall, Nagayama Hall & Neville, 2019, p. 2). Therefore, individual assessments cannot dissolve structures creating the experience. Still, personal practices may help to cope with, challenge, explore and create new ways of being with such structures. Perhaps, even help to be in one's body and to become aware of the (internal and external) othering forces and their possible effects. In other words, the research aims to understand better the experience of healing from trauma caused by the experience of otherness. Proving the validity of somatic methods differs from purpose of this thesis. This study aims to understand better the experience of healing from otherness and how somatic methods are seen as part of this experience, personally and socially.

Research questions guiding this study are as follows:

1. *How are somatic methods experienced as healing from the experience of otherness by somatic facilitators?*
2. *What kind of further interpretations (societal, personal) are given to the healing experiences?*

The research is based on eight interviews with facilitators who use somatic methods in their work and have also had personal relationships with the methods and experience of the healing potential of somatic practices.

In this thesis I lean on concepts from different theoretical fields. Firstly, it concerns the term otherness. Otherness refers to any person or anything the in-group perceives as not belonging, threatening, or being different in some fundamental way. Therefore otherness describes a power relation where someone or something is seen as separate and inferior. Differences are not defined neutrally nor equally, as the other is made to be subordinate next to their point of comparison. (Löytty, 2005, p. 161-4.) The first assumption of this study is that felt otherness has embodied and sometimes traumatic effects on the person experiencing it. According to Csordas (1994, p. 12), embodiment means an “indeterminate methodological field defined by perceptual experience and mode of presence and engagement in the world.” In a space where embodiment is practiced and allowed, human experience and consciousness take on the material and spatial form (Low, 2003, p. 10). Otherness can therefore create embodied realities, which may be easier to access in spaces where the focus is on embodiment through somatic methods.

Secondly, the study touches upon somatic practices and their usage in healing the bodily experience of otherness. Somatic practices describe techniques and practices which use the mind-body connection to help one survey the internal self and listen to the senses of the body of different areas like pain, warmth, or imbalance (Freutel, 2017). Somatics and healing are bound to a concept, so as a researcher, I ask whether somatic methods have any healing potential (from otherness). Healing is often approached from a medicalized manner. In this thesis, I will have more holistic approach, where healing means personal experience that one may have about their othered history. The second assumption is, therefore, that there might be some crucial effects in using somatic practices to heal the body from the experience of otherness.

Lastly, this study draws from feminist theories and ideas about the body, affect, and power. Therefore, aspects of body and gender are essential for the study. The intersection of these fields made me interested in the relationship between societal, structural, and personal. Therefore, the assumption is that the experience arises from the perceptions and values that are influential at this time in relation to physicality and gender and healing. Power structures reproduce and maintain otherness in the values and meanings of this time in which people have been socialized and in which they live. Various and even critical discussion on societal and structural perspectives on the phenomenon of somatic healing of otherness creates interesting tensions as they bring to the surface

phenomena of our time, such as the capitalization of emotions and the relationship between power and mental health (Illouz, 2008; Brunila, Harni, Saari & Ylöstalo, 2012).

As a researcher, I aim to create a needed discussion between psychological and feminist fields. The empirical part of this study rests on the hermeneutical phenomenological analysis. Participants' interpretations of their experiences are at the core of the study. There is an excellent possibility for each viewpoint to mirror others, illuminate them in more manifold ways, and create a unique (research) journey from which to learn.

Next to my personal story and experiences, the main inspiration for this thesis has aroused from two books. In *The Politics of Trauma - Somatics, Healing and Social Justice* (2019) by Haines, somatic methods are seen as political tools for becoming aware of embodied structural inequalities. These somatic tools help people to understand how the mind and body function as an integrated system. Awareness of internalized norms and ways of embodying and responding to certain events helps one develop these habits through practice over time. Internalized norms are learned through families, communities, and the economic and social conditions in which a person has been raised. People often embody oppressive social conditions or our reactions to them, even if one would not believe in them. Further, oppressive social and economic conditions define who is given safety, belonging, and dignity and who is not. Social action and healing are very much linked, and embodied methods may help in becoming aware and choosing ways of behaving differently. (Haines, 2020.)

Another inspiration for this thesis is a book *On my Grandmother's hands* (2017) by Resmaa Manakem. Manakem argues that racism and its causes can be seen as traumatic by nature. He focuses mainly on collective trauma instead of individual one. Entire communities may be affected by trauma indirectly and carry it in their behaviour ways of being in their bodies. Trauma may be passed down through generations, and becomes decontextualized. Nonetheless the trauma stays internalized and remains in the body. Trauma affects everyone, not just the oppressed ones. History has affected how we are in our bodies and the way we use our bodies. Instead of only focusing on creating and enacting legislation and policies, people should learn embodied methods to work with and acknowledge their trauma and responses. Socially oppressive structures such as racism exist in our bodies more than in our heads. Somatic practices are a way to heal one another from racialized trauma. In his book, he provides different practices which help to become more aware of one's somatic reality. (Manakem, 2017.)

Drawing from these inspirations, this thesis will bring the equivalent discussion to the Finnish

somatic scene and study how embodiment is understood as part of the experience of otherness and especially how somatic methods are seen as healing from the social structure, such as the experience of otherness.

2. IN BETWEEN THERAPEUTIC, FEMINIST, AND SOMATIC FIELDS

Therapeutic refers to psychological, spiritual, and holistic discourses and practices that encourage blooming, care, and transformation of the self. (Salmenniemi, Bergroth, Nurmi and Perheentupa, 2019, p. 2.) In sociological research, therapy culture has been analyzed as having created new markets of self-development and healing. This so-called ‘therapeutic industry’ is an increasingly influential social phenomenon and business worldwide. (Illouz, 2008; Madsen, 2014.) The popularization of therapeutic culture has had its focus on trauma and healing. Popularization has helped many to open up new discursive spaces for ‘speaking out’ about different forms of injustice and suffering that have long been silenced in public. (Salmenniemi, 2019, p. 9.) Increased discursive space can be said to be empowering for groups and individuals who have been or are being marginalized (Illouz, 2008). However, therapeutic culture has the potential for oppressive and subversive social change, which is why it is essential to draw attention to the experiences of individuals and how they create meaning and embodied effects of these practices. Therapeutic techniques may oppress, depoliticize and manufacture political quietism and maintain material hierarchies of power, but they may also serve as tools for social change and political critique. (Salmenniemi, 2019, p. 2.)

There are scholars who support the idea that therapy culture and socio-political movements have related themes, even though there have been debates on therapeutic discourses and practices in contemporary social formations on a global scale (Salmenniemi, Bergroth, Numri, and Perheentupa, 2019, p. 2). Some feminist scholars argue that parts of the therapeutic cultures have been affected by feminism. Therapy culture has been defined as academic and popular strand of humanistic psychology. Therapy culture valorizes traditional female skills such as emotional intelligence and care work but also insists that these traits and labor are essential regardless of gender. Many feminists have criticized the distinction between reason and emotion, masculine and feminine, individual autonomy and relational interdependence. Therapy culture responds to this by taking emotional skills into the labor markets. Consequently, second-wave feminism has been said to be close to the therapy culture. (Harris, 2016, p. 116-122.)

Judith Butler (1993) wrote about how identity (including gender-, sex- and race) is performative. She suggested that identity is created through repetitive acts, meaning that to change the experience of externally given identities, there would also be a need to change acting. (Butler, 1993.) Changing one’s behaviour can further upset the categories upon which social inequality rests. This can be seen as a philosophical point of where feminist theory, somatic theory, and

social justice meet. (Stopforth, 2015; 610.) The body has been set as the focal point both in some strands of therapeutic practices and by feminist scholars. The body is the way to be in contact with one's social environment and a place to the subject and the object simultaneously. Somatic theory and research suggest that the body is a significant locus for the experience (Jhonson, 2018, p. 1). Bodily encounters with the physical environment constantly shape and reshape the understanding of the world and oneself. Through life, people learn within the interpersonal relationship field and, through that, receive knowledge about the characteristics associated with different groups of people, how bodies create meanings, and reproduce the existing power dynamics. The social understanding of oneself is affected by how the person uses their body, the way they sit, look, and use their voice. (Jhonson, 2018; 2.)

In addition, social interaction and critical trauma theorists argue that oppression is traumatic by nature. Therefore, it is reasonable to assume that oppression may manifest in embodied experience in ways that create the somatic effects of trauma. (Johnson, 2009; 38.) The somatic theory claims that promoting embodied consciousness can serve as resistance against oppression (Hanna, 1970). According to Johnson, it should be possible to "unlearn" the needed effects to transform the individual and collective experiences of oppression. (Johnson, 2015; 81-3.) Unlearning means an act of decolonization and degendering. Such an act can thus be also internal and embodied. This bodily reclaiming is a possibility to sense some space from the oppressive structures. (Starr, 2017; 3.) Becoming aware of and even unlearning from oppressive and sometimes traumatic structures may be possible. In that case, one may start to wonder how and in which ways such an experience becomes apparent in one's personal story.

In this thesis is I'm especially interested in the relationship between societal norms and anti-norms, which may create a sense of otherness and, on the other hand, belonging. Further, therapeutic culture, of which somatic practices are part, will be studied as a societal phenomenon and a personal experience in the healing process.

2.1. Relatable and compelling studies for this thesis

Here I will introduce some recent studies done in relation to somatics, otherness, dance/movement therapy, and healing. Through this, I aim to draw a picture of what has already been studied in relation to the given concepts. I will introduce more critical and societal studies through a discussion Eva Illouz's writings on therapeutic methods. Then I continue with a societal and somewhat critical discussion about therapeutic power. This discussion is located in Finland, which

is also relevant to this research. Then I will introduce some current studies from the dance- and movement therapy field conducted in Finland and abroad. Lastly, I will discuss a little bit of the specific nature of studying the concept of otherness instead of some specific study about a specific minority group.

In the 21st century, the social meanings of therapeutic methods have been studied considerably . I want to highlight Eva Illouz (2008), who has spoken about the relationship between the current social order and therapeutic vision. Similar tendencies that are true in modernity can also be found in the therapeutic industry, and these characteristics are also concerning in their nature. Such characteristics are, i.e., bureaucratization, narcissism, the construction of a false self, the control of modern lives by the state, the collapse of cultural and moral hierarchies, the emptiness of the contemporary self severed from collaborative relationships, the expansion of state power and state legitimation, and “risk society” and the cultivation of the self’s vulnerability. Illouz critically examines how therapeutic culture is part of neo-liberal and capitalist society and what kinds of tensions the culture is made of. (Illouz, 2008, p. 2.)

In Finland, a broad article collection on research on therapeutic power was published in 2021. The collection is edited by Brunila, Harni, Saari, and Ylöstalo. The volume analyzes the use of therapeutic power in state administration projects, social and healthcare practices, and various gendered settings with the help of psychological terms, techniques, and theories. The book conveys a picture of how both service clients and professionals have internalized the therapeutic discourse as a tool for self-knowledge. The authors ask what kind of wider consequences therapy has regarding to society and social justice. According to the authors, therapeutic power guides, regulates, and enables action. (Brunila, Harni, Saari, and Ylöstalo, 2021.)

Suvi Salmenniemi’s chapter (2021) discussed the relationship between therapeutic and politics. The chapter was based on research that included 46 interviews in which he interviewed practitioners of therapeutic practices in different parts of Finland. All the interviewees had in common that none of the practitioners' methods were covered by public healthcare. Salmenniemi suggests that the relationship between the political and the therapeutic is multi-threaded, contradictory, and not as straightforward as is often seen. She concludes that therapeutic methods can both politicize and depoliticize individuals. The methods can be used for many purposes, for different projects and efforts, for forms that reproduce the dominant power and challenge it, often both simultaneously. (Salmenniemi, 2021, p. 33-6.)

Another Finnish article collection, *Before Words - Reflections on corporeality* (Erkkilä and Ylönen (ed.) 2019) is related to the topic of this thesis. The book focuses on the importance of embodied knowledge in therapy and educational work. The articles are based on extensive research and the experiences of therapists and their clients.

In one of the articles, "when the hands became wings": bodily memories of the participants of the dance-movement therapy group (Hyvönen et al., 2019) dance and movement therapy were used as healing forces for the treatment of depression. The study was a longitudinal study in which the authors monitored the depressive symptoms and well-being of 157 participants. Firstly, dance and movement therapy affected participants' recognition and awareness of their own body's abilities and needs. Secondly, this affected the participants' way of being in and with the body. Thirdly, these experiences created the basis for doing and acting differently compared to the past. Furthermore, several meanings attached to bodily memories tell of the awakening of creativity towards oneself, the environment, and others. Increasing awareness can be seen as one of the most significant changes in the therapy process. (Hyvönen et al., 2019, p. 111-131.)

Many authors are writing about embodied effects of otherness and oppression. The idea of somatic methods used for social justice is not new. The roots of such a theory can be traced to American educator John Dewey and the somatic practice developed by his colleague, F.M. Alexander, around the turn of the last century. Also, Brazilian educational activist Paulo Freire discussed embodied social justice, and the French phenomenological philosopher Maurice Merleau Ponty theoreticized the embodied experience. In contemporary academia, bell hooks (2014) has deepened the collective understanding of anti-oppressive structures and their relevance in multicultural contexts. What is common for all of these authors is their interest in education and learning. Oppressive structures for them are primarily learned, not innate. (Jhonsson, 2014, p. 80-81.) This is relevant for this thesis since one of its premises is that otherness causes embodied effects. Further, I ask in my thesis if embodied methods could heal these experiences.

