LIFE IN A BODY:
COUNTER HEGEMONIC UNDERSTANDINGS OF
VIOLENCE, OPPRESSION, HEALING AND EMBODIMENT
AMONG YOUNG SOUTH ASIAN WOMEN

by

Janet Sheila Batacharya

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Graduate Department of Adult Education and Counselling Psychology
Ontario Institute for Studies in Education
University of Toronto

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Abstract

This study is an investigation of embodiment. It is informed by the experiences and understandings of health, healing, violence and oppression among 15 young South Asian women living in Toronto, Canada. Their articulation of the importance of, and difficulties associated with, health and healing in contexts of social inequity contribute to understandings of embodiment as co-constituted by sentient and social experience. In my reading of their contributions, embodied learning – that is, an ongoing attunement to sentient-social embodiment – is a counter hegemonic healing strategy that they use. Their experiences and insights support the increasingly accepted claim that social inequity is a primary determinant of health that disproportionately disadvantages subordinated people. Furthermore, participants affirm that recovery and resistance to violence and oppression and its consequences must address sentient-social components of embodiment simultaneously.

In this study, Yoga teachings provide a framework and practice to investigate embodiment and embodied learning. Following 12 Yoga workshops addressing health, healing, violence and oppression, I conducted individual interviews with 15 workshop participants, 3 Yoga teachers and 2 counsellor/social workers. Participants discuss Yoga as a resource for addressing mental, physical, emotional and spiritual consequences of
violence and oppression. They resist New Age interpretations of Yoga in terms of individualism and cultural appropriation; they also challenge both New Age and Western biomedicine for a lack of attention to the consequences of social inequity for health and healing.

This study considers embodied learning as an important healing resource and form of resistance to violence and oppression. Scholarship addressing embodiment in sociology, health research, anti-racism, feminism, anti-colonialism, decolonization and Indigenous knowledges are drawn upon to contextualize the interviews. This study offers insights relevant to health promotion and adult education discourse and policy through a careful consideration of the embodied strategies used by the participants in their nuanced negotiations of social inequity and pursuits of health and healing.
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Introduction:
Lived Experience and Sentient-Social Embodiment

Learning From Friends and Family

This study has a history. As an undergraduate student, I conducted a smaller study for a methods sociology course in the mid-1990s about the experiences of health, healing, violence and oppression. I interviewed six young South Asian women in pairs. Three women I knew agreed to bring a friend and together we discussed strategies for coping with experiences of violence and the ongoing consequences of oppression. I learned from my first attempt at this discussion that other young women (at that time I was young too) shared an interest in health and healing strategies that made a material difference in our lives. These strategies included learning about systems of oppression and engaging in efforts to challenge them, as well as embodied learning practices that helped us negotiate the health consequences of subordination.

Prior to that investigation, my thoughts and explorations of these issues were personal. My mother struggled with schizophrenia for most of my life. I was very young when she had her first mental breakdown and commenced psychiatric treatment. The effect of emotional, financial and physical strain on her mental health is something I remember acutely. I could always sense when she was not well and I watched for the indicators that usually preceded a hospital stay. This is how I first learned about the relationship between health and what I would later define as violence and oppression. But my mother also taught me about healing in ways that I would only appreciate much later. Throughout my mother’s many years of struggling with mental illness she actively pursued healing. For her, that included the peace she experienced by participating in religious activities and prayer, something I flatly dismissed and criticized as a teenager and after I left home. She also pursued healing through her community of friends and her family – another strategy that I underestimated until I came to understand how deeply I rely on this form of support myself.
For the most part, I experienced my family and home life as dysfunctional and stressful. Financial problems figured prominently along with my father’s emotionally abusive behaviour. My father worked very long hours in the paint factory where he was employed in order to pay off debts incurred when he and my mother lost their paint manufacturing business. This substantial financial setback coincided with my mother’s first nervous breakdown. My mother’s illness, our financial problems and my father’s tirades produced a repetitive dynamic. When my mother was not able to work, my father worked more shifts to make up for the income shortfall becoming increasingly agitated and volatile in his interactions with my mother, myself, and my siblings. When she was able to work, my father would take on additional debts. As a bookkeeper, my mother could always find work, but the pressure of my father’s demands on her earnings, and the strain of working full-time, would always result in another hospital stay. She was constantly in and out of work and in and out of the hospital. Eventually she was unable to work at all. Then, her only source of income was disability benefits.

Racism also deeply shaped our family dynamic. In the late 1960s, despite anti-immigrant racism and phobias regarding miscegenation, and against her parents’ wishes, my Irish-British Canadian mother married my Indian newcomer father. When they lost their business and she became mentally ill, I can only speculate that my mother and father were confronted with “I told you so” from her family, even though they did help my parents financially and in many other ways through this difficult time. Other experiences of racism pervaded our home life with respect to the discrimination my father faced in his workplace and our experiences in public spaces and with public schooling. Furthermore, racism underpinned a whole range of inter-personal conflicts within our family rooted in our distinct social locations and identifications. This was integral to how I and my siblings related to each other, as well as our individual relationships with our parents.

At the age of 17 my own health was very fragile. I was introduced to the teachings of Tai Chi and Yoga and these provided me with relief from the anxiety I had up to that point been dealing with through alcohol and drug use. After failing all but one course in my final year of high school I suddenly felt that I had some options. I paid attention to my breath and what I put into my body and focused on finishing high school with the goal of gaining acceptance to university. As I became more enthusiastic about
my new found “cure,” I tried in vain to convert my family to a macrobiotic diet and regular Yoga practice. However, the idea that bacon and refined sugar were the cause of all our problems was too much for my mother to take. I ceased my rescue attempt and although it was hard to let go of this compulsion, I instead tried to support my mother in whatever way she was able to find peace in her day to day life. Sometimes she found it, although often she did not.

At the time of writing this introduction, it has been over seven years since my mother died of cancer. In October 2001, at the age of 56, she separated from my father and moved to a transition home for people with mental health issues. In June 2002 she admitted herself to the hospital, claiming that she felt suicidal because of severe pain in her body. Her family physician insisted on a diagnosis of arthritis inflammation despite her repeated accounts of intense body pain that she had endured for months. I believe that my mother’s claims were dismissed by her doctor because of her involvement in psychiatric treatment. However, she used her “crazy” status to access care when she most needed it. When her doctor refused to address her pain my mother went to the psychiatric ward at the hospital, where she was well known. It was there that we were informed that a benign tumor, removed from her kidney the previous year, had metastasized and cancer had spread to her entire body.

I had always been aware of my mother’s struggles with her mental health and the physical side effects of the drugs she took, but I never for a moment thought that she would die from cancer. Now it is less surprising to me when I consider the strain on her kidneys of synthesizing the many medications she took, and in light of research that indicates greater incidences of multiple and complicating illnesses among marginalized individuals who have a serious illness. At some point during the three weeks between her terminal cancer diagnosis and death, my mother asked me: “Do you think I got cancer because of your father?” I had spent so many years furious with my father and the way his behavior exacerbated my mother’s mental health problems. But when my mother asked this question all I could say was: “I don’t know, but at times he hasn’t helped much.”
The relationship between individual agency and the material circumstances of one’s life that I have observed in my lived experience underpins my research interests in health, healing, violence and oppression and, in particular, how these are embodied. The choices my mother and I have made, or have been able to make, are reflected in the continuum of concerns in public health addressing individual agency and the structural and social determinants of health. My mother’s consumption of psychiatric drugs, her experiences of electroconvulsive therapy, and the tremendous strain she experienced managing her illness, working full-time and raising three children in an inequitable marriage, are important factors in her health experiences and the decisions she made. However, these are inextricable from social hierarchies that disadvantage and shape the options available to women and people with mental and physical disabilities.

Furthermore, my mother’s choices and experiences are also shaped by her location as a white woman that afforded her privileges. How my mother negotiated relationships and social context points to subordination and privilege as enabling and constraining aspects of agency. Remembering my mother and the complexity of her experiences helps me to think about my own experiences of privilege and subordination in terms of, for example, my able-bodiedness and racialization as a woman of European and South Asian descent. However, what is most salient for me is that my mother kept trying, in the face of so many obstacles, to get better. For someone who was not well much of her life, healing was about trying, not necessarily arriving. Through her struggles I learned that healing is an important response to violence and oppression not because it will make everything better, but because the process of healing deepens sentient-social embodied awareness and that this is an important resource in contending with social inequity and its damages.

My lived experience, particularly my relationship with my mother, profoundly informs my understanding of embodiment. Working as an educator, researcher, community worker, and participating in anti-racist feminist efforts to address issues of violence and oppression, are also important sources of knowledge particularly with respect to social aspects of embodiment. However, as a Yoga teacher working with people who are often multiply-situated as women, youth, seniors, people of colour,
people who are LGBTQ,\(^1\) and people with disabilities, I have had the opportunity to investigate embodiment as a sentient-social experience as it relates to the consequences of social inequity, and to embodied learning as a response to violence and oppression. By introducing this study through my experience as my mother’s daughter, I remind myself that this endeavor is very much a way of furthering my understanding about my own lived experience. But while this may have prompted my interest in embodiment, this study is also an engagement with people who have their own stories and experiences of sentient-social embodied experiences of health, healing, violence and oppression from specific yet related locations.

When the young South Asian women in this study speak about how they experience and / or understand health, healing, violence and oppression, they explore embodiment in sentient-social terms. Their discussion of sentence pertains to the co-construction of mental, physical, emotional and spiritual\(^2\) perception. Social experiences of embodiment are referenced primarily in terms of social relations of power and identity that may be imposed or opted for within social hierarchies. Sentient-social embodiment emerges as a central theme because, based on one’s racialized and gendered location in particular, healing from violence and oppression is not only about mind, body and spirit wellbeing; nor does it involve solely cognitive understandings of social inequity and its consequences. Rather, healing is identified as an important response and resource that must take into consideration social location as well as the mental, physical, emotional and spiritual effects of social inequity. In other words, healing is a process that addresses social inequity and its sentient-social embodied consequences. This finding is further supported in the interviews I conducted with three yoga teachers and two social workers who approach embodiment as a sentient-social experience and consider healing as an important response to social inequity.

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\(^1\) Lesbian, gay, bisexual, transgender, transsexual, two-spirited, queer and questioning. Sometimes sexual diversity is represented as LGBT (lesbian, gay, bisexual, and trans people). I include Indigenous two-spirited, queer and questioning sexual and gender identities as well in order to signal cultural specificity and the ways that sexual and gender identities are not static, rather constantly being elaborated on.

\(^2\) Participants refer to spirituality as a feeling of connection that fosters a sense of peace. While some participants experienced spirituality a part of a religious tradition, many made a distinction between organized religion and an intimate experience of connection to human and “more than human” being (Alaimo, 2008, p. 238).
Through my discussions with research participants I have come to understand embodiment in terms of three main points. First, embodiment is experienced through sentient perceptions that may be discerned in part, and not exclusively, as mental, physical, emotional, and spiritual. Second, embodiment is a socially constructed experience produced through material and discursive effects of “social relations of power” (D. E. Smith, 1987, 1990a). Third, sentient and social components of embodiment are inextricably co-constituted and “intra-acting.”\(^3\) This understanding of embodiment suggests that embodied learning is a deepening of one’s awareness of sentient-social lived experience.

When commenting on experiences of Yoga practice in Toronto, many of those interviewed in this study remark that despite New Age attention to mind, body, and spirit, popular notions of healing are individualistic and tend to efface social relations of power. Similarly, when the young women discuss biomedical care they are dissatisfied with a mechanistic approach that ignores social determinants of health as well as their sentient experience that includes, but is not limited to, physical experience. Participants’ elaboration on sentient-social embodiment is reflected in some population health theories and practices that address the relationship between individual agency and social determinants of health (Laverack, 2004; Raeburn & Rootman, 1998; Raphael, 2004). However, a sustained and deep appreciation of sentient-social embodiment is an explicit feature in research addressing Indigenous knowledges that privilege experiential learning and decolonization as a way to address the consequences of violence and oppression (Dei, Hall, & Goldin Rosenberg, 2000; Graveline, 1998; Nadeau & Young, 2006; Shroff, 1995). In this study, participants suggest that healing is an important form of resistance and “anti-thesis to violence.” They also insist that healing is “not a magical wonderland” untouched by the many consequences of social inequity. I argue that their combined contributions elaborate embodied learning as a counter hegemonic healing strategy that hinges on being able to fully “appreciate life in a body.”\(^4\)

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\(^3\) Karen Barad (2008) compares philosophical and scientific ideas that posit a world consisting of things that interact against the idea that things are not separate at all. She explains that components of a whole system “intra-act” because they are co-constituted and inseparable (p. 133).

\(^4\) The citations “violence as the antithesis of violence,” “not a magical wonderland,” and “appreciation of life in a body,” are taken from interviews for this study. These three quotes are used in the titles of chapters.
In my research on sentient-social embodiment I have struggled to find a framework and language to address my own experiences as well as the experiences of the women who participated in this study. Academia has provided me with extensive training about social relations of power and how lived experience can be an important source of knowledge. However, to write about experiences of mind, body, breath, emotions and spirit in academia feels inadequate despite the existence of research addressing these in interesting and provocative ways. While that research is encouraging, it does not always assure me that my exploration of sentient-social embodiment counts as ‘real’ research.

Then again, I have noticed this same concern among other scholars and learned a great deal from their theorizations on why attention to embodiment feels out of place in academic forums (M. J. Alexander, 2005; Ng, 2000a, 2000b, 2009).

To begin with, it is important to understand that the body has been positioned as not only separate from the mind, but also inferior and inert in mind / body dichotomy characteristic to Western philosophy and sciences. In Discourse on the Method of Rightly Conducting the Reason and Seeking for Truth in the Sciences René Descartes (1637) defines the body as matter and the ability to think as divine, and independent of the body. He writes:

I was a substance the whole essence or nature of which is to think, and that for its existence there is no need of any place, nor does it depend on any material thing; so that this “me,” that is to say, the soul by which I am what I am, is entirely distinct from body and is even more easy to know than the latter; and even if body were not, the soul would not cease to be what it is. (Weissman, 1996, p. 21)

The mind / body split, forwarded by the father of modern Western philosophy, is rooted in the Enlightenment scientific quest for absolute truth and rational knowledge. However, other Western philosophers, such as Maurice Merleau-Ponty (1945), whose theories on corporeality insist that sentience (the ability to perceive) can only be experienced in and through the body, challenge the hierarchical split of the mind and body. In contrast to the five, six and seven, respectively. Please refer to these chapters for references to the women who spoke these words.
Cartesian axiom “I think, therefore, I am,” Merleau-Ponty claims that he is his body: “But I am not in front of my body, I am in it, or rather I am it” (Merleau-Ponty, 1945, p. 173).

The “corporeal turn” (Tamborino, 2002) in Western philosophy and social studies challenges the privileging of the mind and cognitive ways of knowing arguing instead that knowledge is also produced through sentient embodied experience (Sheets-Johnstone, 1992; Shilling, 1993). Furthermore, Alexander and Knowles (2005) write in *Making Race Matter: Bodies, Space and Identity*:

> As Schilling has argued (1997), insufficient account has been taken of the ways in which the body also serves as a sensory and emotional entity, encapsulating individual experiences and thoughts and desires. In addition, the focus on externality and historical construction has tended to overlook the ways in which the body works as a site of resistance and agency. The body is not only physical and material, it is also a focus of subjectivity – of how racialized and gendered individuals make sense of their being in the world (Knowles 2003). (C. Alexander & Knowles, 2005, p. 13)

They explain this problem as resulting from the vestiges of Cartesian thinking that have persisted even in critical studies that challenge biological deterministic theories owing, ironically, to dichotomous thinking. They explain that

> In the wake of Fanon’s Black Skin, White Masks (1967/1986) and Said’s Orientalism (1978) the past two decades have seen important critical and theoretical work around the body and race, which has served to undermine notions of natural or biological difference. This has recognized the role of history and power in the construction of embodied identities and opened the space for contestation of these identities. However, despite this important work, there has been very little empirical exploration of the ways in which racial categorisations impact upon the body as a material object and the complex and often painfully contradictory ways in which identities are actually lived out at the level of embodied experience. (C. Alexander & Knowles, 2005, p. 10)

Critical sociology provides crucial understandings of how bodies are socially constructed, disciplined and managed through inequitable social relations of power (De Beauvoir, 1952; Fanon, 1967; Foucault, 1977). However, academic explorations have tended to ignore the fleshy body. What seems to be at issue is how to attend to both sentience and social relations, the latter of which is overlooked in, for example, Merleau-Ponty’s
universalistic discussion of embodiment and perception (Grosz, 1994, p. 94); whereas the former, sentience, is neglected in sociological research.

When the body is understood as inextricable from perception, rather than a obstacle to it, embodiment can be understood as the “world sense” of an individual and collective (Oyewumi, 1997). So why has addressing sentient-social “world sense” embodied experience has been such a challenge within critical Western scholarship; a scholarship that takes aim at dichotomies including the mind / body split? Academics have noted that even in critical anti-racist and feminist studies, researching sentience is tricky, despite acknowledgement of lived experience as a valued source of knowledge. For example, some critical feminist scholarship privilege mind over body by way of dismissal the body along with “nature,” both of which are suspect because of the ways they have been evoked in the subordination of women and racialized Others.

