

An Anti-Oppressive Quest to Hold a Body

Florie St. Aime

ABSTRACT

This essay is a self-reflection on the embodiment of oppression and the collective desire for liberation from oppressive systems, also known as the practice of anti-oppression. The author shares her own ongoing effort to grapple with de-colonization while facilitating that process for those she serves directly and indirectly. While honoring wisdom traditions outside the mental health industrial complex, she invites the reader to unlearn the violent control paradigms that aim to claim our bodyminds under the guise of fixing them, to instead breathe life into our own healing, and to make space for those we serve to do the same.

Keywords: Anti-oppression, mental health industrial complex, unlearning

Submitted: 21.07.2022

Accepted: 05.06.2023

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis

Volume 22, Number 1,
Summer 2023, pp. 31-37

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

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I would like to set you up for reading this essay by offering you the lens through which I write. I am an abolitionist. I work, think, and teach from an imagined future that seems more impossible than not. I think, study, and discuss cultural, social, and institutional oppression. I reject them while working to rid myself of how I have internalized them. I highlight how others overtly use oppression, and bring doubt to places they may quietly linger. I challenge those around me, especially those practicing within the field of psychology, to recognize how our industry plays a vital role in maintaining oppression. I support the people I serve by seeing their internal strategies to survive oppression as important and exhausting, and invite them to lay them down. I have less interest in appealing to the intellect. Although I know it is necessary that it come along, I do want to offer an experience, through this limited tool of writing, for you to feel yourself.

I am a Black, Fat, Queer, cis-woman born and raised in Brooklyn, NY, the abused and disfigured land of Lenapehoking, specifically the Canarsee people¹. My siblings, cousins, and I are the first generation in our lineage to be born within the violently made-up boundaries of the United States of America. My lineage resided last in Haiti; before

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that, I am not sure specifically, but at one point in the landmass called Africa. I am a licensed clinical social worker trained in Hakomi^a and Parts A & B of MAPS^b MDMA-Assisted Psychotherapy. I currently work, think, explore, create and challenge the emerging Psychedelic Assisted Psychotherapy industry for and with various organizations primarily Gather Well Psychedelics^c. I spent my career working in community-based organizations and eventually went on to create, manage, and supervise a community-based counseling program with healing justice as our guiding principle. I have and continue to organize with the liberation of Black people at the center. I am an Usui Reiki practitioner, healer, and creator of sacred space. I write all of this so that you understand the seat I occupy.

I am also an English speaker and writer. English was a language forced on me and people all around the world. Literacy has changed the structure of our brains, wiring us towards categorizing rather than making distinctions.² Psychological research has been done mostly on university students, who are often English speakers or are very literate, and contain identities that benefit most from systems of oppression. Until this day, 90 percent of psychological research participants are industrialized, literate people who have taken on the Western ideology of analytical supremacy.² Research has also mostly been used to provide evidence for elitist ideas of the time. For these reasons, I do not take academic writing very seriously. I do take storytelling very seriously. Most of science today is simply trying to prove what indigenous people have known and passed down for thousands of years, and yet we do not believe their stories.

Everything I have written so far is to illustrate to you the world I am navigating, and how it informs this offering I am going to make below. To understand what I have to share, you must understand something about the vessel it comes from. I think this is sufficient for us to begin the journey towards holding a body.

Somatic therapies are currently heralded as the great equalizers. With a world beginning to take trauma seriously, and to connect body and mind,

somatic therapies are exciting because they rely more on the client's inner directedness. There are a few ways we allude to this. In Hakomi, it is the concept of organicity. Organicity in Hakomi is a principle that is "respectful and trusting of a living system's inner wisdom."³ In MAPS, it is called the inner healing intelligence – the knowledge and power within oneself to move towards wholeness.⁴ Even within IFS, there is the concept that under all the protective parts, there is an "undamaged self."⁵ These methods ask practitioners to rely on the wisdom of clients, and trust, as my teacher Melissa Grace, trainer at the Hakomi Institute, says often, that "nothing is wrong."

What a welcome shift that was for me when she first said that – a welcome and challenging shift. I was trained to collude with the client, their family, or authority figures mandating them to counseling – that something was wrong, and it was my job to find it. The job of a mental health professional is to make something happen, and we will even force something to happen within the choices we have available to us.³ So it was relieving to almost rest on "nothing is wrong."