Rae Johnson has done a qualitative study on oppression and its embodied effects in the university of Toronto, Canada. Many students at this culturally-diverse university experience ongoing oppression and marginalization and face significant social and economic barriers to higher education. Specific somatic practices were implemented within the interviews. The discussions focused on their experiences of oppression, how these experiences had affected their relationship to their own body and the bodies of others and their non-verbal communication patterns. It was found that oppression affected the participant's sense of their body. In particular, participants

experienced this through embodied memory, somatic vigilance, and withdrawal from the body. Despite their experienced traumas, all participants experienced their bodies as an essential source of knowledge, power, and ground to resist oppression. The study provides new insights into how experiences of multiple forms of oppression are mediated in and through the body by mirroring and making connections to the trauma literature that also acknowledges the traumatic nature of oppression. (Johnson, 2009.)

Even though there have been studies on therapeutic practices and their impacts on the experience of specific ‘marginalized’ groups. The focus is more on the effects of the practices, and the analysis is done through and for the need of therapy culture. Moreover, studies did not consider otherness as a broad concept but as a specific marginalized position. For example, some studies concern somatic and therapeutic practices in relation to marginalization, i.e., obesity (O’Shea, 2021), refugee children (Bareka et al., 2019), gender norms (Nirta, 2022), domestic violence survival (MacLaren, 2016), etc. These studies usually involved the individual's relationship with herself, her environment, and others, enabling new (political) agency. Another thing in common for the studies was that they seem not to study otherness as a significant societal phenomenon that touches many individuals. Still, they focus on one minority people category at a time. According to Mullane (2003), the client’s voice is often omitted from these studies. Many of these studies are based on therapists’ descriptions rather than the participants’ narratives of how they experienced the phenomenon (Davison, 2009).

This research will focus on these experiences of otherness and therapeutic healing from (possible) trauma caused by being the other, deepen what kind of interpretations somatic therapeutic engagements create concerning otherness since phenomenological studies are an essential source of knowledge, providing insights to enhance therapeutic understanding, evaluation, safety, growth, and improvement (Koch & Bräuninger, 2006). This study underlines the need to understand and appreciate (somatic) restorative practices as part of today's society and part of the personal experience of healing.

2.2. The effects of dualism in neglecting diverse bodies and their embodied realities

In this sub-chapter, I will introduce the idea and history of dualism and how dualism has affected the studies of concepts such as embodiment, gender, and otherness.

The Enlightenment created the splitting of reason and body with Descartes’ famous expression, “I think therefore I am.” The body was seen as a barrier to rational thought. According to Grosz

(1994), the body has been regarded as the place of uncontrollable desires that might disrupt the search for truth and knowledge. Plato imagined the body as the imposter, its unreliable senses and wild desires continually tricking us into mistaking the temporary and conceived for the permanent and natural (Spelman, 1999). This has also been shown in western countries where academia has had its baseline in Cartesian mind-body-dualism, which centers the mind over the body and further rational thought over intuition or feelings. (Nichols, 2021, 2/9.) Cartesian dualism has been seen as one of the reasons behind the scientific understanding of the world, which has treated the earth, environment, other species, and human beings as a resource that can be utilized, conquered, studied, and mastered. Dualism was combined with patriarchal ideology to value men over women, who were seen as the reason/mind, over women, who were seen as the body and nature. (Nichols, 2021, 9/9.)

Therefore, the body has been ignorant, which can be set aside, materialized, and medicalized without recognizing affect or emotion (Stopforth, 2015, 608). Feminist theories have always been interested in the embodied experience of the excluded other. Feminist theorists have made ties between disembodiment and gender oppression and have asked how embodiment has usually been studied through binary norms (Kevin, 2009, p. 1; Stopforth, 2015, p. 609). At the end of the twentieth century, some feminist strands have seen their project as connected to the body and produced a theory that attempts to take the body into account.

In the 20th century, Simone De Beauvoir initiated discussion on women's lived experiences in her book *The Second Sex* (1949), creating the first gendered phenomenological analyses. Beauvoir's work shows how perception, cognition, mobility, sensation, and affectivity are gendered by nature. Additionally, Beauvoir showed that what was undoubtedly seen as "normal" was not expected at all for no one else but the male subject for whom and by whom these norms were conducted. Later, it became apparent that the male subject was even narrower, him being also white, straight, and middle - or upper-classed and abled by his body. (Shabat, Cohen & Laundry, 2017, p. 1.)

Philosopher Iris Marion Young continued Beauvoir's work. She wrote an article *Throwing like a Girl: A phenomenology of Feminine Body Comportment Motility and Spatiality*, which was striking when published. Young built from Beauvoir's analysis and deepened her work on the embodiment. She specifically focused on women's embodied experiences of space, mobility, and bodily actions to explain how girls and women within patriarchal societies experience their embodied selves. Women and girls embody themselves, as they would be alienated by their willful subjectivities. This is why girls' and women's embodied experiences are dramatically fragmented compared to men's. (Young,

1980, p. 43.) Women and girls are constantly aware of and pressured by the patriarchal world. Firstly, they face objectification, which they may internalize. Secondly, if women and girls act against objectification, they may be seen as unfeminine and thus marginalized, or they may fear violence or sexual assault. (Young, 1980, p. 44; Shabot et al., 2018, p. 2.) Women's embodied space is not a space in which her body can be free but a space in which she feels she is enclosed. Women's body language of tension and tightness is agreed to be a language of subordination. (Bartky, 2003, p.102.)

Referring to these studies, it becomes evident that gender does not just stay on the body's surface, in acting and doing, but becomes embodied. Gender becomes deeply part of one's being physically and psychologically (Connell, 1987). According to Butler (1993), femininity and masculinity are social creations and ways to perform gender standards. Performativity happens through the repeated process of acts and gestures. These repeated acts slowly become part of how one experiences the world and their body. (Buttler, 1993; 107.)

One crucial effect of this performativity is that it gives a conceptual basis for how somatic interventions might change the somatic impacts of oppression by allowing one to become aware of one's performance concerning their gender, race, or other characteristics. Somatic methods also give alternative ways of performing oneself and through that alternative experience. (Stopforth, 2015, p. 609.) Drawing from feminist and somatic theories, the first assumption of this study, "otherness has physical effects on the person experiencing it," starts to have a theoretical basis, which further gives support to the second assumption, "that there might be some crucial effects in using somatic practices as a way to heal the body from the experience of otherness" too.

In the next chapter, I will introduce a more in-depth discussion of how otherness may affect person's embodied reality. Further, I will investigate how somatic methods and healing from the otherness are seen as complementary to each other.

2.3. Otherness as trauma and its somatic effects

Othering has been used centuries to justify boundary-setting, conflict, and oppression (Isherwood & Harris, 2013, p. 50). Otherness refers to any person or anything the in-group perceives as not belonging, threatening, or being different in some fundamental way. Therefore otherness describes a power relation where someone or something is seen as separate and inferior to those in power to define. Differences are not defined neutrally nor equally, as the other is made to be subordinate next to their point of comparison. (Löytty, 2005, p. 161-4.) Otherness is the condition or quality of

being different or “other,” mainly if the difference is seen as strange, bizarre, or exotic. Otherness might be a condition of political exclusion. (Miller, 2008, p. 588-589.)

Othering excludes persons to the position of others who do not fit society’s norms (Miller, 2008, p. 588-589). Othering often includes stereotyping, where one acknowledged difference (such as skin color) becomes associated with many other differences attached stereotypically to the target person or minority population group in question. The consequence is a hierarchy where inferior values are given to these bodies which are different from oneself. (Löytty, 2005, p. 161-4.) The concept of otherness has been helpful in many fields in revealing and dismantling power hierarchies. The other refers to black people, indigenous people, gender and sexual minorities, immigrants, and disabled bodies. Also, according to Simone de Beauvoir (1999, p. 12-13), a woman is the other, meaning that woman is seen and treated as the exception to the norm of a man.

Different perspectives and opinions exist on whether oppression is traumatic by nature (Shapiro, 2017, p. 39). Traumatologists nowadays explain trauma on three levels; trauma is a physiological, psychological, and social experience (Levine, 1997; Rothschild, 2000; van der Kolk, 1994). There are often two different ways to see trauma. One is to approach it as a relatively narrow category associated with posttraumatic stress disorder (a medical diagnosis PTSD assessed by doctors in clinical settings according to clinical practices), which is generally done in a medicalized manner. Another somewhat broader view of trauma is where trauma is seen as “any event that has had a lasting negative effect upon self and psyche.” (Shapiro, 2017, p. 39). In this view, trauma involves events that pose a significant threat to the safety of the victim, loved ones, or their friends and are experienced as overwhelming and shocking. Threats causing trauma can be physical, emotional, or psychological. (Kuprink, 2018, p. 256.)

Trauma can be individually experienced and carried, but also it can be generational by nature (Brustow, 2003, p. 1295). Generational trauma is often passed down to subsequent generations through psychological transference (Docet & Rovers, 2010, p. 93-95). This form of trauma may be derived from such tragic events as atrocities of war and domestic violence, and more recently, the discovery of the existence of psychological manifestations of Holocaust experiences in the lives of survivor offspring (Brustow, 2003, p. 1297).

Trauma has been discussed as structural by nature. This means that social structures may create traumatic responses for those being oppressed by such structures (Ruíz, 2020). Many structural

traumas have been present for decades and are rooted in generations behind. An example could be a violent colonial history of homophobia, both of which have been affected by western legislation and moral and societal norms and hierarchies. Therefore trauma is also examined as collective or historic. Dualism and patriarchal structures relate to the discussion of the traumatic nature of otherness. Caribbean origin psychiatrist Franz Fanon (1925-1961) wrote about otherness, such as race, illness, and disability, which are still understudied in health and medical sciences. Fanon's theory, decolonial embodiment, stresses the body's central role as an infinite source of questions. Fanon suggests the possibility that studies such as critical race studies, disability studies, and the medical humanities can together generate new conceptions of health and healing that make central the invisible wounds of colonialism. Fanon has been said to create a bridge between psychiatry and the political. This has enabled critical reflections on trauma, its psychiatric origins, and its political effect. The psychiatric view on trauma is Eurocentric and perpetuates colonial logic, which silences the voices of the margins. Although Fanon did not conclude the relationship between politics and trauma, he provided an excellent departure for analyzing the political role of trauma. (Fanon, 2008, p. xiv & 41-44.)

Many feminist theorists and therapists interpret trauma broadly and see how social structures affect individuals' way of embodying themselves. According to Cantrick et al. (2018, p. 192), the body has a relationship with power and privilege. Feminist theorist Bonnie Burstow is one of few trauma specialists making explicit associations between trauma and oppression. She argues that oppression can be located on a continuum of trauma and be understood as a chronically traumatic state. She writes, "Oppressed people are routinely worn down by the insidious trauma of living day after day in a sexist, racist, classist, homophobic, and ableist society" (Burstow, 2003, p. 1296). For Burstow, trauma is not a disorder but rather a reaction to a wound. Otherness may cause traumatic wounds to those who suffer from it. Marginalization leaves its effects on the body; therefore, it is essential to work with oppression having the body in mind. (Cantrick et al., 2018, p. 192; Rothschild, 2000; van der Kolk, 1994.) Marginalized subjects may feel that they are outside their bodies because of systemic oppression and socially constructed norms about the body (McKinley & Hyde, 1996, p. 183). Oppression affects how people experience and relate to their bodies and other people's body. Embodied reality further involves people's critical understanding of social justice. (Johnson, 2009, p. 38.)

Fanon created a sociogenetic theory, which recognizes the significance of the relationship between the individual and their socio-political environment. Fanon discussed concepts such as internalization and objectification. Internalization refers to a process in which outside given

socio-cultural reality is assimilated into a subjective one. Objectification is the reverse process where people actualize themselves and their personhood in the world around them. Internalization and objectification are taken together to mediate between the psyche and the socio-environmental world. (Fanon, 2008, p.10-11; Gooze, 2021, p. 107; Bulhan, 2004, p. 196.) Menakem (2017) as Franz Fanon, recognizes that racism and its causes may be traumatic by nature. Fanon draws attention to the importance of healing the physical, affective, and epistemological wounds of anti-black racism by attending to the social relations that produce them. (Fanon, 2008, cited in Ureña, 2019, p. 1641.) Menakem goes more into the body-politics and claims that to heal from the possible trauma of otherness, such as racism, there is a need to shift the focus from cognitive solutions to embodied ones. This means that instead of only focusing on creating and enacting legislation and policies, people should learn embodied methods to work with and acknowledge their trauma and its responses. (Menakem, 2017, p. 4-5.) They both recognize embodiment as an essential source of knowledge, especially for those in the margins. According to them, our material bodies often face oppressive dynamics and exploitation. (Fanon, 2008 cited in Ureña, 2019, p. 1641 & Menakem, 2017, p. 4-5.)