One of the most unfortunate legacies of poststructuralist and postmodern feminism has been the accelerated “flight from nature” fuelled by rigid commitments to social constructionism and the determination to rout out all vestiges of essentialism. Nature, charged as accessory to essentialism, has served as feminism’s abject. (Alaimo, 2008, p. 237)

However, Susan Bordo (1993) argues that the body was at the centre of women’s liberation and black power movements long before it was addressed in poststructuralism (p. 16). She explains that discursive inquiries about the body have been appropriated and used to obscure the material concerns that were central to these insights in the first place. These omissions, she notes, are political.

Within this climate, feminist knowledge and the knowledges born of racial experience and consciousness were allotted the historical equivalent of approximately ten minutes to stake a claim on the conscience of our culture before the processes of their deconstruction…The author was suddenly dead in the academy, just as we began to write for it; and just as we began to locate and describe the systemic racism and sexism of our culture, we found our accounts reduced to nothing more than talk-show topics, on par with every other complaint and disorder of the moment. (Bordo, 1993, p. 282)

This dismissal of lived experiences of subordination endemic to Western knowledge production privileges the mind, cognition, language, and representation, and serves status
quo interests. Here, the denial of systemic and historical oppression dovetails with an ambivalence or aversion to the body, and by extension, sentient experience.

However, as Bordo (1993) and others remark, critical feminist anti-racist investigations of social embodiment do address material-discursive aspects of lived sentient experience along with history and social hierarchies. Kathy Davis (2007) remarks:

Theorists like Evelyn Fox Keller (1985), Sandra Harding (1991), Patricia Hill Collins (2000), Dorothy Smith (187; 1990) and many others situated sentient, embodied experiential knowing as a resource for unmasking the universalist pretensions of science and for providing the basis for an alternative, critical epistemology, which would be grounded in the material realities of women’s lives. (K. Davis, 2007, p. 53)

“Situated sentient, embodied experiential knowing” (K. Davis, 2007, p. 53) as a source of knowledge features prominently in anti-racism and feminism and despite the discursive turn in Western knowledge production, scholars continue to assert that lived experience is an important source of knowledge about social systems and inequities. However, I am also interested in research that speaks to more than cognitive ways of knowing. In other words, how embodiment is a social experience but one that is not fully explained by social theory, or put another way, is not reducible to thinking. Embodiment is surely experienced through discourse and material arrangements, but the story does not end there.

In response to the problem of dichotomous thinking in terms of a sentient body versus a socially constructed body, science studies scholar Elizabeth Grosz (2008) remarks:

If we are our biologies, then we need a complex and subtle account of that biology if it is to be able to more adequately explain the rich variability of social, cultural, political life. How does biology, the bodily existence of individuals (whether human or nonhuman), provide the conditions for culture and for history, those terms to which it is traditionally opposed? What are the virtualities, the potentialities, within biological existence that enable cultural, social and historical forces to work with and actively transform that existence? How does biology – the structure and organization of living systems – facilitate and make possible cultural existence and social change? (Grosz, 2008, p. 24)
Attention to biology and the body as “organized by processes that are living systems” (Grosz, 2008, p. 24), while simultaneously looking to how these systems interlock with social systems is precisely what I have been struggling with in my work as a yoga teacher and in my own experiences of health, healing, violence and oppression. When I practice Yoga and teach my students about the relationship between body, mind, breath, emotions and spirit, I do so by drawing my / their attention to their body and sentient experiences. However, this deepening of sentient experiences works symbiotically with social experience. For example, a participant from my study remarks:

And I think remembering moments of, like positive experiences away from those destructive situations, when you had moments of insight when you felt peace flooding your body, when you've been sensitive and flexible and open, help keep you human when you are faced with that violence and oppression. Cause I'm not reducible to this, I'm not reducible to this situation or my response to it. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Many of the participants in this study describe sentient experiences of body, breath and spirit as providing an important opportunity to theorize and respond to social experiences. As the comment above suggests, deepening sentient-social embodied awareness provides an important perspective from which to respond to social inequity and its consequences.

The ways that sentience and perception have been avoided as a result of mind / body hierarchies are being rethought in embodiment studies.

Perception is, as it were, mid-way between mind and body and requires the functioning of both. Neither empiricism nor idealism, neither pure physiology nor pure psychology, have been able to produce terms to adequately account for the complex interactions and implications involved in perceptual processes. To explain or analyse perception requires an understanding not only of physiological and psychological processes but above all the ways in which each is mutually implicated with the other. (Grosz, 1994, p. 94)

Wrestling against dismissals of lived experience and sentient knowledge that include, but are not limited to, cognitive knowing is a very difficult project within academia. For not
only is lived experience suspicious because of the belief that it is primarily discursive and subject to infinite interpretations, but sentient, biological, and perceptual knowledges are also often defined as nothing more than the result of discourse on an inert body-object. The contradiction here is stunning in that there can be no material body in a discursive universe; however, an inert body as object must exist for discourse be applied to. In other words, both social and sentient experience have at times been disdained and dismissed as unknowable, that is, fragmented, unlimited, or essentialist.

The retreat from the material body or “somatophobia” (K. Davis, 2007, p. 53) is explained as in part the result of challenges to biological determinism that assigns essential and intrinsic characteristics to dominant and subordinate people and defines the latter on the body end of the mind / body dichotomy. In response to objectification and inferiorization, one way that oppressed people have challenged their marginalization is by deconstructing discourses that relegate them to the subordinate end of culture / nature, social / biological, rational / irrational, modern / primitive divides. However, while “relocation of the body to the culture side of the nature / culture dualism” (Bordo, 1993, p. 34) has produced important disruptions to sexist and racist discourse, it has also privileged discourse in ways that sideline the material lived body and suggest that embodiment is solely an effect of language. Thomas Csordas (1994) writes:

It is still common for those who express interest in the study of experience to confront an objection that runs something as follows: “You cannot really study experience, because all experience is mediated by language – therefore one can only study language or discourse, i.e. representation….One need conclude neither that language is “about” nothing other than itself, nor that language wholly constitutes experience, nor that language refers to experience that can be known in no other way. (Csordas, 1994, p. 11)

Critical attempts to address embodiment have challenged dichotomous thinking on many fronts; from the often addressed mind / body split to the discourse / matter binary that the discursive and linguistic “turn” hinges on (Alaimo & Hekman, 2008, p. 6). In this respect, embodiment research is an attempt to know in another way and “to interrogate some of the longstanding nature / culture, action / structure, and subject / object dualisms that the discipline had wrestled with since its beginnings” (Shilling, 2007, p. 2).
Although scholars have addressed embodiment as co-constituted through physical, mental, emotional, spiritual and social experience (Alaimo & Hekman, 2008; M. J. Alexander, 2005; Frankenberg, 2004; hooks, 1993; Lorde, 1984, 1994; Ng, 2000a, 2000b, 2009, forthcoming), embodiment studies is on the margin of mainstream academic knowledge production.

While writings on oppression and power are accepted as part of the critical pedagogy tradition, materials on mindfulness and embodiment in education were harder to come by. They were also more difficult to incorporate into the course because they had not become part of the legitimate curriculum in higher education. (Mathew, Ng, Patton, Waschuk, & Wong, 2008, p. 46)

Theorizing how and why embodied ways of knowing have not been more frequently addressed in critical scholarship, Jaqui Alexander (2005) suggests that experience has been secularized to the point where spiritual knowledge and practice have been renounced in critical scholarship.

There is a tacit understanding that no self-respecting postmodernist would want to align herself (at least in public) with a category such as the spiritual, which appears so fixed, so unchanging, so redolent of tradition. (M. J. Alexander, 2005, p. 15)

Faced with this dilemma, marginalized peoples battling modernist discourses have often renounced (or concealed) spiritual or sentient ways of knowing. It is perhaps not surprising that subordinated scholars would take distance from discourses pertaining to embodiment and spirituality in response to the Western privileging of the intellect and cognitive skills (Mathew et al., 2008, p. 61) and “masculinist, Eurocentric norms of ‘professional behaviour and accomplishment’ that demand playing by the rules of the academy (Bordo, 1993, p. 40). However, Alexander suggests that instead of recoiling from spirituality, or any other maligned aspect of embodied experience, another approach is to “engage the Sacred as an ever-changing yet permanent condition of the universe, and not as an embarrassingly unfortunate by-product of tradition in which women are disproportionately caught” (M. J. Alexander, 2005, p. 15).
Similarly, Roxana Ng, who has been using a “pedagogy of embodiment” or “embodied learning” (Ng, 2000a, p. 186) in graduate studies courses since 1990, calls for a “feminist revisioning of the body” (p. 189).

Instead of privileging the mind over the body / spirit in our intellectual and political projects, embodied learning offers a means for knowledge construction that does not negate the materiality of our being…It is also a way for us to interrogate how our consciousness is developed and changed. (Ng, 2000a, p. 186)

She explains that social experiences, particularly power relations, have embodied consequences that are not limited to cognitive experience.

What is important to point out is that power is enacted never as mere intellectual encounters. All intellectual encounters are exercised through confrontations of bodies, which are differently inscribed. Power play is enacted and absorbed by people physically as they assert or challenge authority, and therefore the marks of such confrontations are stored in the body. (Ng, forthcoming, p. 3)

Citing Franz Fanon and Antonio Gramsci, Ng argues that in order to “interrogate how our consciousness is developed and changed” the body / spirit must be engaged and the mind / body dichotomy must be challenged (Ng, forthcoming, p. 9). Furthermore, Ng suggests that challenging power plays requires attention to sentient as well as social experience.

My notion of embodied learning, which I am calling an “integrative embodied critical pedagogy” here, seeks to help us develop the capacity, not only for critical reasoning, but to see dispassionately and to alter reactions that contribute to the reproduction of dominant-subordinate relations. (Ng, forthcoming, p. 8)

Thus, embodied learning as attention to the co-constitution of mind, body, breath, emotion, spirit challenges dichotomous thinking; however it also provides a praxis for critically engaging social experiences and pursuing a “different relation to the norms that we wish to contest, or the wounds that we wish to heal” (Ahmed, 2004, p. 201). For by now it is obvious that the Western belief that “if people sorted out their ideas, the rest of their life would follow along in due course” has not always worked so well (Orr, 2002, p. 487).
The retreat from spirituality, nature, biology, the body and lived experience has many negative consequences for subordinated peoples. The treatment of all experience as textual and the claim that it is open to infinite interpretations has presented serious obstacles to equity pursuits by way of effacing subordinated peoples experiences and critiques of violence and systems of oppression. However, the corrective to privileging discourse over matter is not to return to modern notions of objectivity or essentialism proper. Rather, “In the face of social constructionism, the body’s tangibility, its matter, its (quasi) nature may be invoked; but in opposition to essentialism, biologism, and naturalism, it is the body as cultural product that must be stressed” (Grosz, 1994, pp. 23-24, as cited in Williams & Bendelow, 1998, p. 129). In other words, embodiment scholars suggest that dichotomies such as mind / body or discourse / matter are best addressed in terms of their co-constitution; how each is an important aspect of embodiment and the task is to figure out how these interlock. This allows for an investigation of the intra-action of sentient-social experience that side steps “former either / or debates” (S. J. Williams & Bendelow, 1998, p. 130).

Embodiment studies in academia examines in great detail the problem of dichotomies and the poststructuralist retreat from materiality particularly in terms of sentient and lived experience. However, when Susan Bordo (1993) critiques the arrogance of discourse devotees, she comments that “apparently it is easier to ‘go beyond’ dualisms in theory than in practice” (1993, p. 129). This study also considers the issue of practice for as important and theoretically rigorous as the above mentioned insights and arguments are, few embodiment scholars speak to practices and pedagogies that counter dichotomous thinking in ways that involve more than just thinking. While Roxana Ng, who teaches Traditional Chinese Medicine (TCM) and Qi Gong as an integral part of her embodied learning pedagogy, and some other scholars (Bai, 2001; Battell et al., 2008; Graveline, 1998; Nadeau & Young, 2006; Orr, 2002) address embodied learning in their work, other embodiment scholars attend to the challenge of describing embodiment without grounding their investigations in an embodied learning practice. In other words, much of what constitutes embodiment studies is how to think about embodiment differently, an important project, but nevertheless remains focused on cognition as the primary way out of dichotomous and disembodied thinking.
Yoga teachings provide a framework for women in my study to experience and/or theorize the intra-action between mind, body, breath, emotions, spirit, discourse and socially constructed difference and hierarchies. In doing so many conclude that none of these can be dispensed with. I am surely not the first to note that interesting work in the area of physics and science studies concerned with how ideas such as “the world is intra-activity in its differential mattering” (Barad, 2008, p. 135) resonates with cosmological understandings in many Indigenous knowledges in which all things are living (agential) and relational (intra-acting). These perspectives present embodiment as a process in which mind, body, emotions, spirit, nature, culture and society are intra-acting and co-constituted, rather than factors that exist separately. Furthermore, scholarship addressing Indigenous knowledges is an important intervention in academia that challenges the aforementioned dismissal of sentient-social embodiment. “Indigenous knowledges are a way to recover the artificial split between mind and body brought on by the theorizing of Western European Enlightenment and a challenge to the ways that Western knowledges have become hegemonic” (Dei et al., 2000, p.155).

Scholarship addressing Indigenous knowledges offers a corrective to the separation and privileging of either sentient or social components of embodiment. Mind, body, emotion, and spirit as well as individual, community, environment and cosmological relationality are equal considerations. However, while many Indigenous knowledges can be distinguished from Cartesian dualism, not all address the problem of dichotomies and social inequity. Teachings that do are of special interest in this thesis. Furthermore, I use anti-racist feminism, anti-colonial and decolonization frameworks as a way of theorizing teachings found in Yoga knowledges and to distinguish those that are counter hegemonic or orthodox and support social hierarchy. When addressing Yoga teachings and knowledge production I take the position that this is a contested and exegetic knowledge subject to social relations of power and historical forces. So, while I argue that it is distinct from hegemonic Western knowledge, I also attend to the diversity of Yoga teachings and how this knowledge has developed rather than simply position it as a counterpoint to Western world views.

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5 I address this in greater detail in chapter three when I discuss different Yoga teachings and understandings of embodiment.
Holistic and transformative learning is another area of scholarship that addresses embodiment. However, while it strongly advocates for attention to mind, body, and spirit, and suggests pedagogical approaches to pursue this perspective, transformative learning and holistic education tend to be less clear on the ways that social location shape the experience of embodiment – especially when the body in question is subordinated through race, gender and class hierarchies. As I will further detail in Chapter Three, within the scope of Western knowledge production, understandings of embodiment based on individualism can be traced through several movements such as Romanticism, Theosophy and New Age. In the field of Adult Education, transformative learning and holistic education constitute efforts to recuperate non-cognitive aspects of learning and teaching (J. J. Miller & Nakagawa, 2002; J. P. Miller, 2005). However, this scholarship is often less clear about the social component of embodiment that is so intricately explored in critical sociology.6

For example, recourse to Indigenous knowledges is routine in both New Age and transformative and holistic education. However, both tend to demonstrate a cursory understanding of the histories and contexts of non-Western teachings (as well as Western knowledge production) and this often results in claims with a Romantic and utopian thrust. “Nurturing wholeness” (J. J. Miller & Nakagawa, 2002) in education is a project that has merit in terms of challenging Cartesian mind / body dualism and acknowledging non-Western ways of knowing, however, I argue that when social relations of power are not addressed, it risks becoming yet another articulation of liberal individualism that efface critical approaches.

In summary, Western scholarly investigations of embodiment tend to bifurcate along two trajectories: popular and mainstream attempts to challenge mind / body dualism, such as New Age, transformative and holistic education, that tend not to address

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6 Due to length constraints, my investigation of embodiment and embodied learning takes up primarily anti-racist feminism, anti-colonial, decolonization and Indigenous knowledges writing and research. I have not discussed the scholarship produced in the areas of transformative learning and holistic education in great detail because it does not sufficiently assist me in my investigation of sentient-social embodiment. While some of this scholarship attends to social relations of power, my review of this literature led me to conclude that much of it resonates with New Age narratives and neglects to rigorously address Western cultural imperialism and other social relations of power in knowledge production. That which does, such as the work of Deborah Orr (2002), is addressed when appropriate.
important sociological critiques pertaining to social embodiment (particularly with respect to race and gender); or, rigorous sociological challenges to dichotomous thinking and social hierarchy that struggle to address sentient knowing and provide few pedagogical examples of how to do sentient-social embodiment. An area of scholarship that speaks directly to these shortcomings of Western theorizations of embodiment is Indigenous knowledges in which experiential learning is highly valued and not limited to cognitive approaches. As with Yoga, some teachings cannot be understood by thinking alone. Breath and body must be felt and teachings must be participated in. Furthermore, breaking with dichotomous thinking that fragments mind, body, emotion and spirit as well as the problem of self / other, sentient / social, matter / discourse or matter / spirit divides, are not resolved by solely cognitive approaches. And if nothing else, this is one of the reasons why sentience is such a sticky topic in academia: addressing sentient-social embodiment, especially using Indigenous knowledges such as Yoga, involves challenging Cartesian splits found in both dominant positivist and critical frameworks. It challenges the very idea of academia and the privileging of thought, language and discourse. Indigenous knowledges and embodiment studies are akin to other disruptions such as critical anti-racist feminism and decolonization that upturn ways of knowing through intricate investigations of lived experience and attunement to sentient-social embodiment.