It was also empowering to see my clients as intelligent beings, engaging the unique combinations of strategies they have developed to navigate the world to experience the least amount of pain. However, as I sit with this, "nothing is wrong" coming from a systems-oriented mind. I am realizing the statement may be too narrow. While I agree that nothing is wrong with the people we serve, I think clinicians of psychological models, from psychotherapists to somatic practitioners to psychedelic facilitators, need to spend more time recognizing that there is a *lot* that is wrong in our culture, our social norms, and codes. Something is wrong in asking clients to make new adaptations to survive cruel and unusual circumstances. There is a lot of opportunity to learn about what is wrong in our culture from our clients, since they each are unique representations of how to survive a violent, individualist, anti-life world. The burden of cultural issues that are being upheld by systems is falling on individuals. If we can learn to occupy this lens,

a. <https://hakomiinstitute.com/>

b. <https://mapspublicbenefit.com/training>

c. <https://gatherwell.org/>

I imagine we will unburden the body in ways that support the collective.

Dispositionalism

In this American/Western and highly literate culture, individuals are seen as fully responsible for their actions, and their behaviors are always seen as a sign of their character. This focus on individual character leads to *dispositionalism*.² Essentially, dispositionalism is decontextualizing humans. There are two major impacts of dispositionalism. The first is a collective and unconscious belief that people are always the same, regardless of circumstance. An example might be “she always gets so angry, and that is why she yelled.” The first result of dispositionalism is a culture reliant on our collective commitment to protect cognitive dissonance. We work hard to mask inconsistencies, within ourselves and others, in order to not interrupt the belief that all remains the same.

This hard work of ignoring inconsistencies is a major part of the construction of the mental health industry. Mental health and social welfare programs are integral parts of the non-profit industrial complex (NPIC), medical industrial complex (MIC) and prison industrial complex (PIC). The NPIC eases tensions that American citizens should and do have with wealthy elites and our governments. We uphold the self-protecting barriers the elites impose on citizens.⁶ Ultimately, we are the folks who make cognitive dissonance sustainable; more than that, we strengthen it. By the field’s commitment to seeing people as individuals with the ability to rise out of their circumstances (with enough help, of course), we continue to turn attention away from the systems that benefit from their oppression. Through our narrow approaches to help, we encourage and offer the support needed for individuals to accept their oppression in society and create more coping strategies.

There is a study I really like (Rayner et al., 2009). In it, people from all over the world were given video clips of underwater scenes to observe. When researchers looked at the eye movements of the participants in the study, they found that Americans focused heavily on the main attraction, and were least able to describe the surrounding landscape of the video – literally choosing to focus in one place, and ignoring the rest.² This is cognitive dissonance in action. This study also showcased that members of highly literate Western cultures could describe that main attraction in great detail, and were aligned with prioritizing analytics over holistic approaches.

Although I said earlier that I would not quote studies, I like the span of this one. Like anytime someone quotes research, it aligns with the point I am trying to make. All studies and research do this, because theory is not neutral. Research to prove (or disprove) theory has been used to legitimize cruelty and torture of people, animals, and beings who have lesser societal value. The MIC, research, studies, and cultural values have approved of much of the following, listed below by Mia Mingus:

Oppressed communities have had long and complicated histories with the MIC. From the continued targeting of disabled bodies as something to fix, to the experimentation on black bodies^d, to the pathologized treatment^e of and violent attempts to cure^f queer and trans communities. From the humiliating, lacking or flat-out denial of services to poor communities, to forced sterilization^g and dangerous contraceptives^h trafficked to young women of colorⁱ. From the forced medicalization used in prisons today, to the days when the mental institutions used to be the jails, and the ways that “criminal” and “mentally disabled” are still used interchangeably. From the lack of culturally competent services, to the demonization and erasing

d. <http://jme.bmj.com/content/19/1/28.full.pdf>

e. <http://thinkprogress.org/lgbt/2012/12/03/1271431/apa-revises-manual-being-transgender-is-no-longer-a-mental-disorder/>

f. http://www.huffingtonpost.com/jamie-scot/shock-the-gay-away-secrets-of-early-gay-aversion-therapy-revealed_b_3497435.html

g. <http://www.msnbc.com/all/eugenic-sterilization-victims-belated-justice>

h. <http://cwpe.org/files/Norplant%252520and%252520Depo-Provera.pdf>

i. <https://popdevprogram.wordpress.com/2013/01/30/nyc-public-school-health-plan-pushing-depo-provera-known-to-pose-dangers-for-young-women/>

of indigenous healing and practices. From the never-ending battle to control populations^j through controlling birth, birthing and those who give birth in this country, to the countless doctors and practitioners who have raped and sexually assaulted their patients and the survivors who never told a soul. From all the violence that was and is considered standard practice^k, to the gross abuses of power.⁷