According to Kurpink (2018, p. 256), two main questions still keep the definition of trauma unclear. Firstly, there is uncertainty about how much the construct of post-traumatic stress is culturally determined as opposed to being a universal bio-psychological phenomenon (Summerfield, 2001, p. 96). Secondly, trauma lacks conceptual brackets, making the distinction between trauma and adversity unclear (Kurpink, 2018, p. 256). This thesis studies trauma as a broader concept focusing on the individual's experience. In other words, the interviewees themselves are the ones who define whether they are traumatized and from what.

2.4. The role of somatics: “*trauma lives in the body.*”

A philosophy professor and movement theorist Thomas Hanna popularized the term “somatic” by bringing attention to the Greek word soma and relating it to the various work of several people using methods to bring awareness to living inside the human body. (Eddy, 2016.) For Hanna soma signifies the “living body in its wholeness.” Somatics emphasizes the soma as alive and changing status and process rather than an object. Hanna rephrased the meaning of soma as “the body of life.” (Hanna, 1980, p. 5-6.) Somatic awareness means bringing attention to the living body while still or moving. Somatic interoceptive awareness is linked with emotional awareness, both essential for human psychosomatic health. (Kanbara & Fukunaga, 2016, p. 1.) Somatic movement is grounded in

body awareness, the ability to perceive the physical self, feel the body in motion, listen to bodily messages, and imagine the body from within. Somatic methods often include arts, performance, dance, education, and activism. (Saumaa, 2017, p. 107 & 229.) Further, in this thesis somatic space means a physical space where class, workshop or therapy session takes place. The space therefore allows and invites one to practice and increase their somatic awareness.

According to Johnson (2009, p. 39), somatic theory draws upon existential, evolutionary, and phenomenological perspectives. What we experience as reality depends on the quality of somatic perception we bring to our engagement with the world. Privileging the subjective experience of the body corrects a historical imbalance that marginalizes this dimension of human experience. (Johnson, 2009, p. 39.) The somatic theory claims that promoting embodied consciousness produces an altered state of consciousness (Johnson, 1983), which can serve as resistance against oppression (Hanna, 1970). This applies to the social world too. In interpersonal relationships person learns about the characteristics associated with different groups of people, how bodies create meanings and maintain the existing power dynamics. The way one uses one's body, the way one sits, one looks, and one uses their voice are affected by the social understanding of oneself. (Johnson, 2018, p. 2.)

Merleau-Ponty (1962, p. 225) has given insight into this by discussing how embodied experience is also a social experience. Consciousness, the world, and the human body intertwine. Physical reality is thus created through our body and its sensory functions. (Merleau-Ponty, 1962, p. 225.) Merleau-Ponty made the notion of inter-corporeality which acknowledges how individuals live in a multi-personal field. Embodied experience and relational fields are, therefore, profoundly crossed and further affect our way of relating to the world. (Merleau-Ponty, 1962, p. 142.) Inter-corporeality links to the phenomenological approach, in which human sociality does not start from an isolated individual from inter-corporeality and inter-affectivity. Through embodied affectivity, human emotions circulate within the embodied subject and create a situation with affective affordances. This leads to embodied inter-affectivity as a process of coordinated interaction, bodily resonance, and 'mutual incorporation,' which provides the basis for primary empathy. These empathic capacities are also said to be based on an intracorporeal memory acquired in early childhood. (Merleau-Ponty, 1962 cited in Fuchs, 2016, p. 194.)

Johnson argues that somatic practices facilitate the awareness of the body's experience toward a more intentional relationship between the mind, body, and the environment (Johnson, 2009, p. 39). Some somatic practitioners argue that being comfortable in contact with their body and concerning

other bodies effectively changes hierarchical structures of social power and the experience of otherness. (Stopforth, 2015, p. 610.) Hanna also sees that the need for a return to the body's lived experience is related to the evolution of the human species in response to industrialization, rationalization, and the commodification of the body. (Hanna, 1970.)

The second assumption of this study (there might be some crucial effects in using somatic practices as a way to heal the body from the experience of otherness) now has a theoretical base, yet is still missing the discussion around healing. In the next session I will look at healing in more detail.

2.5. Holistic Healing from the wound of otherness

In this thesis, healing is seen as a personal experience that can only be defined by the person experiencing it. The thesis leans on radical healing theory and its definition of healing. However, also considering the relationship between radical healing theory and somatic methods. Radical healing theory does not take the body or embodiment into its focus. Still, this thesis will also do that and further examine how somatic methods are experienced as healing forces when healing is seen something as holistic and in relation to radical healing theory.

The radical healing theory provides a social justice perspective in advocating for and supporting social groups that experience marginalization. Primarily, the radical healing perspective recognizes that traumas caused by oppression related to poverty, racism, sexism, heterosexism, and class exploitation are and have been considerably political acts that require reconciliation and testimony. It moves from blaming individuals to identifying systemic oppression as keeping those systems responsible. By centering and promoting wellness through caring for the individual, the radical healing model cultivates broader social justice on a personal level, whereby individual healing is directly linked to community and social healing. (Rench et al., 2020, p. 10-30.) The concept of radical healing discusses how psychological healing needs to move beyond traditional notions of psychotherapy that focus on helping the individual cope with structural inequalities such as racism or sexism. Radical healing acknowledges the pain of oppression while keeping hope for justice and freedom. The radical healing process is grounded in collectivism and evolves through critical consciousness, hope, resilience, resistance, and authenticity. (Rench et al., 2020, p. 36.) Radical healing is defined as being able to exist in both spaces of resisting oppression and moving toward freedom. (Rench et al., 2020, p. 11 & 14.)

The body is a central locus to start healing from trauma caused by oppressive structures (Cantrick et al. 2018, p. 192). Healing structural trauma is challenging because wounds of otherness occur

within a sociopolitical context and are continuous in nature (Comes-Diaz, Hall, Nagayama Hall & Neville, 2019, p. 2). At the individual level healing strategies may include spiritual beliefs and practices, efforts to manage or adapt to stress, as well as strategies of creating feeling and reacting to stressful situations (Mueller et al., 2020, p. 1173). According to Joutsenniemi (2015, p. 2515), post-traumatic growth becomes apparent through an increase in valuing life, increasing the significance of human relationships, changing priorities, and increasing spirituality. Bodily practices have often been part of spiritual ceremonies where rhythm, dance, movement, and sound are present. These ceremonies support people to heal mentally, physically, and spiritually. Gatherings have also been necessary for the community to integrate the individuals, and the natural world through myths and creating space for the important events as well as solving challenges. In post-tribal cultures, dance and movement have been turned toward representation and entertainment. (Cantrick et al., 2018, p. 192 & Halprin, 2003, p. 59.) In early civilizations dancing, religion, music, and medicine were interconnected. Therefore, movement and therapy can be said to be historically linked with each other. (Halprin, 2003; Hanna, 1995; Hanna, 2006). Western medicine and psychology see healing as treating specific symptoms and eradicating the disease. This is very different from the perspective of “holistic healing”. Holistic healing considers the lived contexts of the person, such as family and community, as well as the interdependence with nature and geographical surroundings. Holistic healing is typically emphasized within indigenous cultures. Instead of these two approaches (holistic healing and Western medicine) being divergent, they can also be complementary. (Davies, 2001 & McCoy, 2008.)

Holistic healing is possible with personal awareness, choice, courage, communal integrity, and empathy. Healing practices will eventually change the relationship with the practitioner and the ways they relate to others. Further, there are collective and societal possibilities to change too. (Starr, 2017, p. 3.) Haines insists that opening to our senses, perceiving, and aliveness allows us to develop and further remember our empathy for each other. Embodiment creates a sense of unity between people and develops an understanding of interdependence. (Haines, 2019, p.18.)

Haines argues how conditions such as racism, environmental degradation, sexism, and poverty may also be creating physical, mental, and emotional trauma. Haines discusses how opening to our senses, perceiving, and aliveness allows us to develop and further remember our empathy towards each other. Her embodiment creates a sense of unity between people and develops an understanding of interdependence. (Haines, 2019, p. 18.)

In the somatic and trauma-oriented field many scholars discuss also about relearning. It should be possible to “unlearn” these relational strategies to transform our individual and collective experience of oppression. (Johnson, 2015, p. 81-3.) Relearning means an embodied act of decolonization and degendering. Embodied reclaiming is an opportunity to sense freedom from oppressive structures. (Starr, 2017, p. 3.) It is where sociocultural research and alternative forms of representation/interpretation appear: the somatic process changes the consciousness of all those involved in an embodied way that leads to social action and change (Stopforth, 2015, p. 610).

Importantly, healing should not be understood as a way to lay the responsibility of the oppressive structures on the shoulders of the traumatized one. This is a way to see the phenomena, which is undoubtedly very problematic as the society must repair the structural inequalities causing the wounds. Embodied strategies are a solution-oriented opportunity to deal with the wounds and reclaim the body affected by structural trauma/oppression. Embodied strategies can empower and free the oppressed to act against oppressive structures and fulfill themselves and their communities. There is an excellent risk of over-emphasizing therapeutic tools when there is a structural and societal problem. This study tries to see how these two sides (societal change, somatic and therapeutic practices) can work together instead of looking at these two sides as opposites of each other.

3. RESEARCH QUESTIONS AND AIM OF THE STUDY

This research aims to draw attention to and better understand the somatic methods and their potential to create a sense of healing from the experience of otherness which is called otherness in this paper. Another aim of this study is to study the participants' interpretations of their embodied experiences.

My research questions are as follows:

3. *How are somatic methods experienced as healing from the experience of otherness by somatic facilitators?*
4. *What kind of further interpretations (societal, personal) is given to the experiences of healing?*

The research questions are qualitative. The study aims to create more knowledge on the motivations and experiences of those who attend to and facilitate somatic spaces. It asks how their experiences of otherness are related to the experience of free movement (somatics), what societal interpretations the attendees are giving for the embodiment, and how they feel about the potential healing of such methods.

3.1. Insider Research

Ramazanoglu and Holland (2002, p.152) stress the term reflexivity in the feminist research process. They define reflexivity as “the sense of making explicit the play of power relations in your research process. Identifying your relationship to the research is particularly important given the interrelation of politics, ethics, and epistemology in feminist research.” (Ramazanoglu & Holland, 2002, p. 152.) Consequently, I will here open up my positionality regarding this research.

I am very close, personally and professionally, to my chosen research topic, which makes me an “insider researcher.” Wilkinson and Kitzhinger (2013, p. 251) explain this as “a status where the investigator studies herself, those like her, her family or her community.” However, while one is an insider, she is also an outsider in one way or another (e.g., on the grounds of class, age, sexuality, ability, etc.). Hence insider/outsider status is not stable nor transparent; it is a way to mark out and study positionality in each interview from many perspectives. (Wilkinson and Kitzhinger, 2013, p. 251.)

Professionally, I belong to the group of facilitators who combine the fields of equality, intersectionality, and embodiment and utilize somatic methods to strengthen otherness and connection. Over the past year, I have kept body-derived conditions, i.e., retreats, workshops, and trainings for individuals, organizations, and companies. This makes me insider with the facilitators regarding the use of somatics and embodied techniques in my own work.

It is important to know that several interviewees are familiar with my professional activities, at least from afar. Also, I have been in the same embodied space with someone as a practitioner. Due to my racialized appearance, I stand out from Finland's relatively white providers and practitioners of somatic methods. My appearance as an insider and a person of color can further affect how I am seen and interpreted as a researcher. This is considered when analyzing the material before, during, and after the interviews.

4. DATA

4.1. Participants

The participants were asked to join the study via email. Some of them were familiar to me as I also work in the field. Some of their contact I found from their websites and some from somatic-oriented Facebook groups. Most participants were pleased to join the study, and there were only two rejections due to lack of time in both cases. All of the participants were somatic facilitators working in Finland. The participants worked as yoga teachers, dance- and movement therapists, mindfulness teachers, embodied women coaches, tantra teachers, and movement facilitators. All of them had some experiences of otherness and had experienced healing with somatic methods. They work with different languages, nationalities, and capabilities and with other target groups.

The participants' age ranged from 28 to 58. There were five women participants, two male participants, and one non-binary. There were two persons of color and six persons with a white-northern European heritage. Three of the participants had born outside Finland. Three participants had the interview in English and five in Finnish. All of the participants were able-bodied.

Participants often had very strong and sometimes even alternative worldviews, which varied sometimes a lot. This must be stated because differences in the worldviews also affected further analysis. Some participants were politically active, whereas others were politically disoriented. Most of them were professionally trained in specific training programs related to yoga, mindfulness, coaching, trauma and dance, and a few did not have official training. They had just started facilitating spaces after attending workshops/classes.

There were seven interviews, of which six were conducted individually, and one was a paired interview. Four interviewees were interviewed online via Google Meet, and four were done face to face. Face-to-face meetings were actualized in different locations (one at one's home, one in a forest, and one in my work studio). Six of eight interviews lasted 1,5 hours and two lasted around 2 hours.

Most of the interviews were very emotional; often, the participant showed emotions like crying, frustration, and laughter. Some of these expressions were happening during our exercises or the

interview. Nevertheless, the intensity of showing these emotions was so predominant that I considered them equivalent to mention.