**Researching Embodiment**

As indicated in the previous section, studies of embodiment are interdisciplinary drawing on philosophy, sociology and feminist science studies, to name a few. However, embodiment is also addressed in research on health, healing, violence and oppression within the field of public health and health promotion where these topics are investigated in terms of the material health consequences of social inequity as well as the discourses that contextualize them.

Public health, or as it is known in Canada, population health research addresses social inequity and health in terms of biological, psychological, and social consequences. By observing patterns of disease and longevity population health tells us that those at the
bottom of social hierarchies have poorer health and die earlier than those who are more privileged. Population health research also tells us that the more hierarchical a society is the worse the health will be for the entire population. Health research in the past one hundred and fifty years includes approaches that emphasize biomedical intervention, individual behaviour modification, and demand changes to social structures and more equitable relations of power. Social inequity is addressed in health research as “social determinants of health,” that is, the social, political, cultural, economic, educational, and spiritual contexts and factors that shape individual and collective health (Amick, Levine, Tarlov, & Chapman Walsh, 1995; Denton, Hadjukowski-Ahmed, O'Connor, & Zeytinoglu, 1999; Laverack, 2004; J. Naidoo & Wills, 2002; Raeburn & Rootman, 1998; Raphael, 2004).

The quantification of the health impacts of social inequity addressed in epidemiology and public health research has been an important source of information that further documents the violence that Indigenous people, racially subordinated peoples, women, and other marginalized groups face. However, as researchers in public health take up issues of socially produced inequity, the drive for positivist findings (Kaufert, 1999) may obscure the complexity that qualitative and narrative approaches offer especially in terms of understanding health as more than the absence of illness and social equity as more than the absence of violence and oppression.

The importance of quantitative research rests in findings that demonstrate the health consequences of social inequity and furthermore, verify that racism, class stratification, and gender oppression are primary determinants of health. However, lived experiences and articulations of sentient-social embodiment are also important sources of knowledge in our understanding of the consequences and dynamics of social inequity. Stories still matter and this study highlights the co-constitution of sentient-social embodiment in terms of the relationship between lived experiences and macro analyses. Glenn Laverack (2004), author of Health Promotion and Practice: Power and Empowerment comments that “John McKnight (1987), an influential American community health thinker, once observed that ‘Universities learn by studies, institutions learn by reports and communities learn by stories’” (2004, p. 1). Each is an important source of information: lived experiences give dimension and detail to macro social
analyses and epidemiology gives important context to lived experience. While this study is an effort at community learning through stories, it is also informed by studies and reports addressing the consequences of social inequity.

The first writings I read that spoke to health, healing, violence and oppression were those by poets, activists, and writers that linked their sentient-social embodied experiences and strategies of resistance to histories of slavery, colonization, economic exploitation and systemic forms of oppression such as racism, sexism, heterosexism, homophobia, and ableism (Allison, 1988, 1995; Anzaldua, 1990; Bair & Cayleff, 1993; Chrystos, 1991, 1995; Lorde, 1984, 1994). Many of these writers addressed what would be taken up as the social determinants of health before and in more complexity than what would eventually emerge in institutional health discourses. Exposure to these writings, along with my experiences working in community organizations, teaching Yoga, and graduate studies, have deeply informed my thinking about social inequity and health.

The knowledge shared with me by participants in this study tells me something that statistics don’t; that is, how the consequences of social inequity are embodied and how embodiment figures in resistance to violence and oppression. In other words, while epidemiological studies provide crucial information about the context of embodiment, verify the negative impacts of social inequity and highlight causes for poor health and mortality, they do not necessarily always elaborate the intricacies and myriad ways that social inequity affects the lived experience of health and healing. For this we rely on the work of activists, writers, poets, sociologists and artists who turn to lived experiences, often their own, in addition to those of their families and communities. The women’s health movement, in particular the intersectional contributions of women of colour (Schulz & Mullings, 2006), is an area of research that addresses both the context and content of sentient-social embodiment and the relationship between and importance of both individual agency and structural determinants of health.

In other words, quantitative research addressing the health impacts of social inequity is beginning to support what qualitative narrative approaches found in anti-racist, feminist and anti-colonial scholarship have asserted for decades. That is, social inequity is a primary determinant of health. Furthermore, the subjective experience of
subordination negatively affects the biological and psychological well-being and resilience of individuals (Wilkinson, 2005). Research based on social determinants of health and public health promotion approaches reveal that subjugated peoples experience higher rates of illness and disease and are more susceptible to having multiple and complicating illnesses. Additionally, people who experience multiple forms of oppression are more vulnerable to poor health. For example, within Indigenous and other racially subordinated communities, young women are highly susceptible to violence; are frequently socially isolated; face multiple barriers to health and social services; and, the effects of inequity manifests in their physical, mental, emotional and spiritual being (Association, 2004; Society, 1995; Women, 1993).

Several reports published in Toronto such as: *If Low Income Women of Colour Counted in Toronto*, (Khosla, 2003); and *Racial Discrimination as a Health Risk for Female Youth* (A. Ali, Massaquoi, & Brown, 2003); and, *Racialized Groups and Health Status* (Alliance, 2005) highlight the severe health impacts of poverty, racism, violence against women and lack of social resources for women of colour. While research addressing barriers facing young women and particularly young Indigenous women and young women of colour has been undertaken, more is needed. Furthermore, activists and health researchers engaged in this work consistently recommend the need to acknowledge health strategies that young women employ and insist that this information should inform future policy directions (D. L. Adams, 1995; Bayne-Smith, 1996; Denton et al., 1999; Douglas, 1998; G. S. Harding, 2005; Jiwani, 1999).

Social determinants of health research strongly suggest that life circumstances and social status have a greater impact on health than personal health practices and choices. With personal health practices as a secondary consideration, especially in terms of marginalized populations, what relevance does a project using Yoga as a form of embodied learning have to the field of health research? A small qualitative study such as this would seem to speak to personal health practices and choices rather than systemic issues such as social inequity. While this project does address the participants’ personal experiences, it does not present these as independent from social relations of power. This is especially apparent when women draw from their embodied experiences to comment on larger relations of power and systemic inequities. While this project does not involve
data gathered from a large group, a method characteristic to epidemiological studies, it
does allow for in-depth investigation of women’s narratives in which their embodied
experiences of the consequences of violence and oppression on health and healing
presents further evidence of how individual agency and embodied experience are
inextricable from social relations of power.

As a young woman, my ability to address my health concerns improved when I
was able to identify the ways that violence and oppression compromised my health and
limited my options. Understanding stress as more than a matter of my ability to manage
it, and health as shaped by social factors, gave me a way out of self-blame and feelings of
inadequacy when I found myself unable to cope and thrive. Thinking about healing in
individual and social terms helped me critique New Age utopian definitions as well as
biomedical mechanistic perspectives both of which obscure the ways that individual
agency and social relations of power are interdependent.

Participants in this study describe embodied learning as a resource for healing and
claim that both experiences are shaped by social relations of power. Furthermore, since
violence affects minds, bodies, spirits, emotions, families and communities they suggest
that healing from violence must address all of these aspects simultaneously. Participants’
theorizations of embodiment indicate that they do not separate sentient from social
experiences, nor do they prioritize one over the other. Population health strategies that
fall on either end of the individual (behaviour modification and agency) versus structural
(social determinants of health) continuum would seem to miss this point articulated by
the participants.

**Anti-Racist Feminist, Anti-Colonial and Decolonization Frameworks**

The counter hegemonic theoretical frameworks used in this study include
primarily: anti-racist feminism, anti-colonial and decolonization theory and
methodologies. While anti-racism is most commonly associated with schooling and
education and feminism with women’s social movements, within both areas of research
and activism there are theorizations of race and gender as interconnected and mutually
constituting (Bannerji, 1993; Calliste & Dei, 2000; Hill Collins, 1998; Lorde, 1984;
Mohanty, Russo, & Torres, 1991; Ng, 1986, 1993; Razack, 1998; Stasiulis, 1990). In anti-racist feminism, race and gender along with other social hierarchies such as sexuality, class and ability are theorized in terms of relations of power. In the words of Dorothy Smith, it is “ruling relations” (D. E. Smith, 1987, 1990a, 1990b) that structure the everyday and define categories of inferiority and Otherness as the opposite of a white, male, bourgeois, heterosexual, able-bodied norm. By examining the ways that race and gender are used to maintain social hierarchies, anti-racist feminism also present a methodological challenge to the process of objectification in which the knowing researcher analyses the research subject as an unknowing object (Calliste & Dei, 2000, p.12). Furthermore, anti-racist feminism acknowledges alternatives and resistance to hierarchical social orders:

For the anti-racism feminism project this entails not only a process of exposing or naming the master’s structures and strategies as they construct frames for viewing and naming difference, but also a viewing and a suggesting of resistances and transformative possibilities beyond the frame. (Calliste & Dei, 2000, p. 12)

Anti-racist feminism provides an important lens through which to understand how the participants in this project are positioned in society and how they negotiate their experiences of social relations of power. It also supports my investigation of sentient-social embodiment as a disruption to mind / body and material / discursive dichotomies that speak to “transformative possibilities beyond the frame” (Calliste & Dei, 2000, p. 12) of dominant ways of knowing.

Similar to anti-racist feminism, anti-colonialism and decolonization can be understood in terms of history and social movements as well as an approach to theory and practice that involves a profound transformation of individuals and societies – one that “can only be engaged through active withdrawal of consent and resistance to structures of psychic and social domination” (Mohanty, 2003, p. 7). While anti-colonialism and decolonization refer to the overthrow or withdrawal of colonial power, they also provide a framework that exposes and challenges the legacies and aftermaths of colonialism from the perspectives and knowledges of Indigenous peoples (Dei & Asgharzadeh, 2001, p. 298). Colonialism is thus understood in terms of historical and political relations that are
“not simply foreign or alien, but rather as imposed and dominating” (p. 300). Therefore, decolonization involves an explicitly anti-imperial and anti-colonial moral and political position (Duara, 2004, p. 2).

In our current historical context, post-colonial is often used to describe the creation of nation states after European colonial military and administrative expulsion and withdrawal. However, in post-colonial countries, colonialism endures in other forms, most notably, in economic and political systems and the imposition or adoption of Eurocentric ideologies in various aspects of social and cultural life. While speaking of the persistence of colonial relations in countries that are no longer formally occupied by colonial rulers, decolonization scholarship reminds us that in settler societies such as Canada, Indigenous sovereignty, in this and other continents, continues to be undermined politically, legally, economically, in education and social / cultural spheres. Decolonization theory and methodologies address colonial occupation as well as its legacies, that is, power relations that continue to privilege past and present colonizing beneficiaries at the expense of Indigenous peoples who may be displaced from, or continue to reside in their ancestral territories (Tuhiwai Smith, 1999).

Anti-racist feminism, anti-colonial and decolonization frameworks attend to how race and gender interlock with other social categories of difference such as ability, sexuality, class, religion, ethnicity and age. They also provide a lens through which to address historical processes that have led to, and shaped the establishment of a South Asian diaspora in Toronto (Brah, 1996; Grewal, 2005; Handa, 2003; Rajiva, 2004). In order to understand how young South Asian women negotiate health, healing, violence and oppression it is necessary to understand the contexts in which this takes place. Anti-racist feminism and anti-colonial and decolonizing theory assist in this goal. Furthermore, using these frameworks help to contextualize Yoga – a knowledge that is historically and culturally associated with South Asia, albeit practiced and produced in settler societies such as Canada.
Dissertation Overview

Beginning with this introductory chapter and ending with a concluding chapter, the body of this thesis consists of three historical background and literature review chapters followed by a methodology chapter and three chapters addressing the contributions of participants. The front end of the thesis (chapters one through four), should be read in terms of the social, historical and political context and conceptual framework for this dissertation. That is, anti-racist feminist, anti-colonial and decolonization scholarship is the lens through which literature is reviewed and this project was designed and conducted. My review of research about social inequity and health, young diasporic South Asian women, along with my investigation of embodiment and healing in New Age and Yoga discourses, articulates my conceptual framework as much as it is steered by it. In other words, I have presented scholarship that articulates anti-racist feminist, anti-colonial and decolonization concerns and perspectives. I then take further effort to articulate my conceptual framework in Chapter Four, my methodology chapter, where I discuss the inseparability of the conceptual frameworks and methods used in this study, all of which shape my interpretations of participants’ contributions in Chapters Five, Six and Seven.

Chapter One, Contexts of Embodiment: Social Inequity and Health, begins with an overview of the history of public and population health in order to contextualize material and discursive embodiment for subordinated individuals and groups. Embodiment is investigated specifically in terms of the consequences of violence and oppression on health for subordinated populations. Public health and health promotion attend to biological and social embodiment and provides important evidence about the damages of social inequity. The regulation and disciplining of bodies, as well as embodied agency used to challenge social inequities, are important aspects of health promotion and public health history and research. Furthermore, embodiment as agency and resistance is a particularly strong theme in the work of women health activists and researchers who focus on race, gender, class and violence as determinants of health.

Chapter Two, Young Diasporic South Asian Women, is a further investigation of how social inequity shapes sentient-social embodiment as well as how healing is an
important response to social inequity as a means of ameliorating its detrimental health impacts. This chapter considers the social contexts and embodied consequences of violence and oppression for young diasporic South Asian women. As with the previous chapter, anti-racist feminist, anti-colonial and decolonizing scholarship provide notable examples that posit health as inextricable from power relations. This scholarship also addresses the importance of healing for survival and resistance, and furthermore, highlights sentient-social embodiment in the healing process. The research reviewed in this chapter addresses young diasporic South Asian women, however it is informed by intersectional health scholarship more broadly.

**Chapter Three, New Age and Yoga Perspectives on Embodiment and Healing**, addresses embodiment in terms of Western knowledge production underpinning healing discourses in New Age movements and thought. New Age discourses on healing and embodiment elaborate on the interconnection between mind, body, and spirit; however, social relations of power are effaced. Furthermore, New Age knowledge production provides an important example of how Western cultural dominance, appropriations and reinterpretations of Indigenous knowledges are rarely acknowledged or critically engaged in dominant discourses about healing and embodiment despite the widespread recourse to Indigenous knowledges for teachings about holistic healing and embodiment. In this chapter I contextualize Yoga using scholarship about Indigenous knowledges and theorize it using anti-racist feminism, anti-colonial and decolonization frameworks. This approach to Yoga, and indeed to healing and embodiment, sharply contrasts with discourses that predominate in Euro-North American contexts.

In **Chapter Four, Embodied Learning and Decolonizing Methodologies**, I discuss the design of my study and how I conducted data analysis of the contributions from participants. Embodied learning and decolonization as methodologies are used in the design of this study with the aim of investigating participants’ experiences and / or understandings of health, healing, violence and oppression as entry points for exploring sentient-social embodiment. I approach the experiences of participants as central to this investigation without attempting to construct static notions of community and identity. The methods used call attention to the diversity within a grouping such as young South
Asian women while tracing the common aspects of social inequity that both target and pervade our communities.

In Chapter Five, Violence is the Anti-thesis of Healing: The Embodied Consequences of Social Inequity, I discuss the embodied consequences of social inequity by attending to participants’ contributions about the multiple and mutually constituted forms of violence and oppression and the effects these have on their embodied experience. They express the difficulty (or impossibility) of pursuing healing while also claiming it as an important response to social inequity: a resistance strategy that is difficult precisely because of the ways they are "stripped down" by violence and oppression. Social inequity strongly shapes their “lived body experience” (S. J. Williams & Bendelow, 1998) and produces an embodied awareness that cannot be easily forgotten or absented (Leder, 1990). In other words, participants discuss embodiment as experiences that are inextricably sentient-social citing many examples of violence and oppression and its effects.

In Chapter Six, Not a Magical Wonderland: Critiques of Healing Discourses, participants’ critiques of healing discourses are presented. Many claim that in addition to the difficulty (or impossibility) of healing in contexts of violence and oppression, hegemonic healing discourses are themselves a barrier to healing. Women describe feeling ashamed, frivolous and selfish about healing from violence and oppression because of the invisibility of these experiences in society at large. They struggle with healing defined as a matter of agency and choice against their experiences of social inequity as a determinant of health. When seeking embodied healing practices such as Yoga, they object to New Age healing discourses predicated on cultural appropriation. When the women speak to the difficulty of healing, they highlight problematic discourses that fail to address social as well as sentient aspects of embodiment. In other words, they comment on biomedical frameworks that efface violence and oppression and frame healing as matter of behaviour modification or medical intervention. Similarly, New Age healing discourses are critiqued for its emphasis on an individual quest for self improvement, lifestyle choice and consumption. Participants who resist New Age healing discourses because of its emphasis on individualism also protest the way that they are constructed as exotic others in New Age cultural appropriations of Indigenous
knowledges such as Yoga. In many cases, they would sooner go without a health and healing resource, than expose themselves to New Age or biomedical discourses and practices that construct them as exotic or abnormal. In other words, women explain that dominant healing discourses sometimes produce ambivalence and aversion to the pursuit of healing.