With information like this readily available, I am often amazed at how much the industry continues to build upon old theories. Somatics is beautiful, yet still builds upon theories that came out of cruel and biased conditions, as described in the above excerpt. It is a miracle (or cognitive dissonance) that with histories and embodied experiences such as those, that people still come to us, asking for our help, wanting to be fixed. I am saddened that we in turn support cognitive dissonance by agreeing we can help, while ignoring that this is the setting we are “helping” within, that much of what our clients are looking to heal may very well be due to the industry they are coming to for help – especially those most oppressed. I am disappointed that we do not instead turn to them and say that nothing is wrong with them, that when living within systems of oppression, our options are actually quite limited, and there are very few that can secure our survival. I wish we would interrupt our own dissonance, and feel the helplessness of the double bind in which we find ourselves, and build tolerance to be in that discomfort, to “sit in the crack,” as Bayo Akomolafe would say. I encourage us to remember, especially with those most unvalued in our culture, that we are a location of harm, and that we must tread carefully.

Attribution Error

The second result of dispositionalism is attribution error. The attribution error says that we can make guesses about the internal state of a person based on what we know of them.² That information we know about them (or people like them) can explain a present action we witness them taking. This completely excludes the conditions and historical accuracy of the belief about a person in any given

scene. We are conditioned in our profession to seek a deep inner reason a person is behaving the way they are. For example, we are more likely to say “she yelled because she was silenced as a child.”

But, what if she yelled because a cis white woman was being fucking rude? What if she yelled because people are often making clear that they do not honor her existence as a Black trans woman in quiet nice tones while being dismissive of her humanity? People I serve have had experiences such as this. I have had experiences such as this. There are multiple ways the mental health industry would interject after an incident with these particulars. She could be mandated to a CBT anger management course to learn how to manage her emotions when she is externally triggered. Or if she has the resources, she can see a somatically-trained clinician who will help her get to the core value that she does not feel worthy, and that is how she moves through the world. Or she might see a practitioner who helps her release anger from her liver. Or she could have a psychoanalytic therapist who would help her realize she is really angry with her mom. I am being facetious and oversimplifying here, but I hope you get the point.

Culture as culprit

When do we talk about our culture’s oppression of gender and racialized people as the culprit here? When do we grieve that this woman has had to carry the burden of our cultural repression as her own? And that everyone else gets to dump their repression on her shoulders? When do we also get angry, and see that we too could have been the person who ignored her humanity because we colluded with the cultural repression, and that to protect our cognitive dissonance, she gets pathologized?

In September 2020, members of Congress put forth the “Anti-Racism in Public Health Act of 2020” bill (which of course has not passed). The bill states clearly: “Structural racism determines the conditions in which people are born, grow, work, live, and age and determine people’s access to quality housing, education, food, transportation, and political power, and other social determinants of

j. <http://raciaequitytools.org/resourcefiles/The-Color-of-Choice---Public-Version-with-footnotes-1.pdf>

k. <http://thestringer.com.au/public-stripping-9424#.VNRTnUilOTA>

health.”⁸ Two results of these conditions are that 61% more Black young people will attempt suicide than white youth, and black pregnant people are 243% more likely to die from pregnancy-related issues than white people.