4.2. Method

4.2.1. Phenomenological theory and research

This thesis utilizes phenomenological framework in understanding the participant's experiences. The main aim of phenomenology is to understand human lived experience (Van Manen, 1990, p. 6-7). It is a philosophical discipline and a research method (Lopez & Willis, 2004; Van Manen, 2016, p. 22). Phenomenology originated in the early 20th century (Van Manen, 2014, p. 22). From a philosophical perspective, it has focused on the phenomena of the human experience, reformulated philosophical questions, and created ideas in almost all fields of scholarship (Tymieniecka, 2003). At the core of phenomenology is the attempt to describe and understand phenomena, which is in the case of this thesis healing experienced by individuals who have lived through it. As phenomenology is interested in the experience of human beings in their actuality, it works well for a study that focuses on how humans experience the world as living bodies and body-subjects. Phenomenology acknowledges the interconnectedness of humans, nature, body, and togetherness. Phenomenology attempts to describe lived experience while recognizing its inherent complexity and ambiguity. (Dolezal, 2015, p. 8.)

According to Van Manen (1990, p. 6-7), conducting phenomenological research involves studying 'the way that a person experiences or understands their world as real or meaningful.' There is an underlying idea that meaning is ingrained in human existence. Meanings can be shared through practices, feelings, conditions, language, or other representations such as images. (Wilson, 2014; Van Manen, 2007.) In phenomenological research, data is often gathered through dialogue in the interview setting (Wilson, 2014, p. 38). The purely phenomenological interview aims for pre-reflective experiential sharings, not for cultural narratives, socio-psychological opinions, personal views, perceptions, perspectives, or interpretations (Van Manen, 2014, p. 314). In practice such a research is very rare to happen and could be even said impossible to conduct (Fischer, 2005, p. 36).

According to Van Manen (2016, p. 4), phenomenology describes orientation to lived experiences, whereas hermeneutics describes how one interprets life experiences. In other words, the hermeneutic study focuses on the interpretations of the lived experiences of individuals themselves.

The hermeneutic paradigm means that knowledge is considered relative to its circumstances, such as historical, temporal and cultural, and subjective. Further, this means that reality exists in multiple forms through the experience of individuals. (Van Manen, 2016, p. 4.)

In this research, hermeneutic phenomenology is the primary method and theory in use since the focus is not only on the lived experience of the interviewees but also on their way of interpreting their experiences.

Hermeneutic phenomenology is a method grounded in the belief that the researcher and the participants come to the investigation with an understanding shaped by their backgrounds. They generate a common sense of the phenomenon studied in interaction and interpretation. The interpretive study produces no one true meaning. Hence, the meanings found in the research must be logical and valid within the study framework and reflect the realities of the study participants. (Annells, 1996, p. 705-13.) Furthermore, the researcher must interpret the meanings for practice, education, research, and policy to create well-acquainted and culturally sensitive knowledge. (Lopez & Willis, 2004, p. 730.) Also, it is crucial to see the effect of the researcher and their background into interpretation and interaction with the interviewee. Experiences are, therefore, reflectively and systematically considered by researcher from within when employing phenomenology. (Dolezal, 2015, p. 8.)

4.2.2. Phenomenology in use of this research

This research is based on seven interviews with eight people. I created all interviews with three elements: two embodied practices and discussion. Interviews lasted approximately 1,5 hours, yet two took around 2 hours. I recorded the interviews with my phone and transcribed with Outlook's transcription program.

I structured the interview in the following order:

- 1) Grounding exercise, in which the participant(s) leads (10-15 mins)
 - 2) Semi-structured discussion (60 mins)
 - 3) The closing exercise led by the interviewer (10-15 min)
- Approx. 1h 30min

I decided to have embodied practices in the interview setting for the following reasons. Firstly, I want to practice what we discussed and experience the common and shared space in an embodied

way. Secondly, I wanted to practice these somatic healing methods and get a personal sense of the participant's facilitating method. Thirdly, as a researcher, I wanted to challenge traditional power positions between the participant and me. That is why I proposed that the participant-led exercises allowed us to feel a sense of intimacy and vulnerability, which are core themes in somatics.

Firstly, the grounding exercise was conducted by the interviewer. Grounding exercise creates a little element of ethnographic method to the study. It is also a way to connect to the space (Tord & Bräuninger, 2015, p.20) and, through control sharing, challenge the power positions between the researcher and the researched one (Karnieli-Miller, Orit, Strier & Pessach, 2009, p. 280). This section took from 10 to 30 minutes.

The second phase is the discussion part. In this phase, a more traditional interview setting was in place and I had seventeen questions to ask. The interview was semi-structured, meaning the discussion sometimes flowed elsewhere out of these questions. The main topics discussed were embodiment, somatics and somatic tools, norms and otherness, personal and career stories, healing, spirituality, and how the participant saw the field of somatics concerning structural trauma. This section varied from 60 minutes to 90 minutes.

The ending exercise was led by the researcher (me). The practice was a somatic exploration inspired by one of Manakem's (2017) methods, which he introduces in his book *On my grandmother's hands*. These body-centered practices are a way to heal personal and collective trauma. (Manakem, 2017, p. 31.) I mainly used this practice, with little variations arising from the moment. I often added a part of somatic movement, concerning the participant to also move as they wished if any impulses occurred. Ending exercises usually lasted 10 to 15 minutes (see appendix 1).

5. ANALYSIS

5.1. Interpretative Phenomenological Analysis (IPA)

When analyzing the data, I used Interpretative Phenomenological Analysis (IPA). IPA is a methodological framework created mainly within qualitative psychology. The method is beneficial when exploring how individuals make sense of their experiences as it explores how people ascribe meaning to their experiences in their interactions with the environment (Smith, Jarman, & Osborn, 1999).

Further, the method helps the researcher focus on understanding, representing, and making sense of peoples' thinking. How the world appears to the individual is central to the technique. As such, it is especially suited to studies that relate findings to bio-psycho-social theories. (Smith, 1996; Willig, 2001; Smith, 2004.)

According to Smith (2016, p. 216), IPA is based on three theoretical cornerstones with their particular hallmarks:

- 1) Phenomenology—exploring how events are experienced subjectively
- 2) Double hermeneutic— an interpretative endeavor, as the researcher, wants to understand how individuals make sense of an event
- 3) Idiography—the researcher is concerned with understanding each of the participants in the study.

In the IPA method, the researcher gathers qualitative data from research participants using interviews or diaries. Typically, IPA research approaches the situation from open-ended inquiry, and the interviewer adopts a curious and facilitative stance (rather than challenging and interrogative). Hence, IPA is mainly used in the psychological field and works well in societal research. Together with the feminist approach, the focus is on individual experience and sense-making. Next to this, there is a focus on the power relations in the participant's story and between the researcher and the participant. (Smith, Flower & Larkin, 2009.)

In this research process, IPA was used when analyzing the interviews. I started analysing the discussions by recognizing what kind of repetitive/similar events have happened in the participants' lives. On the other hand, I realized the specific events and personal themes which were not shared by all the participants. After recorded interviews, transcription was made automatically. Automatic

transcriptions meant that interviews were downloaded to Outlook's transcription service, and then the outcome was read through and corrected when needed. Every transcript was organized, so I gave each discussed theme a subtitle, creating a helpful table of contents. Through the table of contents, I could remind myself what was discussed and in which manner. Then I made an Excel where I listed all the topics, who had discussed, and what related to the themes. Excel helped me to find out the main themes spoken. After that, I grouped topics and discussions and collected the direct quotations under each piece together.

Combining a radical healing theory with IPA helps to recognize differences and power imbalances. It acknowledges the impact of broader structural factors on the research process and the participants' lived experiences.

I considered research ethics accordingly. The somatic field in Finland is marginal, and that is why I conducted the research anonymously. Otherwise it would have been easy to trace back who were participating in this study. This could have effects on how the participants were perceived in relation to their professional work. Many of the participants gave deep insights to their own experiences too. This felt important to allow and protect through anonymity. I conducted the interviews with mutual trust. I paid attention to how much I described the participants so that they could stay unidentified. Sometimes strong emotional expressions were present, which was left out of the study, to keep the trust and be sensitive to the participants' processes. Many of the participants expressed strong worldviews. I also studied these personal worldviews and experiences related to it respectfully. Together with the phenomenological approach, this meant that there was a serious attempt to compassionately understand the participant's experience and not to judge what was witnessed.

6. RESULTS

In this section I will introduce the main findings from the interviews. In the analysis I first present the personal stories of the participants: how they started facilitating somatic methods and what personal meanings these methods have created. Then I will move into the societal meanings given for the somatic methods and discuss the experiences of healing from the otherness. In this section there will be views from both the personal and professional standpoints. Lastly, I will introduce more professional reflections on the discussed topics especially from the perspective of accessibility and space-facilitating.

6.1. Personal histories and otherness experienced by the participants

As discussed earlier in this paper, this study defines otherness as a broader category than belonging to a particular community. According to Löytty (2014, p. 161), otherness refers to any person or anything the in-group perceives as not belonging, threatening, or being different and inferior because of the perceived difference in terms of in-group member's characteristics. All eight participants had some sort of experience of being the other in relation to society's norms. For some, this was true through their gender, skin color, or ability, and for some, more in the way they perceived the world and themselves in the world. For the majority of the participants, these two were both present.

Most participants had graduated from the university or started their studies in another field before they started to facilitate spaces for movement and healing. For most participants, the story of becoming a facilitator was quite similar. Most had personal experience(s) of somatic movement as a healing force, since for many, the turning point towards somatic methods happened through a personal crisis, or as many of them called it through "trauma." Yet sometimes also an event in their personal life, such as becoming a mother, was when they felt their attention was turned towards the body and its physical inner worlds. Personal healing experience was seen as very important and influential in what came to the person and their story for opening up to somatic movement methods and the decision to start facilitating spaces. Personal healing experience led them to dive deeper into somatic methods and to educate themselves with somatic knowledge. Later they started to facilitate spaces. To facilitate somatic spaces means to create an atmosphere where the participants are encouraged to practice their somatic awareness. Most of them had completed some kind of training

in the field of somatics. According to Saumaa (2017, p. 107 & 229) somatic movement is grounded in body awareness, the ability to perceive the physical self, feel the body in motion, listen to bodily messages, and imagine the body from within.

One participant has a chronic disease that started when she was a teenager. When she found somatic movement and dance, she began to feel more comfortable in her body again. The movement practices she did back then were inspired by specific indigenous knowledge, which she could not remember by name. She experienced that getting to know more of this traditional relationship to the movement affected her deeply. She thinks that those practices affected her career as she works as a yoga, dance, and mindfulness teacher.

“When I was 13, I got the disease and was very sick. And couldn't do much, but then I discovered I could dance. It was difficult for me to walk, but I could dance.”

Another participant had a former career in one of the universities in Finland. He worked with natural sciences and specialized in biology. He described how he had dealt with anxiety and depression throughout his personal history and how he found dance and movement while working abroad. After he returned to Finland, he participated in a moving performance which he felt had an impact on opening up himself for movement and dance. His life became increasingly related to dance/movement practices, and the former profession remained in the background until he quit the employment. He felt unsafe in his body before getting to know different somatic practices. After practicing somatics, he started to feel more connected to himself (senses, emotions) and his surroundings (nature and space). He expressed that he began to return his connection to his body through different somatically oriented practices (movement, dance, awareness skills, meditation).

“It wasn't safe then to be in my own body. And then, I started doing physicality, movement, dance, awareness skills, and meditation. -- everything in my experience is so connected. So then it started to turn back to the experience of the body, and it's for me it's very heartwarming in itself, that in a way the connection [to the body] was starting to return to me.”

The growth in awareness made him more open to his senses, which meant being more connected to his body. A deeper connection to his body and senses arising from it further opened up the possibility of sensing the environment too more. This relates well to Merleau-Ponty's thoughts about interconnectedness since he elaborates how consciousness, the world, and the human body

are intricately intertwined. Further, he discusses how embodied experience is also social, linked to the time and space where it happens. (Merleau-Ponty, 1962.) For this participant, the experience was that through conscious embodied experience, his body and the world became more real to him (see also section 6.4.2.).

One participant worked in, as she described “entrepreneur field” against her will. She said she did not like the world where she had pressures to behave, act, and even wear specific clothes in a certain way. Even though she dispersed this world, she felt she lacked trust in changing things. Becoming a mother was an awakening moment for her as she became more aware of her body and what it could do and create. She explained that becoming a mother woke her to her “naturalness,” through which she learned to trust the body more than she before could do.

“I thought and assumed that there was no life other than that one. What does society expect from me as what can be seen and heard and when I have to wake up at a certain time first of all? I just have to eat certain things that have been given to me. I have to dress a certain way, and I have to do things at a certain time at a certain tempo. I was not accepted as the way I am.-- and then I started to have children. -- That naturalness and the body and all nature, everything came like this. It (having children, being pregnant) opened me up to the fact that there is something else here too.”

Another participant was creating her career in performing arts school before she got injured and needed to find a different way to move. Her experience was that performing arts challenged her body’s barriers (“I felt I was up against the limitations of my body”), for her somatic movement gave a new perspective on movement. She explained that internally focused movement was more gentle and respectful towards her body. When practicing somatics, she felt like not “fighting against it.” She spoke about somatics, through which she started to “heal” and focus on more “internal aspects” of the body.