In Chapter Seven, Appreciation of Life in a Body: Embodied Learning as a Counter Hegemonic Healing Strategy, I address themes raised in the previous two chapters; however, this time from the perspective of participants’ theorization of sentient-social embodiment and embodied learning as resistance to social inequity and its consequences. Particularly in their discussions about Yoga, they consider social equity as more than the absence of violence and oppression. Some of the women suggest that investigating sentient-social embodiment provides opportunities to think beyond as well as in opposition to systems of oppression that function to confine, limit resistance and co-opt agency to reinforce hegemony. This chapter, more so than the previous ones, addresses how the women conceptualize and engage in embodied learning as a form of healing and resistance. They address contexts and processes that are enabling or hindering by addressing how personal agency is shaped by social context. However, they insist that healing can be a form of agency and an important aspect of resisting social inequity. In addition, many comment on the strategies they find useful and frameworks that they use to cope, resist and recover. Embodiment, as co-constituted by mental, emotional, physical, spiritual experience and social context, figures prominently. If health is defined as more than the absence of illness in health promotion and public health frameworks, many of the participants theorize and assert that social equity is more than the absence of violence and oppression.

In the concluding chapter titled, Doing Embodiment, I comment on participants’ contributions and ideas that challenge and embellish upon our understandings embodiment and embodied learning practices. I also highlight the importance of embodied learning as a counter hegemonic healing strategy and the implications this study has for adult education and health promotion.
Reading over these chapter descriptions, I am reminded that this thesis is interdisciplinary. I’m drawing on my experiences teaching and studying Yoga as well as critiquing how this knowledge has developed and been interpreted in diverse settings. I’m also interested in sociological investigations of embodiment in terms of challenges to mind / body, matter / discourse dichotomies. I’ve paid careful attention to research addressing the embodied consequences of violence and oppression as well as the responses that subordinated individuals and groups use and the ways that healing is engaged as a form of resistance. To add to this, I’ve relied on anti-racist feminism, anti-colonialism and decolonization scholarship in order to ground my understanding of sentient-social embodiment and the importance of embodied learning as a source of knowledge. I’ve also tried to write in a way that defies a separation between theory and method, how we think about something and how we do it.

When I turn to the contributions of the participants this interdisciplinary approach makes sense academically and personally. I share the participants’ interest in Yoga and embodied learning as a way to counter the consequences of violence and oppression. I, too, feel disturbed that in our attempts to learn and practice Yoga or other Indigenous knowledges, we are confronted with cultural appropriation and experiences of social inequity. Finally, in different ways, we are neither willing to relinquish social identities nor do we want to surrender to an existence that is exclusively socially constructed. Sentient-social embodiment is important and embodied learning, as a way to become further attuned to all the processes and relationships that come with life in a body, is what strings all of the concerns presented in this thesis together.  

This study is a detailed investigation about how we, I and the participants, experience and theorize embodiment in our negotiations with health, healing, violence and oppression. In this respect, my work may have implications for other young South Asian women, and perhaps marginalized peoples in general who engage in similar negotiations although from distinct social locations. The findings of this study support the claim that there is a need for equity based health promotion initiatives and calls attention

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7 Participants repeatedly comment on feeling alienated from or ashamed of their bodies, feeling back in their bodies as a rush or experience of pleasure and possibility, being able to feel comfortable and appreciate
to the diversity within a grouping such as young South Asian women particularly with respect to social inequities that both target and permeate our communities. No research is neutral and in the case of this work, an explicit political project underpins this endeavour. That is, the contributions of all participants are analysed for the purpose of considering strategies of resistance: to challenge violence and oppression and find ways of addressing their damaging consequences. While many of the women shared this commitment, I bear the responsibility for the degree of accuracy in representing their contributions and making my own views explicit.
Chapter One:

Contexts of Embodiment:

Social Inequity and Health

Introduction

Health research is an important source of information about the social context of embodiment for subordinated groups. In Canada, health research addressing Indigenous women and women of colour (particularly young women), has identified racism, violence against women, lack of access to social and health services and vulnerability to multiple illnesses and diseases as primary concerns (A. Ali et al., 2003; G. S. Harding, 2005; Jiwani, 2002b; Khosla, 2003; Rochon Ford, 1990). The result of these conditions is observable through epidemiological patterns of morbidity and mortality, as well as, in research addressing the lived experiences of subordinated people. A review of the social determinants of health for subordinated populations highlights the need for this study and outlines the social context that participants negotiate embodiment in their everyday lives.

Health Promotion and Population Health Research

Contemporary research addressing the impact of social inequity on health often cite mid 19th and early 20th century studies in Europe and the United States that demonstrate a correlation between living conditions, health behaviours, social relations of power and the health of individuals and collectives (Amick et al., 1995; Laverack, 2004; Raeburn & Rootman, 1998; Raphael, 2004; Townson, 1999; Wilkinson, 2005). While early investigations of the relationship between environment, social relations and health indicate that Western biomedicine has not completely neglected social determinants of health, it is in the 1970s that the impact of social inequity on health gained greater attention in health research and policy making.

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8 Consistent with Cartesian philosophy, biomedicine defines human beings as biologically discrete, mechanical, and primarily physical entities. In biomedicine, health is defined as the absence of illness and disease.
The emergence of health promotion policy in the 1970s initially emphasized non-medical interventions such as lifestyle and health choices. However, this approach was challenged and expanded in the 1980s and 1990s by “population” or “public health”\(^9\) promotion to address the social determinants of health as a key area of research and policy recommendation. Although health promotion discourse often emphasizes lifestyle, it along with population health and social determinants of health approaches, acknowledge that individual health behaviors and conditions are in a symbiotic relationship to social context and environment: “the distinction between the medical / behavioural and the social approaches to health promotion are helpful for analysis, but are much more blurred in practice” (Laverack, 2004, p. 7).

Current health promotion and population health research increasingly demonstrate a strong correlation between diminished access to resources and increased morbidity and mortality. Furthermore, social equity and cohesion, measured by the degree of economic stratification, social hierarchy and violence, are routinely addressed as social determinants of health (Amick et al., 1995; Laverack, 2004; Raeburn & Rootman, 1998; Raphael, 2004; Segall & Chappell, 2000; Shah, 1998; Singh Bolaria & Bolaria, 1994; Townson, 1999; Wilkinson, 2005). While social inequity is addressed in health promotion and population health as creating barriers to resources and services, many health researchers also address what feminist, anti-racist, anti-colonial and decolonization activists and scholars have asserted in social sciences for decades. That is, both the material consequences of inequity and the subjective experience of subordination impact individuals and populations physically, mentally, emotionally and spiritually (De Beauvoir, 1952; Du Bois, 1903; Fanon, 1967; Freire, 1970; hooks, 1981, 1993; Lorde, 1984, 1994; Moraga & Anzaldua, 1981; Rich, 1986; B. Smith, 1983).

\(^9\) Population health promotion is the terminology used in Canada while public health promotion is a parallel term that is used in Britain and the United States. I will use the both terms as appropriate when referring to research from Canada, the United States and Britain.
Historicizing Mid-19th to Early 20th Century Health Research in Europe and North America

Health promotion and public health research in the West can be traced to observations that improvements in sanitation, nutrition, and, working and living conditions for workers and families during the Industrial Revolution were more effective in reducing communicable diseases than biomedical interventions. An often cited example is in the work of German physician Rudolf Virchow (1821-1902). Credited as the father of modern pathology, his insistence that social policies and environmental factors determine health put him out of favour with the ruling elites of his time (Amick et al., 1995; Laverack, 2004; Raphael, 2004; Shah, 1998). Sent to investigate an epidemic of typhus in Upper Silesia (19th century Poland), he reported that the epidemic was caused by lack of democracy, feudalism, and unfair tax policies that resulted in poor living conditions, inadequate diet and poor hygiene (Raphael, 2004, p. 3). Canadian health researcher Denis Raphael (2004) writes:

Virchow stated that Disease is not something personal and special, but only a manifestation of life under modified (pathological) conditions. Arguing “Medicine is a social science and politics is nothing else but medicine on a larger scale,” Virchow drew the direct links between social conditions and health. He argued that improved health required recognition that: “If medicine is to fulfil her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?” (Raphael, 2004, p. 3)

Monica Townson (1999), author of Health and Wealth: How Social and Economic Factors Affect Our Well Being, also mentions earlier public health research in Europe:

Evidence of the socioeconomic determinants of health has been around for more than 100 years, in fact. In mid-nineteenth century Britain, for example, there were numerous studies of public health that measured death rates from different diseases in different locations and pinpointed the high incidence of disease in poor areas (Townsend, Phillmore & Beattie 1988). Such inequalities in health eventually led to the establishment of the British National Health Service in the 1940s. (Townson, 1999, p. 7)

While a social determinants of health perspective may have led to the establishment of the British National Health Service, health policy in the decades following favoured biomedical frameworks focused on individual health behaviour and lifestyle rather than
social conditions (J. Naidoo & Wills, 2002). A trend whereby social determinants approaches in health research are overshadowed by individualizing and biomedical responses in state health policy is common, not only in Britain, but in Canada and the United States as well (King & Williams, 1995; Laverack, 2004; Raphael, 2004).

Less noted for his early contribution to health promotion and public health scholarship is American sociologist, W. E. B. Du Bois (1903) whose famous observation that the problem of the 20th century is the problem of the colour line, heralded the growth of critical race scholarship. One of the first empirical sociological works published in America, *The Philadelphia Negro: A Social Study* (1899), attributed health and mortality disparities between white and black Americans to social inequity (King & Williams, 1995, p. 98).

Du Bois was one of the first social scientists to combine methods of data collection and description with a spatial analysis of economic and social processes in his classic *The Philadelphia Negro* (the first holistic account of urban black America). He eschewed social Darwinism, recognizing that it provided a justification for the oppression of black people. (Basu, 2001, p. 19)

However, as Dipannita Basu argues, he, along with other early 20th century African American sociologists, who identified white supremacy and racism as central to the social contexts and health status of black people, were routinely ignored and their work unacknowledged by peers and academic journals (p. 20).

Virchow and DuBois produced insights that would be identified today as a social determinants of health approach. However, many of their contemporaries defined the health problems of subordinated groups as the result of corrupt behaviour and flawed character determined by genetic inferiority – perspectives rooted in scientific racism.10

10 For a detailed discussion of scientific racism, refer to Byrd and Clayton (2002). They write that the American archetype of scientific racism is “the virulent strain of human inequality-based, anti-Black, biomedically oriented, deterministic scientific racism with ancient roots in the West’s Greco-Roman scientific culture exacerbated by America’s 246-year long history of African slavery (the history-based form of scientific racism)” (p. 18). The authors also cite European colonial wars, conquests and German pseudoscientific experiments conducted on Indigenous people in South West Africa that bolstered Hitler’s arguments about Aryan supremacy in *Mein Kampf*. “Such ideas and events defined nineteenth- and early twentieth century contacts in both hemispheres between Western Europeans and non-White and Indigenous peoples. These relationships would crystallize into the Holocaust, wars of liberation, and social strife later in the twentieth century” (p. 40).
For example, during clean living\(^ {11}\) and eugenic movements\(^ {12}\) of the 19th and 20th centuries, physicians and health reformers drew on biomedical theories and Darwinism to forward public health policies that reinforced class, race and gender hierarchies and oppression.

A conclusion drawn from the germ theory suggested that since constitutional maladies such as cancer, insanity, heart disease, and feeble-mindedness were not bacterial, they therefore must have hereditary origins. It followed that since these conditions were hereditary, selective breeding or “sanitary marriages” should be encouraged to promote the most desirable traits and eliminate the negative ones. (Clifford Engs, 2000, p. 138)

Furthermore, in the encyclopaedic text *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*, the authors write:

Leaders of social and public health policy as divergent as Yale professor and intellectual William Graham Sumner – in his famous and influential book *Folkways* (1906) – and Margaret Sanger, feminist birth control advocate and pioneer who founded Planned Parenthood, promoted race- and class-biased hereditarian and eugenic policies and programs. (Byrd & Clayton, 2002, p. 39)

These physicians and health reformers asserted that

Health promotion-disease prevention and medical therapeutic interventions for the poor perpetuated “inferior” genetic lines. Such activities subverted the scientific mechanisms of “survival of the fittest.” Therefore, working-class, immigrant, and minority populations’ receipt of health care that could often be described as scant and inferior was logical, if not desirable. (Byrd & Clayton, 2002, p. 47)

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\(^ {11}\) Clean living movements in the United States are associated with “great awakenings” that follow periods of moral uncertainty and panics resulting from social, political and economic upheaval. Described as an attempt to return to a golden age of the past, great awakenings give rise to health reform movements that aim to rid society of social ills and promote a utopian future through public health policies regarding hygiene, diet, exercise, prohibition of drug, alcohol and tobacco consumption, as well as the regulation of sexual, religious and social behavior. Clean living movements have a coercive thrust and despite the fact that equity seeking groups have participated in health reform movements as a way to obtain resources, they have tended to be the target of social control (Clifford Engs, 2000).

\(^ {12}\) Eugenics is an early 20th century example of scientific racism in which illness and disability were defined as genetically hereditary. Eugenics policies and practices targeted groups that were defined as socially deviant – i.e. unwed mothers, people with mental health issues, new immigrants, the poor, Indigenous people and people of colour, people with health conditions such as epilepsy and alcoholism. In the Canadian context, the infamous Sterilization Act (1928-1972) in Alberta legally sanctioned eugenic practices. See the National Film Board documentary *The Sterilization of Leilani Muir* (Canada, 1996).
In North America, commitments to slavery, colonization and the establishment of white settler societies hinged on fears of racial degeneration and race suicide. This justified, among other things, forced sterilizations and abusive medical experiments, as well as poorly funded or absent health services for racially subordinated peoples (Byrd & Clayton, 2002). Furthermore, Indigenous peoples and people of colour were, and many would argue, continue to be targeted through genocidal health policies based on the belief that “inferior stock” would eventually become extinct as foretold by evolutionary theories of survival of the fittest (Tuhiwai Smith, 1999, p. 62).

While researchers cite historical examples that challenge social inequity, it is inaccurate to characterize health promotion and public health as uniformly concerned with the social determinants of health and social equity. This immense field of scholarship reflects white supremacy, colonialism, patriarchy, and capitalism through health policies and frameworks rooted in fears of race contamination and the belief that social ills are caused by the character, behaviours and genetic inferiority of the poor, Indigenous peoples, Africans, Asians, South European immigrants, youth, people living with disabilities or chronic illness, and women who failed to meet the requirements of bourgeois femininity (Byrd & Clayton, 2002; Clifford Engs, 2000; S. L. Smith, 1995; Stoler, 1995). Byrd and Clayton (2002) powerfully document how public health policies and discourses of health citizenship and patriotism have been used to support slavery (p. 12) and a myriad of social inequities endemic to the building of nation states (p. 40).

In the name of civilization and progress, slavery and colonization have buttressed public health policies used in genocide (i.e., forced assimilation through the abduction of children and residential school abuses, land theft and confinement to land reserves, withholding resources and services and imposing medical abuses such as sterilization) justified by the belief that Indigenous peoples are a dying race (Neu & Therrien, 2003; Tuhiwai Smith, 1999). Scholarship addressing the history of health promotion and public health is vast and a comprehensive review is both beyond the scope of this dissertation and readily available in the existing literature (Segall & Chappell, 2000; Shah, 1998). However, this brief review of historical research indicates a general consensus that health promotion and public health research and policy are subject to social relations of power, as is the case for any other field of knowledge production. As such, critical as well as
hegemonic perspectives and practices have emerged. While this divide can also be observed in current health research, unlike the early 20th century, a social determinants of health approach has slightly greater currency as a result of challenges to biomedicine and scientific racism.

This is not to suggest that social determinants of health dominate health policy nor that scientific racism has been eradicated. Clearly biomedical frameworks remain pre-eminent and continue to overshadow social determinants of health perspectives and research findings. However, there is now an increasing critical mass of researchers and health practitioners engaged in work that address social inequity and the embodied consequences for subordinated groups and in doing so, they challenge long standing status quos in health care (L. Adams, Amos, & Munro, 2002; Amick et al., 1995; Byrd & Clayton, 2002; Denton et al., 1999; Doyal, 1998; Feldberg, Ladd-Taylor, Li, & McPherson, 2003; Johnson Redden, 2002; LaVeist, 2002; Laverack, 2004; Raeburn & Rootman, 1998; Raphael, 2004; Schulz & Mullings, 2006; Shah, 1998; Singh Bolaria & Bolaria, 1994; Wilkinson, 2005).

**Health Promotion and Population Health: 1970–2005**

Health promotion gained attention in the institutional health arena in the 1970s. In Canada, federal publications, such as *A new perspective on the health of Canadians* written by Marc Lalonde (1974), the Minister of Health at that time, and *Achieving health for all: A framework for health promotion* (Epp, 1986) addressed non-medical factors affecting health, such as lifestyle and health behaviour. However, they were criticized for neglecting environmental and social contexts (Townson, 1999, p. 3). Following debates as to the impact of lifestyle, medical intervention and hereditary factors, population health approaches of the 1990s began to augment lifestyle and biomedical frameworks by attending to social determinants of health and inequalities in access to resources such as housing, education, health care, income, social services, employment and good working conditions, sustainable ecosystems, social status, social acceptance and support networks, healthy childhood development, food, transportation, social justice and social equity (Raphael, 2004, p. 5). Glenn Laverack describes the emergence of a social determinants
approach in health research as “the health system’s response to the ‘knowledge challenges’ of progressive social movements, such as women’s rights, social justice and civil rights (anti-racist) of the past two decades” (Laverack, 2004, p.7).