Can we take a moment here and just feel into that statistic? 243% more likely to die from pregnancy complications. How does that land for you? However, you are feeling, hold also that we have politicians who are asking the world to ignore Black people when calculating U.S. maternal mortality rates, thus continuing the culture’s lineage of dehumanizing Black bodies.¹⁴

It is no longer debatable (although people still do) that anticipation of being treated poorly and unfairly, and experiencing discrimination affects the same neural circuits that would inform the body of physical pain.⁹ Due to our growing understanding of allostatic load, we know that the measurable accumulation of stress on the body causes physical ailments.¹⁰

Again, with this information freely available, our cognitive dissonance continues to create other places to look for the issue, instead of at our culture. In somatic modalities originating from the lineages of the medical industrial complex, we are still not seeing bodies as the grounds of social and political conflict. We are not paying attention to our protection of oppression as a primary lens we are using in our work. We are refusing to see that our cultural leaders, formal and informal, codify their own body shame and beliefs about bodies into official and unofficial expectations of how we must adapt to remain in citizenship.¹¹ It is not professionally necessary for clinicians to evaluate our own values; we are asked instead to feign neutrality. Neutrality in this culture is always in favor of oppression. That is an issue, because we are the ones who support people to make meaning of their experience.

Impact on the inner healer

Our inner narrators, our inner healers, are not exempt from those messages. I notice there is an assumption that the inner healer is not influenced by the world. To learn how the inner healer has been impacted, it does require a clinician to be able to take a non-neutral stance, and support the inner healer to shed the burdens they are carrying on

their bodies for this culture. The sad and honest truth is that accepting ourselves will not stop the onslaught of violence towards bodies in this culture.¹²

The road to that non-neutral stance invites us to be liberated from figuring things out.¹¹ To seek out the conflicts, the confusion, the inconsistencies, the insecurities,¹² and to build tolerance to be in those spaces. The only world we really can change is our internal one, but we are deluded if we attempt to do so while still pretending that our internal world is not a reflection of our environment, culture, and social structures.

An undoing process

I have some advice for the road. I must warn you; it will be deeply unsatisfying. I will not offer resources, links, or books to read, because it is not an intellectual accumulation task. This is an undoing process. I also am still moving along the path myself, and mine looks different from yours. My advice is that you, the practitioner, and only you, will know what needs to happen once you interrupt your own dissonance and start looking. You must listen to other people’s experiences of our shared world. You must see them as the missing perspectives you need to understand your world. This is not a call to action to talk to those people as a means towards your own liberation; it is an invitation to trust those stories when you come across them. Invite others into your process. People who are close to you and love you, allow them to witness you fumble, and trust that they want to be there when you make mistakes and unlearn. Trusting others is an absolutely necessary part of unburdening ourselves of this culture, because our culture is built on accumulating power and mastery, not vulnerability, humility, and curiosity. You must be your own practice ground for liberation.

Your practice ground must extend to the world around you. It must look to destroy the systems that have caused you this harm and grief, and imagine new possible worlds. This lens begs us to move past the individual and into the collective. To see ourselves in right proportion to the culture we are living in, and shatter dissonance; to be responsive and make norms uncomfortable.

Then, recreate that practice ground for the people you serve. I strongly believe that we have the priv-

ilege of being in close proximity to the inner self. We get to practice with the body, psychology, and spirit of a person, creating through limbic revision.¹³ But if we hold the same unexplored beliefs of the culture that inflicted the pain, we are very much still carrying the message that their adaptation is the issue, not the world around them. Build a practice ground that does not ask them or us to pretend that there is not plenty to grieve about the conditions that have been enforced around our liberation, expression, and ability to live unbarred.

Being in relationship with other bodies in our culture is not neutral; it is oppressive automatically.

Being in connection to other bodies with an anti-oppressive lens often leaves me humbled by how much I still do not know and understand about myself, honored to have my inner world and this other inner world trying to navigate the culture together, heartbroken by the conditions of our suffering, with a righteous anger as well as righteous hopelessness. That is the somatic field I want to work in. That's the conference I want to go to; those are the colleagues who will give me a spark of hope. This is the container where I think we can hold the sacredness of life contained in the fragility of a body.

Until then, let us all struggle towards liberation.



Florie St. Aime (she/hers), LCSW, is a Fat Black Queer Cis Woman and Relationship Anarchist born and raised in Lenapehoking, particularly the Canarsee people's land now known as Brooklyn, NY. Florie is one generation removed from Haiti, the land of the Tainos, and before that, the landmass now known as Africa, people unknown. She describes herself as a liberation-based clinician. This label roots her work in naming and blaming social constructs instead of individuals, encouraging curiosity and feeling as resistance, and practicing human connection and care towards all beings as radical action. Florie invites others into liberation practices through organizing/activism, group facilitation/workshops, individual counseling, holding sacred space, and clinical supervision.

NOTES

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