“I was at a professional performing arts school, and I got injured badly, and then that's when I started yoga, and I enjoyed the healing and the more internal aspect of being with my body. -- So, from the dance, it was a very external view of my body, and it was very performative, and it was like. I felt I was up against the limitations of my body, a lot like what my body couldn't do, and I needed to get my leg higher, and I needed to be thinner and all these things with yoga it was like how does your body feel what are you noticing? What are the sensations that come up? It was a

much more introspective inward experience I could have with my body where I wasn't fighting against it. Uhm, I could just be. I could just be in my body and not have it need to be different. ”

One participant was a professional athlete before changing the direction of her career. She described the professional athletic world as disciplined and rational, where accomplishments were how to value oneself and another. After years of working professionally, she fell into a depression, from which she survived and continued her athletic career. The professional world did not change, and after a while, she started to feel symptoms of depression and over-exertion again. She described how new signs of depression forced her to think of other ways to live, to find a way out of extreme execution. She quit her career and soon after became pregnant.

“So when you're strong, like in competitive sports, one needs to be with a background in alpine skiing, and you've done it just fine, and you've had big goals and big dreams, and really, there was nothing else in my life but sports. -- back then, I was super masculine, super tough, tough on myself, and such a jerk. That was extreme execution and extreme masculinity. How can one be in a woman's body in such a situation? Then I had a lot of challenges and physical problems, and in the end, that career ended up in a state of over-exertion and total exhaustion. And that's how I woke up: there is more than suffering, performance, pushing, and forcing. I woke up to the fact that, like when I went through depression before, when I started having those depressive symptoms and thoughts again, I just realized that there has to be something else here, that this life can't be like this.”

When the participants spoke about their histories, they often experienced that before somatic methods, they had seen their body as objective and self-evident, a vehicle to act in this world. This body was also seen as something to compete with and evolve constantly. This view was seen as external and often pressured. When entering the somatic fields, many participants decreed their relation to their body to have changed into a softer, kinder, safer, and deeper one. Thomas Hanna defined somatics, emphasizing the soma as alive and evolving status and process rather than the object (1980, p. 5-6), which was evident in the participants' experiences. When one experienced their body as a process, not as an object, there were also notions of emotional awareness next to embodied one, as Saumaa (2017, p. 107 & 229) proposed.

As reading the participants' histories, the otherness which the participants experienced were very subjective in their nature. Even though there are somatic and therapeutic spaces for people belonging to minorities, most participants did not find their ways to somatics through those spaces.

The minority of the participants had not entered somatic spaces in order to heal from otherness. Rather, they had other reasons or symptoms which led them to get to know somatic movements and, through these practices, became aware of or even created their own experience of otherness. This means that most of the participants' histories had had othered experiences, as Löytty (2005, p. 161) defined it as "being separate or inferior" in relation to norms, which they saw as the point of comparison.

Yet, once finding and practicing somatics, the participant's experience of otherness got stronger. I interpret this because it seemed that somatic methods were often experienced as not normative and strange next to society's norms. Majority of the participants described how the internal movement is not acceptable or normative in the society. One example of this was when one participant described how he felt that at the bus stop, there are strong norms of how to wait for the bus physically. He felt pressured to be "like everyone else" and not to move as he wished to.

"Or at least I've experienced it, for example, if someone is waiting for a bus at a bus stop somewhere and then they start doing something, not even some terribly wonderful dance, but something like I'm doing some movements in it [moves hand]. At some point, I realized that it's quite a lot of pressure to be like everyone else, that we're just using our cell phones or standing or sitting. So, in a way, I noticed it then, how is it quite a big threshold, to act differently than what is the norm there."

If we see that the body is the base for experience and emotion (Lietaud, Grenier, and Bois; 2021, p. 176-7), in the light of these interviews, it seemed that when putting attention to the body there was also attention given to the emotions.

6.3. General experiences in the somatic spaces

Since, bodily encounters with the physical environment may constantly shape and reshape the understanding of the world and oneself (Johnson, 2018, p. 2). For the majority of the participants, somatic practices were experienced as strengthening the relationship between themselves, other people, and nature. Merleau-Ponty thought that embodied experience is also a social experience. Physical reality, thus, is created through our body and its sensory functions. He continued that embodied experience and relational fields are, therefore, intersected and further affect our way of relating to the world. (Merleau-Ponty, 1962.) Most participants felt that when practicing somatic

methods, all the senses are present. Through the increase in sensory messages the relationship with space and sometimes even with nature had changed. I interpret this with what Merleau-Ponty called the 'affect of relating to the world', in the experiences of many participants their relational field had changed due to the increased somatic awareness.

One of the participants felt that all of their emotions were deeper: even more pain was coming through the senses while practicing somatics. The participant noted that through somatic practices, he became more aware of his body's relationship with the outer world and how it affects him. He could see that he became more aware of his emotions by being more aware of his body's sensations. Further, this embodied consciousness made him aware of the relations between the outer world and the inside experiences of the external cause.

"I think that I started to feel more of my body's sensations. This may also mean that you feel those perhaps painful sensations in your body, or there is that in a way. It's the whole package in terms of what comes with it [sensing more], but also the fact that it's not only me that I started to notice that not only do I experience what I feel inside, but that the body is in a relationship with the outworld and that affects me too."

Some participants experienced that through somatic movement, they can reach an experience where the body leads, and the mind is felt as an observer. The somatic theory claims that promoting embodied consciousness produces an altered state of consciousness (Johnson, 1983). Some participants described that they had altered states of moving and being. One participant called the experience a "trance state," and another spoke about his body "taking over his mind," meaning he felt like observing his body and its motions. Hanna (1970) argued that the so-called trance state experienced in movement could serve as resistance against oppression.

One participant was sexually abused as a child and shared how these memories of before-forgotten events started to come real in the somatic spaces. They told how "these strong feelings" became experiences as a "trance state." It seemed that for them trance state was a place to be "aware" of their body and how they felt in the environment they were in. For them, this trance state meant "a whole body experience," which involved their whole being.

"There is kind of a trance state. When I am dancing. There are, at the same time, these strong feelings that can arise - not necessarily knowing where it comes from or what it means, that might not be the point. At the same time, I am very aware of my body, and how it feels in the environment I

am in. People around me and the space. It's difficult to explain because I think one must experience it too. To have an idea of what it is. So while I'm preparing all of this [their own DJ set], I can go myself into this trance state. A whole body experience."

The same participant did not think of this trauma intentionally before entering Ecstatic Dances (ED) movement spaces. ED is a 2-hour long session with music and free movement. The only rule in ED is not to speak in the room. The space holder, the DJ, creates the atmosphere through chosen music and is present for what happens in the space. When the participants started to attend ED sessions, they got to remember and connect with the traumatic memories of their childhood. They got to recognize and work with these memories through somatic movement, yet they also explained that this was part of a long process where they needed to learn to live with the trauma. They now hold ED sessions regularly.

"I didn't have any intention about exploring this [memories]. It just felt good to move my body in a good place where I felt safe to do so, and just some points I've found myself connecting back to these memories [child abuse]. But also really aware, and like I felt enough to feel safe about that, I'm just letting my body like dancing with it. But it's like. I think it's like a process of many years anyway. How to learn to live with it."

Many participants experienced this trance state as intuitive by its nature and healing as an experience. In the trance state, the movement came from the body, not the mind. When looking through a phenomenological lens, the participant felt the trance of being essential to feel connected to their surroundings and the people around them. It also seemed there was enough safety to feel one's emotions, even stronger ones sometimes related to the traumatic history or oppression. For some participants, the somatic movement was perhaps an act of resistance, as Hanna (1970) proposed, but it remains unclear how consciously this "act of resistance" was sought from the movement.

6.4. Somatics and norm criticism

Many participants experienced that there is no talk or practice around somatics in society. They experienced society as productively oriented and focused on the external view of the individuals. Somatic movement practices created societal meanings in relation to the body, the way one is

socialized to use the body, to be in the body as well as to value the body. The way socialization has taught people to use their body was experienced as capitalist in nature; in the normative Finnish culture, the body was seen as a vehicle to be productive in the market, not important or valuable. The way one was allowed to be and sense their body was often experienced as very limited; this was especially stated when talking about gender expression. Lastly, valuing the body and its messages seemed to be one important factor when opening up to somatic practices. Before somatic practices some of the participants valued their body more by the external aspects of it (how the body performs), whereas after increased somatic awareness the value was given more for the internal aspects of the body. This was often explained by normativity too; most of the participants felt that the external view is more acceptable than the internal one.

6.4.1 Gender norms, movement, and somatics

Gender was present in most of the interviews. Most participants saw societal body norms as problematic and described the somatic movement as a way to challenge them. This challenging happened on a personal level and was predominantly related to norms around gender. The somatic movement had served as a way to explore more of such qualities of movement that the participants had felt were not accepted in the societal norms around gender.

Half of the participants spoke about patriarchy and its effects on the relationship with one's body. At the societal and personal levels, the participants experienced masculine qualities valued over feminine ones. Masculine was seen as strong, outwardly, results-oriented whereas feminine was defined with qualities such as intuitivity and softness.

One participant, among others, felt that patriarchy gives more value on masculine qualities over feminine ones. The participant did not define patriarchy, yet she explained this by valuing the (certain kind of) male body over women's. She saw that this affects how one is in their body, regardless of gender. She also linked this to the way society works; she thought that when power is taken away from women by undervaluing it, there is a better chance to rule over women's bodies.

“Well, first of all, I feel that this kind of unhealthy male power has dominated for a long time. It just means that all the focus is in the external world.-- The feminine side is our inner world, and inner wisdom and seeking knowledge from silence. -- At the core is the fact that somehow the energy of

life comes through a woman. How do we nourish life? We bring everything into life. In order for us to be controlled, of course they want to have that away. As if that's how the energy of life flows in everything. Through erasing women and femininity, it has been a possibility to get rid of such a power.”

Another participant explained that society was missing its feminine quality and therefore the focus is more on the external view of the body. Feminine for her meant intuitive, flowy, soft, and caring essence, whereas she saw masculinity as more external, logical/material-oriented, and focused on material issues.

“After all, nothing is appreciated here other than doing, being outward-looking, everything external, and doing what you must do. And that it is what is valued. And I started to see that that's what this is all about, right - like in everything somehow- that it lacks that feminine polarity. -- I perceive the feminine side as flowing, nurturing, and soft as turning inward, as intuitions. We are looking for answers from inside from the silence inside. And then again, the masculine side is more outward-oriented, more like being on the level of matter.”

Gender was seen in a very binary manner through two opposites (masculinity and femininity). This allowed the participants to explain their thoughts around gender, patriarchy and embodiment. Even though sometimes dualism was criticized it seemed that dualistic approach was still present in the way the participants described their experiences. Dualism and patriarchy were seen as well-explaining reasons behind the experienced undervaluing of women and femininity.

One male participant felt there are only minimal ways to present as a man in society. The norm of being a man was not relatable for him. He had a history of identifying as a woman for many years. After some years, he felt more identified with a man's identity. Nowadays, he identifies as a man. He told how he previously experienced masculinity as very pressured and narrow in what came to movement. He saw that men were expected to move and act in specific ways, even on the dance floor, and more feminine movements were not allowed to be explored. For the participant, healing meant to be accepted with all the qualities he expressed from himself. In practice, this meant to be seen and accepted in different ways.

“One thing about it [being a man] was just seeing these norms in being a man. It affected the fact that I didn't know myself, I didn't feel like a man, or I didn't feel that being in a man's body was

natural for me back then.-- If you want to move, whatever that means, sensitively or even softly or listening to the inner world, which feels like water, this is not, this is not allowed for men. It's just the use of the body that's okay, and then maybe just some force is allowed that way. -- But I feel that nevertheless there should be the possibility to explore the whole [gender]spectrum so that you can be whole or even that you can be really strong, then you also need that sensitive side. - I have since gained the experience that all those aspects of my physicality are allowed, and they have also become visible. To be seen and accepted. Although in terms of bodily sensitivity and how I can express it, even through movement. It must have been like that [a healing experience]."

These experiences seem relevant to discuss with Butler's theory on performativity. Butler thought that femininity and masculinity are social creations and ways to perform gender standards. Therefore gender ends up to be performative, where in everyday acts one chooses to perform in a certain way. Performativity happens through the repeated process of acts and gestures. These repeated acts slowly become part of how one experiences the world and their body. (Butler, 1993; 107.) It seemed that what was related to the man's performativity was not something the participant could relate to. Rather, what was related to women's performativity was more closely to what he felt more natural to himself. As Stopforth noted (2015, p. 609) somatic interventions might change the somatic impacts of oppression by allowing one to become aware of one's performance and also to give alternative ways of performing oneself and through that give an alternative experience. He experienced healing (to be who he is, regardless of the gender identity) when he got to be witnessed and accepted with all of his movement qualities.

Many women participants experienced their bodies being easily objectified and sexualized in everyday settings. In contrast, in somatic spaces, there is more space to express oneself and not to be sexualized. As Bartky (2003, p. 104) proposed, oppression may also be internalized since girls and women experience constant objectification. Bartky writes, "something is "internalized" when it gets incorporated into the structure of the self." (Bartky, 2003, p. 104-5). Oppressive norms and structural violence can get internalized when the oppressors' gaze is also internally affected as being part of the oppressed self-image. Internalization, which also Marion Young and Fanon discussed (Marion Young, 1980, 44; Fanon, 2008, p.10-11), was evident in some of the participants' answers when they shared shame-related experiences related to womanhood. Therefore, the outside affecting shame was internalized as they started to feel ashamed of themselves. One female participant said that she often hears from her clients that somatic movement gives freedom for women to move and be safe without being judged.