In the introduction to *Public Health and Preventative Medicine in Canada*, Chadrakant Shah (1998) cites the 1948 World Health Organization definition of health as “A complete state of physical, mental and social well-being and not merely the absence of illness” (Shah, 1998, p.2). He notes that this definition was expanded in 1986 in the *Ottawa Charter for Health Promotion* to include

> The ability to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. (Shah, 1998, p. 2)

Shah further cites the *Ottawa Charter* definition of health promotion as “The process of enabling people to increase control over, and to improve, their health” (p. 2). In addressing these definitions of health and health promotion Shah argues:

> Determinants of health are more than biological. Health, therefore, involves more than just bodily integrity; it encompasses social and political concerns and the relationship of individuals to the environment in which they live. From this perspective, health is not just the responsibility of the traditional “health care” sector, but of all sectors, institutions, and organizations that may influence the well-being of individuals and communities. (Shah, 1998, p.2)

Individual and collective health is increasingly understood in relation to social and environmental contexts. This is particularly true in health promotion and population health research that emphasizes community development, critical adult education and activism as important interventions (Labonte, 1992; Laverack, 2004; Raeburn & Rootman, 1998).

Critical health promotion and population health research identify barriers to health and explain how access to resources determine health and the choices individuals make or are able to make. Racism, sexism, ableism, heterosexism, economic inequity and colonization, for example, create differential access to resources and higher rates of
victimization for those at the bottom of social hierarchies. In *The Impact of Inequality* by Richard Wilkinson (2005), high rates of violence, morbidity and mortality correlate with hierarchical societies defined by economic stratification and social inequity. Furthermore, Wilkinson argues that the experience of inferiority has a psycho-physiological impact on health that is linked to lower life-span and higher rates of disease and mental health issues. He comments that the combined material and subjective experience of low social status is the most pervasive population health risk above all others, including lifestyle, health behaviours, environment and hereditary factors (p. 87). Wilkinson writes:

> The fact that what the epidemiological of psychosocial risk factors is telling us coincides so neatly with the vision of many of the great sociological thinkers should increase our confidence in this interpretation. It represents an important unification of two perspectives, one gained from studies of stress, supported by objective psychological measures, and the other from the perspective of social organization and meaning without regard to biological measures or health indices. (p. 93)

Wilkinson’s survey of epidemiological research supports what many sociological approaches have long since asserted, that is, that inequity, violence and oppression negatively affect every aspect of physical, mental, emotional, and spiritual health for individuals and collectives.

Some social determinants of health research and frameworks attempt to reconcile embodied (physical, emotional, mental, and spiritual) with social understandings of health. In doing so, Cartesian mechanistic approaches found in biomedicine that elide social context, as well as social science frameworks that efface embodied experience (i.e., the intra-connection between mind, body, emotion, spirit, community and environment) are called into question (Raeburn & Rootman, 1998). Health research indicates correlations of biological resilience and functioning with stress; stress with social status; rates of morbidity, mortality and violence with social hierarchy; and social equity and cohesion with population health. Wilkinson summarizes:

> We need to create a public awareness of the fact that improvements in the quality of life now depend primarily on the nature of the social environment, which is best served by tackling the material foundations of social divisions, prejudices and exclusion. (p.315)
Social determinants of health research shift the focus of health inquiry from *if* social inequity impacts health, to *how* social inequity impacts health. Of course, what to do about social inequity is a question that needs to be informed by health research but clearly requires action well beyond health disciplines (Johnson Redden, 2002; Laverack, 2004; Raphael, 2004; Townson, 1999).

Social determinants of health approaches however, have not been without critique. In her article *The Vanishing Woman: Gender and Population Health*, Patricia Kaufert (1999), argues that gender is absent in population health research with the exception of occasional mention regarding reproduction, mothering and mental health (p. 124). She questions how this came about and finds that statistical analysis that focuses on the health of nations and income levels effaces gender. Citing the often referred to Whitehall I study, Kaufert notes its high profile in the field of population health studies despite the fact that all of the 10,000 British civil servants whose health status was followed for nearly two decades were men (1999, p. 126).

These data all show that the steeper the income gradient, then the higher the mortality rate for that country. Looking for the women, I had the odd experience of sensing their presence, while being unable to see them. For it was obvious that some of the deaths, as well as some of the poverty and wealth, on which these statistics are based involved women, but how many women, or where, or when, was impossible to tell. (p. 124)

Kaufert explains that Marmot and Mustard, authors of the Whitehall I study, argue that a higher position in the workplace hierarchy correlates with lower stress levels, better health and longer life. She also points out that this finding does not hold when women were included in Whitehall II. For example, she notes that women live longer than men receive less income returns on education, occupy the lowest rungs in workplace hierarchies, and are less likely to be promoted than men (p. 128). While they do live longer than men, they suffer greater morbidity.

Kaufert (1999) asks, are the social determinants of health different for men and women, and if so why has there been so little attention to this in population health research? She speculates on the appeal of a meta-narrative based on “hard data” of quantitative studies such as the Whitehall reports that support economic growth over
medical care; she further remarks that at the time Robert Evans (1994) published *Why Are Some People Healthy and Others Not?*, governments were looking for ways to reduce spending on health care. Thus, population health approaches interpreted as a need for economic growth as a way to improve health were welcomed. This approach ignores the ways that national and global economic structures are inequitable and dependent on the exploitation and/or disenfranchisement of women, racially subordinated peoples, Indigenous peoples, people living with chronic illness, migrant populations, legal and non-status immigrants, people with disabilities and youth.

In the original formulation of the determinants of health model, gender was treated as insignificant and the model constructed out of the working experience of the male civil servant. Seen from within this model, shifting money out of medical care and other forms of social service and into economic investment made absolute sense. Information on its potential consequences for the elderly, children, the unemployed or barely employable, other vulnerable groups and women had been left out of the model and were, therefore, outside consideration. (Kaufert, 1999, p. 133)

Kaufert is not arguing against a social determinants approach to health research; rather she calls into question the process of identifying social determinants of health and furthermore, how social contexts affect the health of differently embodied individuals and communities. In other words, Kaufert argues that a focus on a single aspect of social inequity, such as socioeconomic status, not only obscures other aspects of social hierarchy, but also produces inaccurate and inconsistent research findings, and thus, problematic policy recommendations.

Candace Johnson Redden (2005) points out in *Health Care, Entitlement and Citizenship* that, while the population health model has been adopted by Canada, health policy and reform discourse continue to be dominated by individual consumer access and rights to biomedical care, rather than social determinants of health and equity issues. She writes:

If levels of status and income are correlated with health, then governments should be committed to eradicating poverty and increasing the standard of living for all Canadians. However, Canada’s record for income maintenance spending and program development for recipients of welfare is quite dismal, and it is not likely to improve under the current funding arrangements. Therefore, although federal and provincial governments
remain committed to the rhetoric of the population health model, the extent to which governments are committed to implementing an integrated approach to social policy-making and service provision is not clear. (Johnson Redden, 2002, p. 94)

Add to this the situation that since social inequity leads to increased risk and occurrence of illness and disease, and it is understandable that there is an increased need for biomedical services among those most affected by social inequity. It is therefore not surprising that improving access to biomedical care is a priority for subordinated individuals and communities.

Health care reform is often viewed as a threat to public access or celebrated as a promise that private enterprise will improve access and quality of care. Public fears of losing health care access (fears that are justified particularly for marginalized women with increasing privatization (Cyrus & Curtis, 2004)), along with deference to the biomedical system and a strong medical lobby, are compounded by an unwillingness to disrupt individualistic ideologies underpinning social systems such as capitalism and legal liberalism. As Johnson Redden argues, the main challenge in health reform is that health care is structured as a right of individual citizens:

My argument is that assertions of health care rights by Canadians support rather than challenge the medical model. When citizens claim in response to reform efforts, that they have the right to health care, they are expressing their discontent with the proposals, and their preference for existing arrangements. (Johnson Redden, 2002, p. 81)

She further comments that the dominance of the medical model creates barriers to health reform:

First, it perpetuates the authority of medical doctors. Consequently, it is difficult for alternative patterns to be established. Nurse practitioners, nutritionists, and chiropractors, for instance, remain subordinate to medical authority because the care they provide is either supplementary to, or effectively outside of, the existing structure of primary care. Second, the medical profession tends not to be focused on preventative care. (Johnson Redden, 2002, p. 81)

To summarize, Redden Johnson argues that the commitment to individual consumer rights hampers reform to the biomedical model of health care. This combined with
powerful pharmaceutical and medical lobbies ensure that social determinants of health research is consistently effaced in health and other state policy decisions.

The fact that health reform neglects to address health promotion concerns with social inequities and determinants of health has severe implications for the health care status of Indigenous peoples, women, people of colour, people with disabilities, the poor, people living with HIV&AIDS and other marginalized groups in society who may require biomedical interventions, but whose health needs are also impacted by social inequity. Subordinated people have poorer health, experience greater barriers to access and are least accounted for in health policy that tends to benefit the middle and upper classes, men, settlers of European ancestry, private enterprise and medical professional lobbies (Johnson Redden, 2002; Segall & Chappell, 2000).

Subordinated peoples, and indeed the Canadian public in general, require improved access to clinical care and health care reform that is capable of addressing social inequity as a determinant of health. Furthermore, researchers have noted that the medical knowledges of Indigenous peoples and other racially subordinated peoples are important resources that are not included in the publicly funded health care system (Bair & Cayleff, 1993; G. S. Harding, 2005; Johnson Redden, 2002; Laverack, 2004; Raeburn & Rootman, 1998). Therapeutic knowledges such as medicines and ceremonies of Indigenous peoples, Traditional Chinese Medicine, Qi Gong, Āyurveda, and Yoga are used both as a preference and as a supplement to allopathic health services and medicine, especially when these services are inaccessible, inappropriate and/or ineffective (Rai, 2009; Shroff, 2000; Waldron, 2005).

Social determinants of health research demonstrate that subordinated groups experience increased morbidity and mortality. This strongly supports the thesis that social inequity is a primary determinant of health and exemplifies how social context shapes embodied experience. However, the dominant focus on socio-economic status as a social determinant of health has been challenged by scholars concerned with race and gender in health research. They provide a more complicated understanding of social inequity and its consequences based on an intersectional approach. I will now address this scholarship.
in greater detail to explore the contributions of women of colour to research on the relationship between social inequity, health and sentient-social embodiment.

**Race and Gender in Health Research**

Research that addresses the interlocking of oppressions, such as colonialism, racism, sexism, heterosexism, capitalism and ableism, have been crucial in the development of intersectional approaches and an understanding of social determinants of health, not as independent factors, but rather as relations of power that shape the health of all people (Schulz & Mullings, 2006). Critical scholarship by Indigenous women and women of colour have been at the forefront of intersectional approaches by investigating how systems of oppression are interlocked and mutually constituting (M. J. Alexander & Mohanty, 1997; Bannerji, 1991, 1993; Battiste, 2000; Battiste & Barman, 1995; Brand, 1999; Das Gupta, 1996; A. Y. Davis, 1982; Dua, 1992; Dua & Robertson, 1999; Graveline, 1998; Hill Collins, 1990, 1998; hooks, 1981; Lorde, 1984; Maracle, 1996; Monture-Angus, 1995, 1999; Moraga & Anzaldua, 1981; Ng, 1986; Parmar, 1982; Razack, 1994; A. Smith, 2005; B. Smith, 1983; Wilson, 1978).

However, research about racially subordinated women is under funded and they are routinely excluded from clinical research projects (Bair & Cayleff, 1993; Bayne-Smith, 1996; Schulz & Mullings, 2006). This has resulted in a lack of information about their health status and an invisibility of their experiences and concerns within mainstream health scholarship and policy. Despite this, health research emphasizing qualitative, activist and community based approaches is on the rise (Meyer, Torres, Cermeno, MacLean, & Monzon, 2003, p. 816). Quantitative methodologies used in population health research require substantial resources and data collection. Qualitative research, however, can be done without access to large samples and technologies required to analyse them. Racially marginalized women have produced research about their health by conducting research within their means and specific to their perspectives, politics, histories, resources and community protocols. Furthermore, the interconnection between health, social equity, embodiment, the environment and community, integral to many Indigenous knowledges, is a strong feature of research by Indigenous women and women
Research that is increasingly acknowledged in health promotion and population health research (Raeburn & Rootman, 1998).

**Women's Health Movements**

Women’s health movements emphasizing a critique of gender inequity as a determinant of health proliferated in the 1960s and 70s. For example, *Our Bodies, Ourselves*, a women’s health reference book published in America in the early 1970s, includes information about health behaviour and choices as well as analysis of social inequity and its effect on health. In the revised introduction of the 1998 edition, *Our Bodies, Ourselves for the New Century*, Jennifer Yanco and Judy Norsigian (1998) write:

> Conventional medical care, with its heavy emphasis on drugs, surgery, and crisis intervention, sometimes helps us when we are sick, but it does not always keep us healthy. To a great extent, what makes us healthy or unhealthy is how we are able to live our daily lives. (B. W. s. H. B. Collective, 1998, p. 29)

By calling attention to how we live our daily lives, Yanco and Norsigian identify that health is determined by both factors under our control and those that are not. They also comment on how a preoccupation with health can result when people feel disempowered and unable to make social change. They describe “healthism” as another way of medicalizing women and effacement of the social determinants of health:

> When we are overly focused on fitness or a “healthy lifestyle” as goals to strive for (or as the measure of a "healthy" society), we deflect attention from the more important goals of social justice and peace… We may end up seeing exercise, eating, meditation, fresh air, or dance, for example -- all pleasures in their own right -- simply as measures of our potential health or nonhealth. In this way, ironically, we further medicalize our lives. (B. W. s. H. B. Collective, 1998, p. 29)

Healthism is also discussed as a construct that defines health as a moral issue used to blame women when they get sick or are unable to make changes in their lives to facilitate well-being. Furthermore, Yanco and Norsigian define stress as a health issue in terms of
the impacts it has on women but they also identify the many social factors that underpin it.

Body image pressures are a huge source of stress for women; unrealistic internalized notions of how we should look often lead us to try to alter our appearance by doing things that compromise our health. The stress of living under the constant onslaught of racism has serious health consequences that are finally beginning to be seriously examined by the scientific community. As women, we bear the stress of living under the threat of sexual violence -- on the streets, in our workplaces, and in our homes. Job stress continues to increase as more and more of us are heads of households and have to work longer hours to make ends meet. (B. W. s. H. B. Collective, 1998, p. 29)

Women’s health activism addressed social determinants of health before it became a focus in mainstream health research and policy. However, the women’s health movement, as with Western feminism in general, underwent significant upheaval in the development of an intersectional approach and the struggle against gender-centricity.

Just as health promotion and public health research has challenged social inequities as well as perpetuated them, the women’s health movement has presented integrated challenges to gender, race, and class hierarchies, and at other times gender-centric approaches that dismiss class and race privilege and disadvantage. The history of reproductive choice is a striking example of the ways that a gender-centric analysis fails both white women and women of colour. At a time when white middle class women were fighting for the right to abortion and contraception, Indigenous women and women of colour (Native American, Puerto Rican, Mexican and African American) women were subject to forced sterilization in the U.S.A. (Feldberg et al., 2003; Schulz & Mullings, 2006; A. Smith, 2005). In this example of how white supremacy and patriarchy interlock, fears of race wars and the declining white birth rates manifested in violence against white women and women of colour. White women, expected to reproduce to maintain a white nation, are denied reproductive choice when counterpoised to women of colour and the fear of high birth rates among them – ironically, something that was encouraged and celebrated under slavery and colonialism when their children were valued in terms of increased in labour potential (Byrd & Clayton, 2002). Efforts to challenge both anti-abortion and sterilization policies highlight the symbiotic functioning of patriarchy and
white supremacy, and thus the importance of an intersectional approach to women’s health.

In the Canadian context, women’s health movements have been contested spaces where challenges to biomedicine have often been framed predominantly through a critique of patriarchy despite the way colonialism, scientific racism, imperialism and capitalism are equally implicated. In Women and Well-Being (Dhruvarajan, 1990), a collection of papers delivered at the 1987 Canadian Research Institute for the Advancement of Women (CRIAW) conference, former Canadian Health Minister, Monique Begin, addresses women and health. She makes important critiques of the health care system.

Medicine is practiced within an extremely authoritarian, hierarchical, impersonal, and distant organization. In addition, modern medicine is overspecialized and hence very fragmented in its application and most alienating for the patient The structure of power is a vertical one with the (male) physician at the top, the (female) nurse as an obedient and respectful assistant, and the patient as a passive creature, an infant, at the bottom. (Begin, 1990, p. 10)

However, her critique is noticeably gender-centric. For example, when she highlights the hierarchical gender relationship between doctors and nurses, Begin does not address racial divisions that position women of colour at the bottom of the health care system employment structure (Das Gupta, 1996). She comments that “prevention and health promotion are still the poor relatives of the health care system; nevertheless, our environment must be considered an important aspect of our health” (p. 5). Begins’ definition of negative factors in the environment lists everything from an unsafe workplace to a lack of support in family and domestic life; however, explicit acknowledgement of racism is absent. Gender-centric omissions such as this were challenged within women’s health movements in Canada and abroad. In fact, another contribution in Women and Well-Being does just that.

Written from the standpoint of immigrant women, the main purpose of this paper is to demonstrate that “women’s specificity” – women’s work and values related to mothering and caring for others – is not an acceptable framework for analyzing the situations of immigrant women in Canada. Instead, one must begin by examining the complex interrelationships of
employment, class structure, race/ethnicity, gender, and many other differences among women in an advanced capitalist country within a context of economic imperialism and neocolonialism. It is only when our differences are acknowledged and analyzed that adequate strategies for real equality can be formulated. (Szekely, 1990, p. 125)

Eve Szekely argues that “racial or ethnic, political, economic, educational, geographic, age, and language-related differences are no less important than our specific experiences as women” (p. 130). In so doing she disrupts gender-centric approaches whereby women who experience multiple forms of subordination are paternalistically “included” and attempts to relegate the “difference” of their health concerns to “culture clash” resulting from a failure to properly assimilate in to Canadian society defined as white, middle class, and heterosexual (p. 131).

A framework that purports to explain a woman’s subordination must be able to handle these events in the lives of women, whether they work as domestics, whether they are Canadian-born or immigrant working-class women, or whether they are the Indigenous women of Canada. (p. 134)

The challenge posed by Szekely and many others set a new direction and standard for gender studies as well as activism and research seeking to address social inequity in its multifarious forms (Amos & Parmar, 1989; Anzaldúa, 1990; Bannerji, 1991; Brah & Minhas, 1985; Brand, 1999; A. Y. Davis, 1982; Dua, 1992; hooks, 1981; Lorde, 1984; Mohanty, 1991; Ng, 1986; Parmar, 1982; D. E. Smith, 1987; Stasiulis, 1990).

A recent report titled Intersectional feminist frameworks, published by CRIAW, reflects challenges to gender-centric approaches in the feminist movement, of which women’s health movements are a part of. The authors write:

A focus on gender based discrimination alone fails to recognize and address the multi-faceted causes and impacts of marginalization on the lives of women most adversely affected by poverty and exclusion locally and globally. For example, the role of colonization in the marginalization and oppression of Indigenous women or the role of globalization in the lives of women living in more disadvantaged countries worldwide are inseparable from their gender. In recognizing how relations of power intersect to structure women’s lives, gender is no longer sufficient to generate a deeply complex analysis. (Bunjun et al., 2006, p. 9)
CRIAW is one example of many feminist organizations that have questioned the validity of a gender-centric lens.

CRIAW’s journey over the past 30 years (1976-2006) reflects the same struggles as those found within women’s movements…Struggles against patriarchy, capitalism, colonialism, and globalization have brought conflict but have also forced the organization to rethink its priorities. (Bunjun et al., 2006, p. 11)

In observing the different frameworks used by Begin and Szekely at a conference addressing women and health more than 20 years ago, it is apparent that, then and now, gender-centric analyses fail to account for the health status and social contexts that women (privileged or not) must negotiate.

Despite this finding, gender-centric health promotion continues to proliferate in institutional centres. The report titled Canada-U.S.A. Women’s Health Forum Preventative/Health Promotion Strategies (Thurston & O’Connor, 2006) makes no mention of intersectionality, the specific health concerns of women of colour, nor the leadership and contributions of women of colour to the women’s movement and health activism. In the conclusion the authors write “…because of the principles of health promotion, there is goodwill towards women and visible minorities within the field” (sect. 61). Once again, these populations are presented in an unsophisticated manner that effaces their experience and specificity. Posted on the Health Canada website, this report indicates that at the level of government, the health of racially subordinated women continues to be neglected.

**Women of Colour: The Politics of Solidarity and Difference**

Women of colour is a political term that emerged in anti-racist feminist activism and literature in the 1970s particularly through the work of African-American feminists. It is a term of solidarity that highlights racial subordination, gender oppression, heterosexism and homophobia and capitalist economic exploitation of women and people of colour (B. Smith, 1983). It foregrounds a social location described by Angela Y. Davis (1991) as “…a vantage point that represents the intersection of so many forms of injustice and the fusion of so many forms of struggle and strength” (p. 1176). Davis also calls
attention to the fact that women of colour are a majority when compared to Europeans, and with respect to men of colour, they are “majority within a majority” (p. 1177). Despite this, women of colour continue to be overlooked in population health research.

Criticisms of intersectional approaches include charges by white women and men of colour of fragmenting solidarities. Davis (1991) writes:

There are those who question the usefulness of the construct “women of color.” There are people in our own respective communities who may accuse us of divisiveness, implying that somehow we are prioritizing our relationship with women from cultures entirely different from our own over our relationship with men from our own communities. Then there will be some European-American women, on the other hand, who will accuse us of prioritizing race over gender and therefore being racial separatists. But most of us who participate in organizations of women of color are trying to be neither divisive within our own communities nor separatists within the women’s movement. But we do have the right to define an autonomous space for ourselves as women of color when it is necessary. (1991, p. 1177)

Davis argues for the importance of this identification. However, she also challenges women of colour not to remain complacent about lacking knowledge of communities other than one’s own and the responsibility of acknowledging privilege and diversity among racially subordinated women. She writes: “We are also suggesting that our ability to discover commonalities in our conditions and to explore cultural and class differences may result in some new ways of looking at the world” (p. 1177).

The writing and the activism of women of colour is deeply concerned with health and healing as inextricable from fighting violence and oppression. Audre Lorde (1988) explores this in her poetry and prose:

Battling racism and battling heterosexism and battling apartheid share the same urgency inside me as battling cancer. None of these struggles are ever easy, and even the smallest victory is never to be taken for granted. Each victory must be applauded, because it is so easy not to battle at all, to just accept and call that acceptance inevitable. (Lorde, 1988, p. 116)

For Lorde and others, the mind / body dichotomy characteristic of biomedicine is as problematic as a separation between health and social relations of power. Writing about
the possibility of being diagnosed with liver cancer after surviving breast cancer she writes:

In this loneliest of places, I examine every decision I make in the light of what I’ve learned about myself and that self-destructiveness implanted inside of me by racism and sexism and the circumstances of my life as a Black woman.

*Mother why were we armed to fight
with cloud wraithed swords and javelins of dust?*

Survival isn’t some theory operating in a vacuum. It’s a matter of my everyday living and making decisions. (p. 60)

Lorde’s writing takes place in a context of Black feminist, lesbian and women of colour organizing that not only aimed to make the links between different forms of oppression, but also created a forum to voice how different forms of oppression impacted every aspect of lived and embodied experience.

In her address delivered at a conference organized by the North Carolina Black Women’s Health Project (1987) and published in the *Black Women’s Health Book* (White, 1994), Angela Davis (1994) writes:

*We have become cognizant of the urgency of contextualizing Black women’s health in relation to the prevailing political conditions. While our health is undeniably assaulted by natural forces frequently beyond our control, all too often the enemies of our physical and emotional well-being are social and political. (1994, p. 19)*

Davis details the impacts of racism, poverty, and militarization as putting Black women in extreme vulnerability to chronic illnesses such as heart disease, arthritis, diabetes, hypertension, mental health issues and various forms of cancer. She also identifies that they are more likely to not only contract diseases at rates much higher than white women, but they are also more likely to die from them (1994, p. 21).

The writing and work of Davis and Lorde may be seen in relation to women’s health movements of the 70s and 80s; however, Black feminist thought (Hill Collins, 1990) and activism did not emerge from it. Rather, as Susan Smith (1995) demonstrates in *Sick and Tired of Being Sick and Tired: Black Women’s Health Activism in America*
Black women’s health activism is rooted in a long-standing continuum of health promotion in African-American communities sustained by the grassroots organizing of Black women and the work of Black doctors in the 19th and 20th centuries who challenged scientific racism, Darwinism and biological determinism (Krieger, 1987). The work of women of colour on a variety of issues such as reproductive choice in the 70s (particularly the forced sterilizations of Black, Mexican, Puerto Rican, and Native American women) shaped women’s health movements by calling attention to the systemic aspects of women’s health. Acknowledging differences among women and coordinating strategies for health reform that take into consideration racism, economic exploitation, heterosexism and violence against women were central to these efforts.

Susan Reverby describes the challenges to women’s health activism and the shifts that took place as a result of challenges to gender-centric perspectives:

Many women activists did think through the history of their bodies and make the connections to larger political structures. They saw that resistance and agency could happen. They found ways to make knowledge become the power to transform medical and other health-care encounters when that knowledge is not just limited to more physiological or medical information. Thinking through bodies to larger political forces became a second way to structure both history and political action. (Reverby, 2003, p. 411)

Reverby (2003) cites the work of Lorde and Billye Avery, founder of the National Black Women’s Health Project, as examples of “how the lived body experience and social structures are intimately connected” (p. 412).

Marcia Bayne-Smith (1996) comments that while research on women’s health in general has been marginalized in mainstream institutions and advances have been hard won, research addressing women of colour continues to be extremely inadequate and, given their increased rates of disease and mortality, completely unacceptable (p. 2).

The status of women of colour in the United States has been determined to a large extent by the powerful abilities of race and gender to define as well as institutionalize who has access to resources, how much and what kind of resources are available to certain groups, and the manner in which those resources are provided. Race- and gender-based restrictions in education, employment, and housing, to name a few, have had deleterious impacts on the quality of life for some segments of the population and on the very
chances of survival for others. In the area of health, more than any other sphere of life, the structural restrictions of race and gender become linked to life and death. (Bayne-Smith, 1996, p. 1)

She notes that health research addressing American women of colour is in part extrapolated from health statistics for African Americans, American Indians and Alaska Natives, Asian / Pacific Islander Americans, and Latinos who are all disproportionately worse off than white groups in almost every measurement (p. 3). However, “even though research on women’s health in general has begun to move into the mainstream, there continues to be grossly inadequate information about the health and mental health status of women of color” (p.2).

While drawing on research about racially subordinated groups and women may provide insights into the health experiences of women of colour, an additive approach fails to capture the unique impacts of race and gender oppression on health. The health issues and lived experiences of women of colour are highly diverse and shaped by a myriad of interlocking social factors. Bayne-Smith (1996) acknowledges the differences in health status and social location between African Americans, American Indians and Alaska Natives, Asian / Pacific Islander Americans, and Latinos, as well as the great divides in health status as a result of income level and class status. Continuing to treat women of colour as a subgroup of racially subordinated peoples or women, perpetuates an additive approach and effaces many of the specific health risks, contexts and issues they face.

For example, Bayne-Smith (1996) makes a very important argument with regard to class and social economic status (SES), a favored social determinant of health in population health research:

Negative health status does not involve only deprivations created by lack of income. Distribution of income itself is based on race (Bayne-Smith, 1996, p. 13).….When any racial or ethnic minority group is deprived by the dominant culture of economic, political, or social resources such as respect and positive images, self-worth, and value, it becomes extremely difficult for the members of that group to function optimally in a social system, especially one as highly competitive as in the United States. (p. 14)
Bayne-Smith explains that race trumps class and income as a social determinant of health by citing a City University of New York (CUNY) study in which improved health insurance and income in Black communities does not necessarily improve access to health care and health status. The study showed that both poor and rich Black people live in neighbourhoods that are segregated from white areas in New York City. Racism is both the cause of segregation and the lack of resources available in parts of the city where Black people live: “The study indicated that, despite the gains in black income, racial segregation endures, with race being a greater barrier to integration than class” (1996, p. 15).

In British or Canadian contexts where health care is provided by the state, disparities in access to services and health status persist with those at the bottom of race, gender, ability, age, income and social status hierarchies faring worst. This suggests that biomedical care is less of a determinant of health than social factors, and / or, that despite the fact that health care is free of cost, social hierarchies of race, gender age, and ability continue to shape differential access and quality of care. As with the example provided by Bayne-Smith whereby ability to purchase health care does not delete the impacts of racism on health status and access, in Britain and Canada universal health insurance does not displace race and gender as determinants of health. Research in all three of these countries indicate that social hierarchy, particularly race, gender and class, create diminished access to health services and other social resources such as income, education, safe housing, that are foundational to positive health status.

In the collection *Wings of Gauze: Women of Colour and the Experience of Health and Illness*, the editors write:

For women of color, conditions of “health” or “illness” are inextricably tied to a multiple consciousness of their history, their status within a dominant society that affords them a secondary role, and their place within communities of color that offer both alternative sources of strength and internal problems induced by a history of repression…Many carry in the present time the legacy of the past: slavery, genocide, relocation, ghettoization, and unequal protection under the law. As a result, women of color face out of proportion to their numbers pressing problems and consequences of infant mortality and poor pediatric care, drug and alcohol abuse, hypertension and cardiovascular disease, high blood pressure, psychological stress, stroke, diabetes, breast cancer, lupus, physical
endangerment and homicide, and the likelihood that they will die at a younger age than whites. (Bair & Cayleff, 1993, p. 13)

In writing the forward to the book, health activist and the then President of the American Public Health Association Helen Rodriguez-Trias comments on the diversity among women of colour as well as the “poetic” and “factual” aspects of their experience. This is elaborated by editors Bair and Cayleff who explain that the title for the collection, taken from a poem by Nikky Finney, is meant to evoke the “two-sidedness” of women’s experiences:

Wings of Gauze represent the two-sidedness of women of color’s experience of health and illness: the side of victimization and pain, and the side of healing and self-empowerment. Wings of Gauze connote woundedness and frailty. They also connote self-help and metamorphosis: the power to heal, recover, and transcend. (p. 17)

Attention to the social contexts of health, healing and embodied experience is highly characteristic to the writing by women of colour, as is the importance of cultural knowledges. Rodriguez-Trias writes:

At one time, many groups had respected and effective traditional healers, men and women. Women were midwives and healers, helpers and sisters. But the dominant European society has waged an intense cultural assault, depriving the people of their knowledge, and also denying access to the best conventional medicine. (p. 9)

This pattern can be observed throughout the world where Indigenous knowledges have been suppressed in the name of Western scientific superiority at the same time that the benefits of biomedicine are often not made accessible. However, as contributors to this collection and other research indicate, cultural knowledges and medicines continue to play a central role in health and healing for Indigenous women and women of colour and their families (Bayne-Smith, 1996; Dei et al., 2000; Shroff, 2000; Waldron, 2005).

In Surviving in the Hour of Darkness: The Health and Wellness of Women of Colour and Indigenous Women, editor G. Sandra Harding (2005) writes:

When you live on the margins of society, you do what can to make the margins work for you (p. xix)…. Traditionally, Women of Colour and Indigenous Women find their own ways to exist outside the health care
system. Some of us find comfort in our families, friends, in God, and in holistic forms of health practices that help us to overcome whatever illness we are facing. (p. xx)

Making the margins work may involve access to biomedical care if it is available or desirable and/or reliance on health practices beyond Western medicine. While it is important to acknowledge that the strategies employed by Indigenous women and women of colour are key to their survival, it is also clear that social inequity weighs heavily on their health status despite the resilience and wisdom they use to struggle for wellness. Researchers addressing the health of Indigenous women and women of colour endeavor to highlight what works in the margins as women heal, cope and resist, as well as what is needed to dismantle social relations that perpetuate their marginalization.

Women of colour have made an invaluable contribution to health research. In *Gender, Race, Class, and Health: Intersectional Approaches*, Amy J. Schulz and Leith Mullings (2006) write: “Women of color, in particular, incorporated an intersectional analysis of health, asserting the mutually constitutive nature of race, class and gender, thereby providing an alternative analysis of health, illness and health care” (p. 15). The editors and contributors to this collection do not separate race, gender or any other social inequity from each other as discrete variables, rather they

Explicate the processes through which multiple social inequalities of race, gender, social class, and other dimensions of difference are simultaneously generated, maintained and challenged at the institutional and individual levels, shaping the health of societies, communities, and individuals. (Weber, 2006, p. 24)

This focuses on power relations as opposed to taking up race, gender and class as characteristics of individuals and communities. Lynn Weber writes: “Intersectional scholarship is thus not limited by the social science, public health and biomedical traditions that typically examine these inequalities in separate studies and generate different theories about each dimension” (p. 31). Furthermore, Weber and others note that biomedical health researchers are increasingly using intersectional approaches in order to better understand how social determinants of health as well as biological factors impact
the health of individuals and populations (Amick et al., 1995; LaVeist, 2002; Sen, George, & Ostlin, 2002).

**Violence as a Determinant of Health**

Violence is a major social determinant of health that is effaced in the medical model (Denton et al., 1999, p. 11). However, activists and researchers continue to name it as a primary determinant of health.

Taking the initiative to name for ourselves the violence we experience in our lives is both necessary and empowering, as well as essential to healthy survival beyond mere existence. Coping with the threat of physical violence is overwhelming by itself. However, we cannot stop there. Our societal definition of violence must include the direct results of poor medical care, economic inferiority, oppressive legislation, and cultural invisibility. By broadening our definition of violence, we combat the minimalization of our experiences of violence as women of color by the dominant culture. (Carraway, 1991, p. 1302)

While the scholarship and research of Indigenous women and women of colour is concerned with the interlocking of race, gender, class and sexuality, it also inevitably addresses the interconnections between health, healing, violence and oppression (Bair & Cayleff, 1993; Jiwani, 2002b; Lorde, 1984, 1994; Shroff, 1995; Tuhiwai Smith, 1999; West, 1999).

Recognizing the importance of numbers and statistics in forwarding the experiences and agendas of women of colour, Chezia Carraway (1991) comments that many obstacles stand in the way of research and high-quality data analysis. These include inadequate funding and staffing and a lack of attention to direct services. The result is the invisibility of women of colour and a lack of understanding of their experiences, issues and agendas.