“I've heard it so often from women that it's wonderful when you can dance here just the way you want, and no one will flirt with you. One can't do that in everyday life, like if you go to a restaurant because there's immediately someone right next to you who is judging you or wants to have sex or thinks that I as a woman want to have sex. I'm exaggerating to point this out.”

Another participant said women are often objectified and sexualized in certain positions, and somatic practice space is experienced free from this. Objectification relates to Marion Young's (1980, p. 44) arguments about girls and women needing to be constantly aware and pressured by the patriarchal world, also in the embodied reality. The experiences seem evident for some of the participants and their experiences.

“That's also why dance is a good tool, as it is a tool to dissolve the shame associated with the woman's body. I've noticed that it can be difficult to let the pelvis move fully because there are so many locks and beliefs that if I now move my hips so wonderfully and effectively, then it's somehow so dirty or meant for a man or something like that....”

Two women participants highlighted the importance of somatic and movement practices when healing from shame related to their experience of being in a woman's body. One of the participants explained that she had felt ashamed of her womanhood, which was especially evident when she had her periods. She interpreted shame as having manifested in her earlier ignorance about her menstruation or genitals. She felt that after learning somatic practices, she started to give more attention to her genitals and menstruation.

“[I got] an understanding of how sacred our woman's body is, that it is not shameful, that there is no shame in the periods or that our vagina is not shameful, but rather the opposite. Especially ours, as if somehow the source of all beauty and life, that there is no need to be ashamed of it. -- I hadn't consciously realized that I had become ashamed. Still, yes, when I started, I came across different exercises or somehow also sexual energy, which gave me a new understanding, so that I realized that I have been ashamed because it has been such an area that I haven't even really thought about.

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I've just been like panties on let's go! It is not cared about in this world as not so much attention is given or talked about. But it's like a random part of the body, and maybe more like one, which needs to be hidden. Then I realized that I had been ashamed.”

On the one hand, participants felt they could move “freely” when being in somatic spaces. Some of them explained freedom by being liberated from sexualization and objectification. For three women participants giving birth and becoming a parent was one of the main referring points when speaking about somatic methods. They also experienced preliminary discussion around labor and parenting from the perspective of somatics. One participant explained that somatic practices had helped her to respect her (woman) body, which she felt was not the norm in society. Menstruation and the body's different abilities during and after pregnancy were experienced as areas where respect and compassion were needed.

“It [more profound need to understand self-compassion] happened when I became a mother. And because I had such a big sleeping disorder when I became a mother, I had to find more tools to deal with the situation. -- The shame around the menstrual sore. Shame around ability when you are pregnant or in the post-natal times when I couldn't sit up for six weeks. For example, there is a lot of shame around the issues that appear from giving birth. And then, being in contact with my body also helps to respect it. “

The last theme around gender arose in four interviews, and it was related to being a girl/woman and not being kind or weak. One of the interviewees felt she could find her strength and power primarily through contact improvisation, which she was not educated to have as a girl or woman.

“Especially practicing contact improvisation or breakdance, this kind of dance method has reclaimed a lot of my understanding of my strength that I'm quite strong, which was a very gender-like education that I would be small and weak. In my physics, for example, of course, it's been a lot of reclaiming around my identity or my idea of what it is to be a woman. ”

For the participants, it becomes evident that gender does not just stay on the body's surface, in acting and doing, but becomes embodied reality, including emotions and perceptions. As Connell (1987) claims, gender is deeply part of who one is physically and psychologically. Hence gender seems to be part of the participants' experiences of themselves; it does not mean that the experience could not change. As some examples showed, many participants experienced that somatic space allowed them to relate to the body and their gendered view of it in a new way. New ways meant having space to explore qualities that were not the normative ways of being in a particular gender.

Even though some participants criticized embodied norms in society, their interpretations and ways of making sense of the world were sometimes quite normative. The most critical ones often explained their views through binary gender norms and traditional perspectives on gender. Many women participants experienced that through giving birth to a child, they became aware of their body's power and started to value it more. Such a narrative is problematic and may be seen as repeating gender norms from which they wanted to get free from.

6.4.2. Racial oppression

One of the participants discussed racial oppression and verbalized it as racial trauma. The participant saw that racial trauma is structural by its nature and, as such, something that is located in the body. According to Ruíz structural trauma means that social structures can create traumatic responses for those being oppressed by such structures (Ruíz, 2020). The participant spoke about how structural trauma or oppression are not discussed enough in the somatic spaces she was part of.

She thought that only creating space for somatic practices is insufficient to tackle oppressive structures. She experienced that when the “me too” - movement came to Finland there were a few conversations about oppressive and sexist structures and their effects on bodily spaces. Still, she was surprised how less action was taken against such forms. This motivated her to start discussions in the somatic spaces around structural violence, such as racism. She began to speak about this more widely in rooms she facilitated and even started a specific group for POCI (persons of color and indigenous people) communities. She experienced that somatic spaces in Finland are mainly open to privileged people, which did not align with the core values of the specific practice she facilitates.

“A structural trauma lives in the body. -- Yeah, when you're reading about it or studying about it or learning about it in formal settings, it's easy to feel that it's something removed or distant from you, but all these things, all these systemic oppressions. They live in the body.

So I'm sitting with that today like it's affecting, it's affecting people in their bodies and their lives and in how they feel just joy and dignity as natural states, not as something special. Uhm, so I'm sitting with all that. And it's a lot. I'm exhausted, I'm exhausted [cries].

-- I began to just center my purpose around being involved in healing and spiritual places around answering questions as, you know, who gets to be well in society? Who gets to be valued, and who is deemed worthy of having rest and places to heal? Who is showing up in our healing spaces, and

who isn't? Who is being left out, and why is that? Yeah, and then, of course, with George Floyd. It's like who gets to breathe with ease in the world and who does not. Both literally and figuratively have their breath stolen from them."

There are similarities when mirroring her experience with Manakem's (2017) thoughts on structural trauma, otherness, and embodiment. Similarity in her and Manakem's thoughts was the fact how the participant experienced a great need to acknowledge and speak about structural violence and the importance of creating safer spaces for minorities as well as deepening empathy towards each other.

The same participant felt that in Finland, the conversation related to minorities and their traumatic histories had just started. She also experienced that the atmosphere in Finland is very polarized, whereas in the USA, discussions around racialization have had a longer history, and the discourse is more multi-layered. Discussion around racial trauma seemed for her to be triggered by people's own traumas, which have made them take positions against each other instead of finding a common ground from where to start the healing journey from.

"So what I noticed is when I started to sort of go out and begin to want to get to know what people of color in Helsinki were doing. There's a lot of conversation around structural harm and all what's going on. There's lots of awareness going on, lots of education, lots of panels, lots of you know. All this all this. Talking going on, and that's great. And at the same time I saw that there was a lot of harm being done. To one another, a lot of lateral harm is being done. As a result of people's trauma being triggered, I saw that people didn't have the tools to self regulate and didn't have the tools to be able to take care of one another as we negotiate these extremely difficult painful lived experiences that we go through. It felt like you know there's a little more nuance that needs to be heard. It broke my heart, really. To see just how harsh and mean we can be to one another."

6.5. Trauma and healing

Six of the interviews discussed trauma as using the word "trauma". Trauma was often experienced as an event or circumstance that caused a lot of pain, suffering, and a feeling of not belonging to the society. Trauma was defined by subjective experience and therefore was also approached in a broad way. None of the participants approached trauma only with medical definitions. As mentioned

earlier in the theory part, the meaning of trauma was unclear and varied in the participant's experiences (Kurpink, 2018, p. 256). Many participants discussed trauma as an event which belongs to a “normal” life. Still, it seemed to be easier to discuss trauma as someone else’s condition than to straightly claim one’s own narratives. Otherness in relation to race, gender and ability were seen clearly traumatic, yet there was also strong focus on the healing part from the traumatic experience. In the interviewee’s own lives otherness was sometimes seen as a traumatic event, sometimes otherness was discussed only as a characteristic of one’s life and not bound to the concept of trauma.

Generally traumatic responses were often attached to structural violence and to the sense of otherness. Feeling outside of given norms related to gender, ability, race and ways of living were something many participants discussed. For some participants, it was self-evident that they had experienced trauma. These cases were related to racism, sexism, sexual abuse, and ableism. On the other hand, some did not explicitly say that they felt they had experienced trauma, so the experience was sometimes unclear. Two participants did not speak in-depth about their traumas or personal histories and discussed trauma only in relation to others, such as their customers.

It was also shown that the person might not consciously know their trauma narrative, but came to be familiar with it through somatic movement practices. Many participants felt the space for somatic movement, together with a safe environment, gave opportunities to study one’s own body, become connected to the body more, and become aware of the history of the body. Growing attention to the body gave them the opportunity to become aware of the past, events, and emotions the body had a relation to. This was evident with trauma experience too. Some participants felt that somatic movement practices made them more aware of the feelings the body was carrying. Sometimes these emotions were related to past experience(s) and even traumatic history of which they were unaware.

Somatic methods were often seen as a way to move with emotions without a need to hide them. In Finnish society, the norm around emotional expression was seen as narrow, and the experience of shame was evident when trying to express more powerful emotions.

“Yeah, emotions in like the society, I would say, can bring a lot of shame, or you have to hide them. It's unacceptable to be open about them [emotions], at least in most environments I've experienced. And in this [somatic] space, it's like an opportunity to connect to it [emotions].”

The majority of the participants experienced that one of the healing components of the movement is that it brings emotions and memories to the surface of the experience. These feelings needed a safer space to become apparent.

“I somehow feel that healing consists of the movement, which has helped me to get somehow a deeper grasp of what's inside, what emotions are moving, what memories are coming.”

This gives an exciting insight into the idea that the body lives in the present. Everything is experienced within the moment of the now. Still, according to (somatic) trauma therapists, the body also carries emotions from past experiences (Cantrick et al., 2018, p. 192; Rothschild, 2000; van der Kolk, 1994). The knowledge of how one's body relates or can normatively connect to other people's bodies further becomes an embodied reality, which is subjective and bound to time, space, and particular history. (McKinley & Hyde, 1996, p. 210-11.)

Hierarchical and oppressive (othering) norms may create experiences where one cannot freely move or be concerning their own or other bodies. Firstly societally experienced pressures and norms force one to perform themselves in a certain way, and secondly, this pressure can get as Marion Young (1980, p. 152) argues internalized as well. There are multiple ways to find a relation to societal norms, as evident in the interview stories. Still, this simplification shows how much individually experienced societal norms affect one's ways of being in one's body. (Burstow, 2003, p. 1296.)

As mentioned in the trauma section, trauma may also be a cause of the generational oppression where structural traumas have been present for decades and are rooted in generations behind (Burstow, 2003, p. 1295). An example of these could be colonial history or heteronormative norms. One of the participants experienced somatic methods as very therapeutic to heal from generational trauma, which she felt part of. She defined generational trauma as harmful and repetitive acts that get normalized into the family's traditions. In her experience, generational trauma was linked to a traumatic family culture where the trauma gets moved from one person to another.

In the participant's experience, her family's generational trauma has been physical and emotional violence. She felt like a victim of the violence and a carrier of the traumatic behavior. Her traumatic behavior became obvious in her relationship with her child. She described that anger issues also affected the relationship between her and her child's father. They needed to give the child to foster care.

“I see generational trauma as something like that, something [unhealthy] that repeats itself from one generation to another as acts, which are then somehow normalized to that family tradition or some family customs.-- In our family, it has been physical and emotional violence. I was made to watch my actions and how my cup fell with my child, and how I acted toward him. And then somehow [I needed to look at] my inability to bear it and my depression and my exhaustion and other things like that - It's been a pain in the ass, and especially my actions and what it has led to, that I can't manage things with the child's father and the injury is so great that the child goes into custody because of it because he cannot live with either one of the parent.”

For her somatic methods have served as a way to heal from unresolved generational trauma. She described that healing for her has meant accepting different emotions and “letting go of things no longer serving her.” For this, she felt that spaces for somatic exploration had given shared possibilities to be in a room where different emotional processes are welcomed and not judged.

6.5.1. First steps of healing: the sense of belonging, safety, and acceptance

Holistic healing was said to be “only possible” with personal awareness, choice, courage, communal integrity, and empathy, which may also further affect one's social interactions (Starr, 2017; 3). Somatic spaces were experienced as places to create ad-hoc communities, which were seen as an essential part of the healing experience. Around half of the participants talked about the community as a necessary part of healing.

For one of the participants' community building was one of the main healing components. In her work she aimed towards the creation of a community. She said asking how people are doing is part of community-building. She also felt that this is easier with a smaller group of people.

“Building community is important, so I like taking the time to have people call themselves into the space and asking how they're doing. It's easier in a smaller group smaller than like a huge like 30 group person, but you can still anyway adjust and make people feel like, you know, create that sense of community.”

Long-lasting relationships and witnessing with acceptance while having deep emotional and bodily processes were experienced as healing.

“I have since gained the experience that all those aspects of my physicality are allowed, and they have become visible. I was seen and accepted. Although in terms of bodily sensitivity and how I can express it, even through movement. It must have been like that [a healing experience].”