The absence of comprehensive empirical data also minimized, in the public eye, the emotional, psychological, economic, and physical tolls violence takes on the health and development of women of color. Violence in its many forms, together with lack of research data, combine to create a prevailing societal message of subordination, which women of color internalize as feelings of inferiority. Research must become a priority so
that violence against women of color is no longer invisible, and therefore ignored. (Carraway, 1991, p. 1305)

Although Carraway is speaking of the U.S. context more than fifteen years ago, it is striking to note the relevance of her critique today. For current research addressing the health of Indigenous women and women of colour consistently highlights the lack of research aimed at understanding the extent of health concerns of racially subordinated women (G. S. Harding, 2005).

Andrea Smith (2005) argues in *Conquest: Sexual Violence and American Indian Genocide* that violence against Indigenous women and women of colour is central to maintaining white supremacy, patriarchy, capitalism and colonialism. She traces sexual violence against Indigenous woman (rape, murder and sterilization in particular) to the genocide of Indigenous peoples for the purpose of land theft and resource exploitation; and the resulting unsustainable economic system, environmental destruction, increasing militarization, and escalating incarcerations of people of colour in the prison industrial complex. To make her point clear with regard to gender violence and Indigenous women’s survival she writes:

> In my activist work, I have often heard the sentiment expressed in Indian country: We do not have time to address sexual/domestic violence in our communities because we have to work on “survival” issues first. However, according to U.S. Department of Justice statistics, Indian women suffer death rates twice as high as any other women in this country from domestic violence. We are clearly not surviving as long as issues of gender violence go unaddressed. (p. 137)

Smith’s approach puts Indigenous women at the centre of her analysis and strategies for social change. In doing so she writes: “To live violence free-lives, we must develop holistic strategies for addressing violence that speaks to the intersection of all forms of oppression” (p. 170).


There is no more compelling societal problem in need of redress than black women’s experience of male violence. This study arises from the
fact that in the United States, white supremacy, patriarchy, and intimate violence often represent simultaneous, heinous violations of the personal and communal becoming of African-American women. (p. 1)

Similar to Andrea Smith, West defines the impact of violence in holistic terms and argues that in order to address it holistic approaches are needed. She seeks this in her Christian theological understanding.

In Christian ethics an integrated approach to the psychological, social, and spiritual realms is needed to achieve a methodology that emulates those standards of the Gospel. Accordingly, the moral investigation of violence offered here recognized that spiritual dilemmas and resources are not only present within psychosocial ones but also further illuminate them. (1999, p. 3)

Without limiting her discussion of spirituality to the Christian religion, West theorizes women’s experiences and strategies of healing and resistance.

Healing is a regenerative process that repairs the damage of violence. It takes place when the emotional costs to women and the spiritual bonds that have been ravaged by violence are resorted and renewed…Unlike healing, resistance involves any sign of dissent with the consuming effects of intimate and social violence. When a woman survives, she accomplishes resistance…Though hardly a guarantor of healing, acts of resistance can open up possibilities for a degree of healing to take place. (1999, p. 151)

West argues against the idea that violence determines women’s lives in an absolute sense. She speaks to the importance of acknowledging resistance as a refusal to be defined as irreparably and pathologically damaged.

Therefore, while it is important to describe the possible, potent destructive impact upon victim-survivors of heterosexist, sexist, and racist cultural norms, any such analysis needs to be nuanced with consideration of the range of tactics available to women for coping with and stymieing this impact. (1999, p. 153)

The literature addressing violence against women has in common with other social determinants of health research a concern with systemic inequity and individual agency as important sources of knowledge and resistance.
In 1990, 1993 and 1995, Canadian reports on women’s health criticized the health care system as extremely inadequate when it comes to meeting the health care needs of women (Rochon Ford, 1990; Society, 1995; Women, 1993). They identify physical, emotional, sexual and economic violence as well as systemic inequity and oppression as key causes for the lack of health and well-being of all women and in particular, women who live with multiple oppressions. Echoing the 1993 report Canadian Panel on Violence Against Women that identifies violence against women as a health issue (p.205), a more recent national study titled Health Effects of Family Violence (Doherty, 2002) commissioned by Health Canada’s National Clearinghouse on Family Violence concludes that women subjected to violence experience multiple short- and long-term health problems and “require substantially more medical treatment than non-victimized people” (p. 4). Furthermore, this report finds that violence (defined as physical, emotional, financial, and sexual) is clearly a health care issue (Doherty, 2002, p. 4).

The not-so-recent 1990 report Working Together for Women’s Health: a Framework for the Development of Policies and Programs prepared by the Federal/Provincial/Territorial Working Group on Women’s Health indicates that women who face multiple oppressions experience compounded barriers to accessible appropriate health care (pp. 18-28). Women with disabilities, women living with low incomes, Native women, adolescent girls, homeless women, senior women, immigrant women and women of colour face specific forms of violence in society which are also entrenched in the health care system resulting in inadequate health care options and resources. The report states that culturally specific support strategies and healing practices are important resources for immigrant women, Aboriginal women and women of colour and must be taken into account when developing state health care policy (pp. 20-22). All of these reports indicate that violence is a health issue and that women from marginalized groups experience greater barriers to health care and demonstrate higher incidences of physical and mental health problems.

Violence Against Women: New Canadian Perspectives (2002), a collection edited by Katherine M. J. McKenna and June Larkin, brings together research grounded in intersectionality and several contributions clearly identify violence against women as a health issue. The editors define violence as physical, psychological and structural abuse
and argue “violence against women is perhaps best constructed as an issue of public health, a concern that is systemic and not just a matter of individual victims and oppressors” (p. 13). Contributor Yasmin Jiwani (2002b) explores this further in her chapter titled “Race, gender, violence and health care” to illustrate how the experience of violence (particularly spousal abuse) for immigrant women of colour is complicated by multiple forms of oppression and barriers to services. She writes: “Their gender, race and class form a juncture where multiple forces of domination intersect. The negative health effects emanating form the stresses of migration, economic exploitation, stigmatization and marginalization worsen the situation” (p. 232). In her examination of both the health effects and costs of violence, Jiwani notes: “While Health Canada’s population framework model signifies a beginning in its recognition of gender and class as determinants, it has not permeated the dominant medical discourse of the health care system” (p. 234). A system that she argues is often another site of abuse for immigrant women of colour seeking care (p. 235).

Violence against women impacts society in terms of costs that can be somewhat quantified. Tanis Day and Katherine M. J. McKenna (2002) argue that while suffering has no price tag, addressing the health care costs of violence against women provides another perspective on its impacts. They note that several other researchers have used this approach to highlight both the pervasiveness and far reaching ramifications of violence against women.

Health has been chosen out of the conviction that it is the most fundamental and comprehensive aspect of violence against women in our society. Since this paper was first released in 1995, numerous studies have reinforced the importance of viewing violence against women as a health issue, particularly from a public and community wellness perspective. (Day & McKenna, 2002, p. 318)

Their conservative “tip of the iceberg” estimate that violence against women costs just over one and a half billion dollars per year, includes medical, dental, psychiatric care, as well as costs associated with drug and alcohol abuse, impacts on children witness / victims of violence, workplace / employment costs, and social services required to provide support to victim-survivors of violence. Other estimates range from four to forty-three billion dollars annually (Association, 1999, p. 4). Similar to population health
research that links social stratification and inequity to overall poorer health and its socioeconomic costs (Raphael, 2004; Wilkinson, 2005), Day and McKenna argue that to ignore violence against women as a social determinant of health is “…a particularly striking example of bad planning, poor policy, and false economy, not to mention moral evasion of a pressing issue of social justice” (2002, p. 330).

In the anthology Surviving in the Hour of Darkness: the Health and Wellness of Women of Colour and Indigenous Women (G. S. Harding, 2005), contributor Notisha Massaquoi states that at Women’s Health in Women’s Hands, a community health centre serving Black women and women of colour in Toronto, 70% of women using mental health counselling for the year 2000 disclosed experiences of violence and abuse – a figure that is perhaps more reflective of violence against women compared to lower statistics resulting from the underreporting of violence against women globally (Massaquoi, 2005, p. 35). Massaquoi argues that violence is a determinant of health and one that affects women based on their social location (p. 39).

Without an expanded definition and response to gendered violence which takes into account the intersectional identities of Black women and women of colour, one which acknowledges the complexity of women’s lives, validates women’s experiences, understands the cultural, linguistic, racial, and class barriers embedded within the structures of society and promotes an analysis which recognizes that violence against women is embedded in racist, sexist, homophobic, economic, and political discrimination, no women will be free from violence. (p. 38)

Other contributors to this anthology also address the impacts of violence and oppression on health making it clear that violence is a primary determinant of health for women of colour and Indigenous women. In Canada, reports published by organizations such as Amnesty International (International, 2004), Justice for Girls (Czapska, Webb, Sterritt, & Taefi, 2006), FORWARD (FORWARD, 2006), FRED A (Jiwani, 2000), the Native Women’s Association of Canada (Association, 2004), as well as several government
publications further document the impacts of violence against women and identifies the need to address it broadly in social policy and research.¹³

Young racially subordinated women face increased exposure to violence and their experiences of systemic oppression, especially racism and colonialism, not only compromise their options for support but may profoundly damage their sense of identity and hamper their strategies to resist, cope with and recover from abuse (A. Ali et al., 2003; S. K. C. Collective, 1997; Handa, 2003; hooks, 1993; Jiwani, 2005; Kadi, 1996; Khanlou & Hadjukowski-Ahmed, 1999; Rice & Russell, 1995a, 1995b; A. Smith, 2005; West, 1999; White, 1994; Wilson, 2006). Furthermore, women’s survival strategies are often dismissed or pathologized when they involve challenges to authority and social inequity (FORWARD, 2006).

Different forms of violence such as that perpetrated by an abuser as well as the ongoing impacts of oppression based on race, gender, age, ability, immigration, citizenship status, language, religion, ethnicity, ability, sexuality, income, geographic residence, education, housing or any other social marker of marginalization and deprivation of material resources, determine health along with all other lived embodied experiences. While the health impacts of systemic oppression and social inequity across populations in terms of morbidity and mortality have been addressed in mainstream health promotion research (Wilkinson, 2005), intersectional health research addressing violence against women detail specific impacts that include a long list of physical, sexual, and psychological injuries that have debilitating short and long-term health consequences (Canada, 2002). Furthermore, the health consequences of violence and oppression manifest in physical, mental, emotional and spiritual ways. An intersectional analysis that emphasizes how race, gender, class, sexuality, age, and ability are mutually constituted

parallels an understanding of how the mind, body, emotions, and spirit are similarly intra-connected.

**Summary**

Investigating embodiment through health research demonstrates the connection between health, healing, violence and oppression and highlights social inequity as a primary determinant of health. Additionally, the subjective experience of social inequity and its consequences are physical, mental, emotional and spiritual. When all of these dimensions are taken into consideration, healing entails an integrated approach to embodiment by attending to the many factors that shape individual and population health. Health disparities between privileged and subordinated peoples cannot be denied. While the relationship between health, healing, violence and oppression has gained greater attention in health research and policy making in the past forty years, it has long since been at the centre of analyses and practices in anti-racist feminist, anti-colonial and decolonization struggles, research and scholarship. In particular, Indigenous women and women of colour have framed sentient-social embodiment as interlocked with systemic power relations and immediate to the needs and self-determination of individuals and collectives.
Chapter Two:
Young Diasporic South Asian Women

Introduction

In the Canadian context, and in Toronto in particular, young South Asian women constitute a sizable segment of the population that is subordinated within racial, gendered and class hierarchies. While the specificity of these experiences of violence and oppression, and the impact these have on health, convey distinct histories, social relations and complexities, they are nonetheless part of a continuum of violence and oppression that targets Indigenous women and diasporic women of colour and their communities. A major contribution to health discourses made by Indigenous women and women of colour include theorizations about embodiment as sentient (mental, physical, emotional and spiritual) and constructed through social relations of power. In addition, the claim that social inequity is a primary determinant of health and that healing is an important response to violence and oppression (and itself an equity seeking strategy), is at the core of anti-racist feminist, anti-colonial and decolonizing approaches. This chapter addresses scholarship by and about young diasporic South Asian women in order to understand their embodied experiences of social inequity and key issues regarding their responses to violence and oppression.

Experiences of Violence and Oppression

The experiences of diasporic South Asian women have been addressed in anti-racist feminist research since the 1970s, research which has expanded significantly in the following decades. This scholarship foregrounds violence against women, immigration, settlement, refugee claims, as well as theorizations on diasporic identities, representation and politics (Abraham, 1995; Bannerji, 1986, 1993; Bhattacharjee, 1997, 1999; Bowes &

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14 Diaspora refers to a people who are dispersed from their original homeland forming communities in foreign territories. In Cartographies of Diaspora (1996) Avtar Brah investigates the many formations of diaspora that may include displacement, exile and settler colonial expansion. She calls in to view the political, economic, historical contexts of diasporas to reveal that both concepts and manifestations of diasporas are constructed through social relations of power.
Domokos, 1993; Das Gupta, 1994; Dua, 1992; George, 1992; Ratna Ghosh, 1981; Ratna Ghosh, 1994; S. R. Gupta, 1999; Handa, 2003; Jiwani, 1999, 2002a; Khosla, 1991; J. C. Naidoo, 1985; Nancoo, 1993; Papp, 1995; Parmar, 1982; Rafiq, 1995; Ralston, 1991; Razack, 1998; Sahay & Piran, 1997; Sheth & Handa, 1993; Shroff, 1995; Thakur, 1992; Wilson, 1978, 2006). This research indicates that racism, patriarchy, economic exploitation, culture and identity are interconnected and form complex realities for South Asian women. Furthermore, as Enakshi Dua comments: “[the] task of identifying how gender, race and class intersect in the lives of South Asian-Canadian women, becomes important in order to formulate effective strategies for change” (1992, p.6). Said differently, an intersectional approach to understanding the experiences of South Asian women requires a “theoretical discussion...about the linkages between the variables of class, race, and gender in order to illustrate the vulnerable position South Asian women occupy in Canadian society” (Das Gupta, 1994, p. 59). These variables, Roxana Ng points out, are negotiated power relations rather than discrete, static or “fixed categories” (2003, p. 209).

Understanding social determinants of health from the perspectives and experiences of young diasporic South Asian women requires attention to the complexity of their social location that is shaped by myriad relations of power such as racism, sexism, heterosexism, hetero-normativity, ageism, ableism, capitalism, citizenship status, language, religion, place of birth and/or national and regional ancestry, and country of residence, for example. South Asian women hold diverse locations within the broad category South Asian. In reviewing the scholarship about and/or produced by South Asian women, commonalities as well as social differences feature prominently. Furthermore, the social determinants of health that contextualize their experience cannot be isolated. Racism cannot be separated from gender oppression, heterosexism, hetero-normativity, age, ability and class. Each is woven into the complexity of their experiences and inevitably shapes their health and wellbeing. The experiences of health, healing,  

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15 South Asia is a political term used to describe the geographical region that includes Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and Tibet. South Asian as a collective grouping is used in diasporic contexts to indicate region of origin as well as a political term of solidarity and as a strategic way to analyze immigration and labour patterns, as well as experiences of racial subordination in colonial settler societies. The term South Asian can be problematic in that it collapses diversity and tacitly privileges Indian, Hindu, and bourgeois subjectivities and social locations.
violence and oppression among young diasporic South Asian women can be best understood by addressing the histories of South Asian communities in diasporic contexts as well as the continuum of violence against Indigenous women and women of colour; both of which speak to their social contexts and the strategies used to negotiate them.

As a constituency of young women in Canada, young South Asian women are highly diverse in terms of religion, language, regional culture and identity, birthplace, citizenship status and migrations prior to arrival in Canada. They experience social inequities such as racism, sexism, heterosexism and homophobia, ableism and ageism along with experiences of physical, sexual, emotional and economic forms of violence (Aujila, 2000; Batacharya, 2004; S. K. C. Collective, 1997; Handa, 2003; Jiwani, 2002a; Khan, 1998; Rajiva, 2006; Rezai-Rashti, 1994; Sahay & Piran, 1997; Shroff, 1995).

Census statistics reported in 2001 name South Asians as one of the three largest visible minority populations in the Greater Toronto Area (GTA) along with Chinese and Black populations (George & Doyle, 2005; Planning, 2003). Furthermore,

Toronto's population includes a much higher percentage of visible minorities than does Canada's population. The population of Toronto is comprised of 36.8% (1,712,530) visible minorities, whereas Canada's only includes 13.4% (3,983,845) visible minorities. Overall, approximately 43.0% of all Canadian visible minorities reside in Toronto. (George & Doyle, 2005)

Based on the 2001 data, George and Doyle estimated the South Asian population in Toronto to be 10.2% of the visible minority population, approximately 473,805 people 50% of whom are living with low income (S. Canada, 2001). The 2007 Statistics Canada census report shows an increase in population with the 634, 070 South Asians living in Toronto now comprising the second largest visible minority population in the GTA (S. Canada, 2007). According to census data collected in 2006, South Asians are 13.5% of the total population of Toronto and 31.5% of the total visible minority population. Research also shows that

Two-thirds of South Asians in Toronto earn less than $30,000 per year. Over 50% of Bangladeshis, and more than 30% of Pakistanis, Tamils, Sri Lankans, and “other South Asians” live below the low-income cut-off.
Bangladeshi women earn less than any other ethno-racial group (men or women), with a median income of only $15,600 per year. (CASSA, 2008)

Overall, 21% of South Asians in Toronto live below the low-income cut-off, a measure defined in part by the a higher ratio of household income spent on food and shelter compared with average family expenditure (Fact sheet #6 understanding the racialization of poverty in Ontario: Income levels and social assistance in 2007, 2008). There is a significant population of young South Asian women living in Toronto and the need for more health research for this particular group (A. Ali et al., 2003; Khosla, 2003).