One participant described how there is often a strong connection between the participants after the movement sessions. This connection for him came to be alive in the embodied space and shared journey. No words could be said to each other, but a strong relationship is still being built between people.

“Like after good jams or after a dance course or - experience, you can feel a sense of belonging, even with some dance friends you've never met. That's how you get that sense of togetherness, and not a word is said. So I think it's great how wise the body is, that it learns to know other people just through movements.”

According to Haines (2019, p. 18), embodiment creates a sense of unity between people and develops an understanding of interdependence. This sense of unity seemed evident in those answers, including the collaborative process of their healing-related solutions. Only one answer discussed above was multi-layered since the participant felt that during the me-too- campaign, there were not enough measures taken nor discussions related to the harassment and power relations in the somatic spaces. While experiencing that the community did not answer strongly enough to the need that me too - movement brought up, she also shared that there would be a great need to build a community to heal correctly.

6.5.2. The personal experience of healing and societal meanings given to it

There were diverse experiences and interpretations around healing. Some explanations focused on individual work, whereas others were much more engaged with collective change. Some spoke about both of them.

One participant discussed these two (personal and collective), focusing on personal and claiming that there is no other way than to accept the world as it is and through accepting to forgive unjust things. She explained that it is needed to find the soul's purpose on this earth and act through that in the world with the themes at heart. So while she believed that everything should be accepted, she also felt that action and change were needed.

“Our task is to accept that humanity and that we are now in this human body to accept this world as it is as if to make forgiveness in our head for everything that this world is. -- I feel that the action starts from what, as it were, our inner guidance, that it doesn't start from that, as if how would it say? Now I'm changing this world because this is the wrong kind, but more because it doesn't seem like I'm supposed to do this now.”

Somehow these two standpoints were present, and she admitted it. She experienced that her soul's purpose was to work with women, especially healing societal imbalance of feminine and masculine qualities. Her views on healing were interesting concerning the Radical Healing theory since the theory defines radical healing as being able to sit in a debate and exist in both spaces of resisting oppression and moving toward freedom (Rench et al., 2020, p. 11 & 14). Even though her way of verbalizing her experience is particular, it points in the same direction as Rench et al. had done. Resisting oppression was related to her “work” with women and the imbalance of different qualities.

On the other hand, it seemed that what she spoke about “accepting the world as it is” could be seen as a yell towards freedom and forgiveness (of the oppressions). Such space is not unproblematic since it could be seen as linked to undoing and ignoring the world's suffering. Indeed, she sees that her healing process relates to acceptance and forgiveness with the world, yet still recognizes the need to work against the oppressive structures.

The importance of collective awareness of the (oppressive) norms were actually given weight only by few participants. They saw that if there is no understanding of the somatic space's social structures, there is a risk of repeating the same experiences and norms which are created by the dominant culture outside of the somatic spaces.

“We're living in challenging, intense times. And without taking that into account in our movement spaces. Our social justice spaces. Suppose there's not this embodied understanding of collective healing that needs to go along with it. We're replicating the same harm that these systems of oppression and dominant culture do, so it's just repeating the internalized messages we've learned.
“

Therapeutic practices may oppress, depoliticize and manufacture political quietism and maintain material hierarchies of power, but they may also serve as tools for social change and political critique (Perheentupa & Salmenniemi, 2019, p. 403-4). The meanings of the somatic experiences seemed related to social change and political commentary in each case. Hence there were significant differences in the backgrounds. There was also a very similar narrative throughout the different stories. All the participants made connections between the so-called ‘capitalist’ ideology and the way of living without a (somatic) relationship with the body. It was experienced that the capitalist way of approaching the body is very opposite to the somatic view of it. Somatic was often seen close to nature-like, with more space to listen, sense, and be out of control. On the other hand, the capitalist way of approaching the body was seen as artificial, profit-oriented, competitive, and controlling.

“Instead of reclaiming ourselves as we are and our bodies as they are in nature as nature is, and so on, we try to control it, consciously or unconsciously, into a different structure. “

What was also interesting was that one participant recognized this danger of capitalist ideology within the therapy field, where capitalist ideology was seen as constantly evolving and in constant growth. She experienced that there is also a risk in the “healing” (and somatic) spaces to create a competitive atmosphere, which will again follow the market logistics. It was seen as very violent as they saw no “ending point” or point of perfection in the human psyche.

“Applying some kind of capitalistic approach to that you're a product that should be refined and better or more healed or more whole than anyone else in it becomes the serial key. Which actually cannot be true, but if you play it well, you can pretend it.”

Capitalist mentality, together with healing procedures, were seen as potentially very violent and in danger of falling into spiritual bypassing. Spiritual bypassing means there is no room for suffering nor heavier emotions arising from society or personal life in the healing space. Every pain and intense emotion must be developed into a greater good or development to be “healed.” This was seen as an indication of capitalism.

“If you put people to sense and feel and connect to themselves and become aware of their stress and trauma as well and you don't guide it to a greater understanding of where it comes from, and that it's a common experience by many people in similar situations or background. Then you leave

people alone or even judge people for not being embodied enough. Or not being able to because this kind of fitness is going on within these somatic practices. In a way that people should be able to reclaim the perfect health, and then there is a shaming around if you still have or sometimes are tired, or still, you have broken your leg, or still, you have menstrual pain. Life happens, and you get some disease or whatsoever. So it's like I think it's also dangerous to put people into creating a connection to themselves and at the same time not."

Often somatic spaces are not free of charge or recognized as governmentally supported therapies. This means that people who attend somatic spaces must pay for it, in the form of a therapy session, workshop, retreat, or class. This makes these spaces part of the current markets and market logic, which also include them in capitalist markets. So even though many participants were against such reasoning, they also participated in it through their work. This relates to the discussion led by Eva Illouz (2008) as she raises up the risks of therapeutization in the capitalist market logistics. Illouz claims that similar characteristics that are true in modernity can also be found in the therapeutic industry. She sees that this is a risk since the "cultivation of the self" which itself may become a capitalist ambition. (Illouz, 2008, p. 226-8.)

6.4.2. Interconnectedness and sense of sacredness as part of the healing experience

Phenomenology acknowledges the interconnectedness of humans, nature, body, and unity. Phenomenology attempts to describe lived experience while recognizing its inherent complexity and ambiguity. (Dolezal, 2015, p. 8.) Many participants expressed their interconnected experiences related to other humans, communities, and nature. Two participants especially stated that there needs to be space for discussion and community creation outside of the facilitated spaces. Community building next to the classes was seen as a way to create sustainable healing and change.

"Talking about the themes of what's going on. As you know, this thing happened today, and it might be affecting us, so not leaving the world out of space because knowing that the world lives in us and we are either directly or indirectly affected by it. Ah, and yeah, naming it, naming, naming the things that cause harm because there's so much of a sense of denial and not wanting to talk about things. So healing is as much truth-telling."

Most participants draw connections between the healing process and a deeper connection with nature and the ecosystem. Capitalism, overdoing, and a distant relationship with one's body were

seen as a group of disembodied themes challenged through and with the somatic practices. Most participants felt that the relationship between the body and nature is deeply connected. Further, it was experienced that in Western parts of the world, people are very far away from the body. There were uses of words such as “disembodied” and “denaturalized” when discussing the Western world. Healing the relationship with one’s body was seen as a critical element to healing the relationship with the land and nature.

Some somatic practitioners argued that it effectively changes hierarchical structures of social power and the experience of otherness when one is comfortably in connection with their body, and in relation to other bodies. (Stopforth, 2015, p. 610.) Holistic healing considers the lived contexts of the person, such as family and community, as well as the interdependence with nature and geographical surroundings.

“ I think, in general, we live in a disembodied world. In all the levels. This can, of course, be drawn to some eco-Feminist theories or whatever, but it's quite easy to see the connection when we cut ourselves off from feeling and being and responding to our body. Which consists of the emotions or the experiences that we are having from moment to moment and the history as well.”

According to one participant, the disembodied Western worldview could be a reason behind some violent ways of treating indigenous people and their rights to their lands (see the quotation below).

“Like also people who have strong connections in general around the world to the ground, to the earth. They are even physically removed from there. Their home or their connection and their natural home are exploded and destroyed, and so it's of course, all these levels are there. We, all the time, disembody each other, and nature. “

Another participant felt this connection, too, as she was guiding one of the exercises. In her exercise, she was specifically asking me, while I was having my eyes closed and feeling the connection to the ground, to remind myself of the land and its support and also how the land is “missing us” further, she asked;

“Can we return to it?”.

*“And so I'm gonna invite that we just stand or sit and be held by the Earth.
Touching the earth.*

Maybe you can invite a breath in and out.

Another in and out.

And as equally as the Earth is supporting us.

We can.

Take refuge in the fact that we are also a source of support for the Earth.

The land misses us.

The land has lost us, and the land wants nothing more than us back.

Maybe you can take a breath in and out.

Can we return?

In this moment

to our home.

Our earth.

On top of our collective earth.

Can we return to this?

Touching the earth.

--

Can we return? In this moment to our home. Our earth. On top of our collective earth. Can we return to this? “

According to Mueller et al. (2020, p. 1173), individual coping and healing strategies may include spiritual beliefs and practices. That is why one theme in the interview was the sense of sacredness in the somatic spaces. Notably, all participants had experienced somatic movement practices in one way or another, spiritual by nature. With one participant, there was no connection to religion but ‘to a greater good,’ which was hard to put into words or specific meanings. She explained her experience as follows:

“In a way, a kind of healing, for me, relates to an embodiment, and that, for example, to the practice of descending to my own body and descending into my nature. So, somehow there is something like that [sacredness] because there is someone on the verge of sanctity, and one can't verbalize it nor tell how it is you say it is. In the end, it's just the connection. Somehow, in those moments, there is a connection with everything, like somehow with the whole universe in some way. Those moments just go through me. Those moments... there is everything in them.”

Another participant had thought about healing in a detailed manner. She saw that healing could be seen through different components where parts arise from individual work and part of it is

communal. She also noticed that personal work does not only include one's feelings and senses but ancestral work, where one returns, remembers and reclaims her bloodlines. Acknowledging ancient wisdom according to her helps to remember our history and how it is also written in the moment of now. She called this kind of ancestral work also grief work.

“2020 was a year of understanding grief work as part of spiritual practice. As well, ancestor work is part of spiritual practice. Returning and remembering, and reclaiming and healing bloodlines. Understanding that history is now is not something in dusty books that happened long ago. If we can get it, we can forget about it, but history is ongoing. “

As I asked whether she thinks that the healing work and grief work is spiritual by nature, she answered:

“Absolutely, yes. Yes, yes. Hell, yes.”

In short, healing was a shared experience of all the participants. How, why, and what was healed varied significantly. What was still common was the sense of communal support, safety, and acceptance in the spaces, an increased sense of interconnectedness, and spiritual experience in doing movement practices. Healing remained a very unclear concept, but this study gave more insights into its subjective meanings.

Even though all the participants somehow felt somatic spaces as places to heal, healing from structural trauma was also seen very challenging. Structural concussions occur within a sociopolitical context and continuity (Comes-Diaz, Hall, Nagayama Hall & Neville, 2019, p. 2). This burden of continuity did not appear in the interviews. It seemed that participants did not feel they were healing from something which would be immutably continuous by its nature. They seemed to see instead that the causes of structural trauma could be changed. All the participants hoped to change things for what they thought to be better. Hope for the personal and collective future seemed evident in individual traumas and collective ones. Also, Radical Healing Theory recognizes hope as one of its components among the others (critical consciousness, hope, resilience, resistance, and authenticity) (Rench et al., 2020, p. 36). According to Adames et al. (2022, p. 8), professionals working with mental health should normalize hopelessness while connecting it to (racial) oppression. There is a need to envision new possibilities and move toward psychological and sociopolitical liberation, which seemed to be happening in all the participant's descriptions since they clearly had their perspective towards the hope-giving future.

6.6. Reflections related to facilitating & dissolving oppressive structures

Many facilitators recognized their trauma history and its effects on their life and career. Most of them, but not all, started facilitating somatic spaces because they had experienced movement therapy as a healing force in their past. Their experience of otherness was an important factor for them to enter into somatic spaces. Surprisingly many, yet not all of them, still had not been taught in detail how to create a safe or accessible space. Many participants said that everyone is welcome in their spaces (class, workshops, retreats etc.) but more than half of them said that they have not actively thought about how to create a space for those who face othering. For instance, some participants' vocabularies were based on binary gender and problematic associations related to that, whereas some were aware of various minorities and used correct terms when applying to a specific minority group.

One participant brought up how traumatic events cause tensions in the body. He saw that moving and breathing into these tension points could relieve the pain. If trauma has been in the body for an extended period, he sees that it becomes part of the body, and the body feels and looks "tensed" on a deeper level. He taught that if one has traumas, they have not been present enough for their body. He strengthened his argument by saying how he nearly never does not have any pains in his body.

"When the past seems to chain me to certain things. Some trauma has bitten into my back that I have to worry about now that I am.-- If I imagine those people who feel that hurt in their body. I'd say they are not present. When I don't know how it feels because my body never hurts."

The idea that people who experience pain are "not present" in their embodied realities is problematic and can be interpreted as ableist by nature (Nario-Redmond, 2019, p. 5). If one has chronic pain because of trauma or other reasons, it is dangerous to claim that to be the reason for not being "present" for their bodies.

One of the participants expressed how she sees that being politically aware of the norms helps one to realize their responses and assumptions. She considered political awareness essential in her attempts to making the space accessible and not setting normative standards or retraumatized customers.

“So being politically aware of the norms helps too...to also be....It's a certain kind of mindfulness as well like to be mindful about” Ah, I'm now having assumptions about myself,” “I'm mothering somebody else,” or “ I'm having a stereotype about a person's appearance.” -- And if you are not mindful with this, you can easily actually, even within a healing practice, strengthen these oppressive [structures] or even retraumatize someone who has a story of being oppressed by a norm.”

Another participant acknowledged that healing spaces are more accessible for some people than others. For her, there was a need to ‘walk the talk,’ meaning that facilitators and practitioners should live according to the values they promote, not only talk about them.

“There are structures in place that make healing more accessible for some than others. It's this aspiration that we can walk the talk rather than just talk the talk of yoga is for all people, UM. It's like, OK, great, we say that we pray about it. We chat about it, but can we do something about it?”

As she started centering her purpose on healing and spirituality, she became more aware of the theme of accessibility. As she became more aware of it, she also started finding other questions important to discover and discuss.

I began to center my purpose around being involved in healing and spiritual places around answering questions, as you know, who gets to be well in society? Who gets to be valued, and who is deemed worthy of having rest and places to heal? Who is showing up in our healing spaces, and who isn't? Who is being left out, and why is that? Yeah, and then, of course, with George Floyd. It's like who gets to breathe with ease in the world and who does not.

Lastly, I want to raise the discussion related to spirituality, which every one of the participants admitted they had experienced when practicing somatic methods. Also, theorists such as Joutsenniemi (2015), Mueller et al. (2020), and Hanna (2006) recognized how spirituality is often part of a holistic healing experience. Some participants gave spiritual meanings to their experiences. Sometimes participants’ spiritual experience seemed to justify their (somatic) work; one of the participants said they felt a spiritual calling to do the work they did. In a few cases, this personal experience seemed to be one of the primary qualifications for their profession. On the other hand, most of the participants did not discuss spirituality as part of their professional identity. Some were very careful and distant to open up about their personal and spiritual experiences.

Reflections on a professional level had a wide range of very different standpoints in regarding dissolving oppressive structures. Even though all of the participants had experienced norms and structures as limiting, sometimes even oppressive and traumatic, it was not clear that many of the participants had thought themselves how to dissolve such structures. Some of the participants were very aware of their powerposition and willing to create spaces accordingly, some again did not recognize how they would create the space more accessible, some were even having ableist opinions, which may even recreate oppressive structures. In the next chapter, I will introduce and discuss more wider interpretations in relation to these findings.

7. DISCUSSION

In conclusion, in all cases, somatic methods were experienced as healing from personal trauma such as trauma related to the experience of otherness. How the healing was perceived and experienced varied greatly from one participant to another. All participants had a personal story of healing, and often they had also witnessed and supported their clients' healing journeys.

Further interpretations of the experience of healing were given broadly. Often personal and societal experiences and understandings walk hand in hand. Significant societal meanings were given to the somatic movement regarding gender performance, capitalist mentality, and its effects on one's relationship with one's body, other people, and nature.

7.1. Personal experiences of otherness and healing

The participants' personal stories and their fields of practice were highly diverse, as the previous analysis has shown. This variety highlights the need to understand the therapy field not as unified practices but as shaped by situations and relationships. (Salmenniemi, 2021, p. 31). The multilayered nature of the therapy field also seemed evident in the material. The interviewees had varied experiences of personal stories with otherness and their relation to the possible experiences of trauma. How the trauma of otherness was manifested in participants' or their clients' lives and socio-political meanings varied greatly. Several interviewees also used or had used many other strategies and methods aiming at healing in addition to somatic methods.

Somatic methods were part of the participants' worldview and ways of living their lives. It seemed that somatic awareness was not only practiced and valuable in the classrooms or workshops, but rather affected the way one related to the world also in other parts of their lives. Surprisingly, somatic methods and their body and movement awareness seemed to create a sense of otherness in some participants' experiences. This was not directly stated but is rather my interpretation. It seemed that a few participants felt a confrontation between their understanding of the body, its functions, their need for freedom of embodied movement in public spaces, and society's expectations to be in a body in a certain way. In some cases, that seemed to cause a sense of otherness, being inferior within society's power relations.

It should be noted that no participant can be said to have been affected by somatic methods alone because they were consistently implemented as part of the individual's broader personal and

socio-cultural context. Thus proving the validity of somatic methods in healing trauma was not the purpose of the research; the purpose was to examine how 'healing' through somatic methods is understood, both at personal and social (societal) levels, by practitioners of this field. In reflection, somatic dialogue with other used forms of support could be something worth researching or something to be aware of when researching therapeutic methods and their relevance.

Secondly, the importance of language as part of the process of phenomenological hermeneutics must be considered when seeking to understand the personal experience of the interviewees (Van Manen, 1990, p. 111-2). It is inevitable that when talking about bodily experiences, their meaning cannot be simply conveyed by words "as they are experienced." In this way, the experience inevitably falls to the mercy of the logic of language and becomes interpreted. I decided to include somatic exercises done jointly with the participants in the data production to understand better what we were talking about. This way, we would be closer to the experience. Despite this, verbalizing a bodily experience is the first interpretation of the experience itself. The second interpretation happened through me, the listener and as a co-dancer and the third when I analyzed the data as the researcher. This kind of multi-layered knowledge has been discussed in phenomenology. This has been considered when analyzing the data and answering the research questions in this study.

7.2. Social meanings given to the experience of healing

When we discussed the experience of otherness in relation to the prevailing norms of society, the gendered nature of the norms was significantly on display. Although the participants often felt that somatic methods gave space to challenge normative ways of doing gender, their own explanations and interpretations of past and new experiences often were very gendered. Movement exercises and society in both were seen in several discussions through feminine and masculine qualities, which partly strengthens the traditional interpretation of these by strengthening the division and opposition of these two. In the conventional understanding, the feminine is seen as an intuitive, embodied, earth element that is rooted and wild in quality. Conversely, masculinity is stereotypically thought of as rational, material, externally focused, and performance-oriented. (Parent et al., 2020.)

The interviewees used masculine and feminine qualities to describe what they said more broadly and mostly thought that there are both sides to all people. They experienced that feminine qualities were generally undervalued and underrepresented. On the other hand, masculinity was often

interpreted narrowly and seen as an undesirable way of relating to the body or society. The binary vocabulary (meaning division to masculine and feminine qualities) was used to some extent by all participants, regardless of gender. The division between feminine and masculine may become challenging if these qualities are associated with male and female bodies. On the other hand, through these qualities, a clear division between different entities can be achieved and understood. It seemed that in society, masculine qualities are valued more than feminine ones, whereas in their own experience, feminine qualities were given more value over masculine ones.

To continue more on otherness, normativity, and social meanings, I have to bring up capitalist economic structure into the stage, which was also mentioned by a few of the interviewees. One participant recognized the danger of capitalist ideology in the field of therapeutic practices as well. Capitalist ideology was seen as the idea of constantly evolving and continuous growth. She felt that in "healing" (and somatic) conditions, there is also a risk of creating a competitive atmosphere where success is connected to "healing." Such a competitive setup again follows market logic. Illouz (2008, p. 238-9) also writes about this as she asks whether success and strategic self-interest as capitalist goods are embedded in the therapeutic culture and its aims?

Further, Brunila, Harni, Saari, and Ylöstalo (2021, p. 334) point out how in therapeutic methods, the center is in the 'me,' can also support the individual to become attached to this time and its communities. On the other hand, they also recognize how these exercises can separate individuals from communities and make them self-sustainable and self-monitoring actors responsible for their performance. (Brunila, Harni, Saari, and Ylöstalo 2021, p. 334.) It is worth noting the risks that therapeutic methods operate as part of a neo-capitalist society and the opportunities they produce for the individuals involved in them.

Concerning the above, especially in this work, it is also appropriate to discuss how the healing from the experience of the other is problematic in its basic assumptions. According to Löytty (2016, p. 162), otherness is to arise as a manifestation of hierarchical social reality. In a way, an individual cannot be held responsible for the problems of their community, and on the other hand, following Foucault (1998, p. 93), we can think that power lives within all of us. The interview discussions showed a clear and strong hope for the future, an agency that manifested as (somatic) actions and experiences. Of note is that none of the interviewees expressed that this happens alone but as part of a community. Participants brought up how they were witnessed and supported in the process by others involved in somatic workshops. The importance of the community's support takes much

weight from idealizing the individuality of therapeutic methods. It was clear that each interviewee felt that they could not achieve healing alone.

7.3. Professional perspectives on otherness and healing

As the last theme of examination, I will briefly discuss the professional perspectives of the participants concerning otherness and healing. The contradiction between approval and condemnation was noticeable in the interviews. On the other hand, all participants emphasized the importance of experiencing an accepting atmosphere and safety. It felt important that in the somatic space, one can be as they desired: movement and voice are not defined externally, and therefore no one can judge how the process should go, let alone instructions or commands. Acceptance was consequently seen as a significant part of building somatic spaces.

On the other hand, the participants also had normative ideas of how one should relate to their body and take care of it. For instance, a few participants felt that different body stiffnesses and pains were indications of unprocessed emotions and painful experiences. Therefore, it was their opinion that the lack of treatment brought pain and stiffness to the body's experience, which, if treated, would not manifest as stiffness or pain. Combining the body's blockages and trauma in this way is problematic and harmful because many people's body stiffness or injuries caused by different reasons are interpreted only through psychological discomfort or unfinished work of trauma/healing. Condemning the body's suffering as a manifestation of trauma can, at worst, be dangerous and retraumatizing. Such an attitude can be seen as ableist in nature (Johnson, 2021 p, 126). This thinking also relates to what was discussed earlier; a strong ideology of continuous development and growth. The idea is capitalistic and can, at worst, cause (additional) suffering. Ongoing development also creates an image of the finality of healed identity serving as a destination, which seems unlikely in an ever-changing life.

The cost of the offered somatic facilities seemed also problematic when looking at professionalism. The payment was mostly present in almost all of the facilitated spaces. The practiced methods are not subsidized by the state, meaning that the individuals who participate in the facilities in question do not receive support from, for example, KELA. The position of unrecognized practice can be seen as social denial of the services and their effectiveness in question. This causes high fees and challenging accessibility, and creates a marginal positionates this field into a marginal position,

which is not regulated within the framework of authoritative actors. This cost of facilities seemed to me as a contradiction because several interviewees specifically saw somatics as an opposing force to capitalism. They still have to produce and realize themselves in a capitalist framework at a high price. On the one hand, the reason is not the sole responsibility of the service provider. Still, as already stated earlier, the problem is that holistic therapy sessions like this are not recognized so that the activity would be supported by the state's, for instance, health services, which further forces the authors to ask for the necessary compensation for their work.

This study illuminates missed light to somatic and therapeutic methods and how the participant experiences are in the context of Finland. There is a need to further investigate the relationship between specific othered conditions and the effect of somatic practices in integrating and healing from such experiences. Also, since there has now been more targeted to othered groups such as racialised groups, it would be fruitful to study how somatic methods can be part of the healing process in such a group. Moreover the power used in therapeutic and somatic spaces should be studied deeply especially in the spaces where there are no (state's) regulations in place. There is a great risk to do harm and maintain existing power-relations if these are not discussed profoundly. Now the ethical consideration seems to rest too much on the facilitator's knowledge and personal interest. I hope this study is a beginning for more in depth study of somatic and therapeutic methods in general and especially in relation to the experience of otherness. Hope for healing the society and the individuals shall not be forgotten.

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APPENDICES

Appendix 1: Practice, Body Scan

Sit comfortably in a chair. Take a few breaths in and out, feeling the air move in and out of your body. If possible, feel the breath flow all the way into the belly, and relax out with the out breath. Close your eyes, or let your gaze be downward.

Notice the experience of the chair against your back. Notice the sensations of your feet on the ground.

Starting with the top of your head, slowly scan your body from top to bottom. Pay attention to each part as you slowly move your attention downward. Notice where there is pain or discomfort, where there is constriction, where there is relaxation or expansiveness, where there is numbness.

First, let awareness move slowly down your forehead, through your face, then down your neck. Follow attention as it moves across the top of your shoulder blades, the down your torso, and into and down your arms.

Continue to let awareness descend down into your torso and arms, through your hips and buttocks, and into your hands. Experience your attention spreading into your fingers and then out your fingertips.

Continue to let awareness move down your legs, through your knees, and down to your ankles. Pay attention to your major joints - your ankles, knees, hips, wrists, elbows, and shoulders. These are spots where energy often gets blocked. If you feel an urge to move any of these, feel free to do so.

Follow your attention into your feet, then down into your toes, then into the bottoms of your feet.

Take a moment to notice where your soles meet the ground. Pause to feel the sensations of the soles of the feet as they rest on the ground, feeling supported by the ground.

Again, take a few deep slow breaths in and out, feeling the air move in and out of your body. Slowly open your eyes, or lift your gaze, and softly bring awareness to your surroundings in front of you, in back of you, and all around you. (Manakem, 2017, p. 157)