Early writing about the experiences of young diasporic South Asian women addresses racism, schooling, labour struggles, gender violence and the policing of women’s sexuality. Amrit Wilson (1978), Pratibha Parmar (1982), and Avtar Brah and Rehana Minhas (1985), were among the first to write about these issues in the British context. In Finding a Voice, Wilson examines racist immigration and social welfare practices driven by post-war labour needs in Britain. Through interviews with South Asian women she documents their strategies for survival, resilience and resistance and examines the intersection of colonialism, patriarchy, capitalism, and racism in their lives.

The racism of the state and the racism of British society now defines the wider position of Asian women in this country – as the lowest paid and most exploited workers, or as the wives and daughters of such workers – an unstable and unacceptable situation full of conflict and contradictions. Inside their families, too, their roles are in a state of flux, with the past, the peasant past, the tribal past, the colonial past each with its own particular prescription for the woman’s role constantly intruding into the present. (1978, p. 15)

In Gender, Race and Class: Asian Women in Resistance, Pratibha Parmar (1982) writes that these relations of power construct Asian women in particular ways.

Women of Asian origin range from being seen as sexually exotic creatures, ‘full of Eastern promise’, to being seen as oppressed wives and mothers completely dominated by their menfolk, having little or no control in their families (Parmar, 1982, p. 259).

These stereotypes, Parmar argues, are used to both exploit their labour and suppress resistance (p. 260). With respect to young women, cultural stereotypes position them as
dominated by parents, community and tradition and as a result, they are constructed as victims of cultural conflict, identity crises and generational conflict rather than subjected to racism, sexism and class oppression (Amos & Parmar, 1981, p. 131). Avtar Brah and Rehana Minas write: “By a simple slight of hand these explanations dismiss the reality of racism, sexism and class inequality in shaping the life chances of Asian girls” (1985, p. 16).

These scholars identify and analyze the manifestations of social inequity and violence in the lives of South Asian women during the decades following World War II in Britain. Laws and practices such as virginity tests for women immigrating to Britain and the loss of British citizenship for South Asian women who choose to marry men who did not have British citizenship, speak to the systemic racism in British immigration policy of the time (Parmar, 1982, p. 245). Labour practices also reveal the systemic racism and class structure of post-war Britain. However, Wilson, Brah and Parmar also highlight the participation of South Asian women in labour organizing and strikes, activism to challenge racism and violence against women and building solidarities among diverse South Asian constituencies and other peoples of colour, particularly Afro-Caribbean immigrant communities (Amos & Parmar, 1981, p. 129). Furthermore, all employ an integrative approach.

The ways in which capital, patriarchy and race structure Asian women’s oppression and exploitation does not make it possible or desireable to separate out the primary cause of oppression, all three factors are intrinsic to the day-to-day experiences of Asian women. (Parmar, 1982, p. 269)

Avtar Brah (1992) writes: “Capitalism, patriarchy and imperialism are not independent albeit interlocking systems – they are part of the same structure” (p. 64).

In Canada and the United States, research addressing South Asian women emerges in the late 1980s and expands significantly in the 1990s. In her chapter in Making Waves: An Anthology of Writings By and About Asian American Women (1989), Jyotsna Vaid discusses the establishment of South Asian women’s organizations between 1980 and 1985 in Canada and the U.S. In doing so she documents early challenges to

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16 The groups surveyed by Vaid include: Anamika, New York City; Committee on South Asian Women; College Station Texas; Committee on South Asian Women, Madison, Wisconsin; Indian Women’s
racism, sexism and economic exploitation. Like the British context, activists in the three groups in Canada and eight in the United States address violence against women and related factors such as immigration sponsorship dependence on the husband, forced marriage, language barriers, economic dependency, and a lack of resources or knowledge of where to get help (Vaid, 1989, p. 398). Vaid notes that funding, lack of community support and debates over whether to prioritize service provision or political struggle were among the greatest challenges facing these groups (p. 402).

Writing about the Canadian context, Himani Bannerji (1993) critiques the category visible minority to reveal the links between labour exploitation and racial subordination of South Asian women. She explains the contradiction of the term visible minority in a white settler society that requires others to be marked at the same time they are excluded from view in the dominant culture as a means of obscuring their exploitation (Bannerji, 1993, p. 179). While they are absent in images representing Canada to itself (largely through the media), Bannerji notes that they are highly visible in stereotyped images.

Passivity, docility, silence, illiteracy, uncleanliness, smell of curry, and fertility are some of the things that the dominant culture “knows” about us. They provide the content of our racist experiences – that well-aimed spit or cry of “Fucking Paki bitch!” (Bannerji, 1993, p. 180)

Within the context of economic exploitation and racist oppression, identifying and working to end violence against South Asian women is a complex project. Punam Khosla (1991) addressed this at a family violence conference held in Montreal in 1990.

The steady diet of hatred, degradation, erasure and attack that is a requisite part of our lives here has driven us into a tight corner. This becomes a trap where we need our community so badly that we impose a silence upon ourselves about the contradictions, conflicts and degradations inside of it. (Khosla, 1991, p. 80)

Association, Pullman, Washington; Manavi, New Jersey; Samaanta, Vancouver, British Columbia; South Asia Community Center, Montreal, Quebec; South Asian Women’s Group, Toronto, Ontario; and the Women from the Indian Subcontinent in Michigan, Ann Arbor, Michigan.
Both Bannerji and Khosla speak to the context of racism and the ways that it promotes invisibility and silence with regard to economic exploitation, racist attacks and violence against women.

Other writing and research identifies the difficulties of addressing violence in ways that challenge many forms of oppression simultaneously. V.K. Aruna (1992) writes about violence’s against South Asian lesbians that include immigration, deportation processes, sexism, heterosexism, and racism.

Imagine the psychological and emotional dilemma of a Lesbian who realizes that having left “home” to avoid marriage, she now has to marry to remain in the U.S. Imagine her constant fear of being caught, and her isolation if she is abused by her “paper husband.” How does she survive that act of bartering one oppression for another to buy her “freedom”? And if she is a feminist, at what price does the greencard come when she is now defined by her relationship to her male sponsor? Does any act of barter ever cease to be just that -- and exchange of weapons with which to kill us anyway? In the end does it matter whether it is execution by stoning or execution by gas? (Aruna, 1992, p. 63)

Configurations of oppression and violence are varied and highly complex. The dilemmas articulated by Aruna pervade the writing and research by and about South Asian women suggesting that choosing among the least of many evils is an ongoing act of survival.

Research and writing from the perspective of interlocking of oppressions also documents the experiences of immigrant women with disabilities who are married for immigration access to Canada (Nancoo, 1993, p. 49). Furthermore, there are also higher incidents of abuse for women with disabilities and a lack of appropriate health care and social services resources for women with disabilities in abusive relationships (Rochon Ford, 1990, p. 18-20). Labour exploitation, language discrimination and exclusion, patriarchy, nationalism, imperialism, colonialism, orientalism, heterosexism, and war create a multitude of issues for South Asian women (Bannerji, 1986; Das Gupta, 1994; Khosla, 1991).

Overall, mainstream social services and the health care system do not take into consideration the complexity of South Asian women’s needs. Just as the medical system is androcentric and Eurocentric, many social services and medical care organizations fail
to consider the realities of women living outside the mainstream who face multiple oppressions. Anannya Bhattacharjee discusses this in her analysis of anti-violence work with South Asian women. She argues that mainstream feminist anti-violence work maintains a public / private divide while bringing the private world of women (home) into the public domain (state). This strategy may be effective for women who are considered citizens of the state, but as Bhattacharjee argues, it does not account for the experiences of women who are not citizens of the nation in which they live, women who are domestic workers (women who perform the public act of labour in the private home of the employer), and women who are exiled from their “ethnic community” (Bhattacharjee, 1997, p. 329). Furthermore, South Asian community elites are invested in keeping survivors invisible precisely because they disrupt the idea of a homogeneous nationalistic model minority identity, which has functioned as a powerful platform to secure economic and political privileges in diasporic contexts (Bhattacharjee, 1999, p. 243).

Immigration policies, language barriers and economic exploitation figure centrally in the lives of South Asian women and impact the experience of violence as well as the experience of accessing help.

Women who come to Canada as sisters, wives, parents, or grand-parents become increasingly dependent on their sponsors -- their brothers, sons, grandsons and husbands... [in] the working world [they] have to come to terms with racism, as well as confronting...restriction to ghettoized sectors of the work force, wage discrimination, lack of professional retraining and a scarcity of, or expensive child care facilities. Given their vulnerable position in and outside the home, these women become easy targets for abuse, and many suffer in silence without ever reaching for help. (Thakur, 1992, p. 30)

These circumstances are clearly articulated in The Seven of Us Survived by Aruna Papp (1995), in which she writes about her own experience of wife abuse, her healing process and the women she encounters during her journey. In the dedication to her book, Papp details the complex circumstances in which South Asian women live and the lack of options for dealing with violence.

Issues such as domestic violence, sexual abuse, incest, arranged marriages, and dowry blackmail have not been studied and reported on. Nor have
they been discussed much within the South Asian community. In this book, I want to present the experiences of women that have rarely surfaced before. I want to deal with some of the cultural issues that act as barriers to reporting wife abuse and prevent women from seeking services in their community or leaving abusive marriages. There is also a lack of culturally and linguistically appropriate services available to the victims of wife abuse. (Papp, 1995, p. v)

She also acknowledges the impact that violence has on young South Asian women.

I am also writing for my daughters and for all the daughters of abused South Asian women. These girls have witnessed scenes of incredible violence against their mothers and may have been abused themselves. Many have been tremendously angry at their mothers for submitting to the abuse, even while they were trying to protect them....Our daughters’ worlds are at war with ours. We came to Canada with all the traditions and values of our countries of origin. However, we soon discovered that we could not bring our daughters up as we had been raised...While adults of our culture do not speak willingly of issues such as sex and birth control, our children can pick up free condoms in the washrooms at school. The struggles of our daughters to define their lives in this blended culture have given rise to many acts of great courage and determination. (p. iii)

Similarly, Ratna Ghosh writes: “The conflict between peer and family pressure can cause tremendous confusion for second generation women” (1981, p. 60). She argues that second generation women share in the struggles of first generation women but also experience issues that are very specific to their bi-cultural location.

Both first and second generation women of South Asian origin potentially face conflicts. Although they are more prone to depression than men, South Asian Canadian women seldom express familial conflict. There is still a denial or neglect of women’s health concerns, particularly if they are psychological....However, some cases of suicide attempts, school problems, depression, under-achievement, and elective autism among children and adolescents are occasionally observed. (p. 62)

Scholarship addressing violence and oppression in the lives of diasporic South Asian women clearly indicate the interlocking nature of social hierarchies and the detrimental effects that subordination have on their health and wellbeing.
Health, Healing and Identity

Awareness and understanding of the social relations of power that produce violence and oppression has been identified as a crucial component in healing among oppressed people with respect to self-perception and agency (Freire, 1970; hooks, 1993; Tuhiwai Smith, 1999). Yasmin Jiwani writes “In a context marked by inequalities and imbalances of power, recognition of the reality is a necessary first step toward intervention. Violence prevention education seeks to impart an understanding of this reality” (Jiwani, 1999, p.22). Anti-racist feminist approaches assert the connection between individual well-being and the social relations that determine it. Common issues of concern that are discussed in the literature by and about South Asian women include; the complexity of living with multiple oppressions; intersections between systemic and physical, emotional, and sexual violence; the need for culturally informed services and the impact of violence on the health and well-being of South Asian women.

Early research in Toronto is documented in publications such as Dating: The South Asian Experience (D. Collective, 1988), and community initiatives such as The Youth Access Project (1994), at the South Asian Women’s Centre (SAWC). Harjeet Badwall (1994), coordinator of the project and author of the report comments:

Too often South Asian young women do not turn to their families or the social services during crisis. There is a broad range of issues that effect South Asian youth growing up in Canada, for example systemic racism, disenfranchisement, alienation from larger community, the duality of cultures. It has been made evident through this project that when South Asian youth reach out to social services, the social service system as it stands does not meet their needs. (Badwall, 1994, p. 2)

These issues were identified through a process of outreach and collective discussion. In response to the situation, the youth group at the SAWC contacted social service agencies serving youth and South Asian people. They observed, “gaps or barriers within these services which do not meet the needs [of many South Asian youth]. As a result South Asian young women do not access services” (Badwall, 1994, p. 2).
Shakti Kee Awaaz, an Anthology by Emerging Young South Asian and Indo-Caribbean Women Writers and Artists (1997), published in Toronto documents the experiences and agency of the contributors. The editors describe the book as an Anthology of literature and art would allow young women to identify and define the issues affecting them. A “how-to” manual we felt would be patronising to the reader and would simplify and essentialize their experiences and identities. After much discussion, we felt far more comfortable about having young women speak for themselves. And so they do - they write of love, sexuality, family, identity, grief, eating disorders, abuse, empowerment, racism, joy, the immigration experience, - and much more! (S. K. C. Collective, 1997, p.3)

This anthology highlights the diversity among the contributors and the social relations that shape their experiences. It is among a growing body of research addressing young diasporic South Asian women living in Canada, the United States and Britain (Aujila, 2000; Batacharya, 2004; Brah, 1992; Brah & Minhas, 1985; S. R. Gupta, 1999; Handa, 2003; Hernandez & Rehman, 2002; Jiwani, 2002a; Khan, 1998; Mody, 2002; Piepzna-Samarasinha, 2002; Puar, 1995; Qureshi, 1992; Rafiq, 1995; Rajiva, 2004, 2006; Rezai-Rashti, 1994; Sayeed, 2002; Sethi, 2002; Wilson, 2006; Zahir, 2003)

In the Canadian context, scholarship addressing racism experienced by second-generation South Asian women reveals the complex ways that identity, emotions and agency take shape in relation to family, community and European settler culture. In her PhD dissertation Amita Handa argues that “culture conflict” obscures the systemic sources of violence against young South Asian women (Handa, 1997). She interrogates discourses of culture conflict and bi-cultural pressure to expose how culture is often presented as the source of stress and violence for second generation South Asian women. She argues that the discourse of culture conflict obscures systemic sources of violence.

17 Handa, Amita. Caught Between Omissions: Exploring “Culture Conflict” Among Second Generation South Asian Women in Canada University of Toronto, unpublished dissertation, 1997. “Culture conflict” as discussed by Amita Handa, constructs young South Asian women as caught between “traditional” South Asian culture and a “modern” Canadian culture. These mutually exclusive, internally homogenous categories are constructed through colonial, nationalist, modernist, patriarchal discourses. Similar and connected to the concept of “moral panic”, the discourse of “culture conflict” obscures relations of power and domination by attributing racist and sexist violence against young South Asian women to their lack of success in assimilating to the dominant culture and/or the supposed backward “traditional” cultural beliefs and practices of South Asian people (p. 4). Also see Chapter Five: Colonial Discourses: Nation, Tradition, Culture and Women (pp.157-185).
against young South Asian women by constructing young South Asian women as caught between a so-called traditional South Asian culture and a modern Canadian culture. The concept culture conflict obscures social inequity by attributing racist and sexist violence against young South Asian women to their lack of success in assimilating to the dominant culture and/or maintaining the cultural beliefs and practices in their South Asian communities.

In her discussion about bi-cultural pressure Handa (1997) argues that culture is not the source of the stress and violence to which young South Asian women are subjected. She further argues that while it is important to acknowledge the specific cultural context of young South Asian women, culture is not a static essential phenomenon that inevitably produces conflict. Sherene Razack writes:

Culture talk is clearly a double-edged sword. It packages difference as inferiority and obscures gender-based domination within communities, yet cultural considerations are important for contextualizing oppressed groups’ claims for justice, for improving their access to services, and for requiring dominant groups to examine the invisible cultural advantages they enjoy. (Razack, 1994, p. 896)

When young South Asian women are described as caught between cultures, they are constructed as different from white Canadians and counterpoised to the supposed liberty and equality that white youth enjoy in the dominant culture. This narrative supports Canadian multiculturalism and nationalism in that it obscures the systems of oppression that operate in both South Asian communities and in the dominant society. Furthermore it provides the backdrop for representations of young South Asian women as patriarchal symbols of community integrity and respectability or, as symbols of South Asian depravity and backwardness within the dominant Canadian culture (Handa, 2003).

Handa (1997) discusses the experiences of young South Asian women in terms of the violence and oppression they live with as well as the many acts of resistance they demonstrate. Her research further documents the existence of sexual abuse, assault, racism, sexism and heterosexism in the lives of young South Asian women. It also illustrates their resistance and survival strategies.
In my own self-reflection and analyses of interviews with young South Asian women, I was struck by one recurring theme: the continuous negotiation of identities, changing of roles, wearing of masks, and safeguarding of secrets.” (Handa, 2003, p. 23)

What becomes clear in Handa’s analysis is that some forms of resistance take a tremendous toll on these young women. For example, she argues that shifting subjectivity is both a resistance to racist stereotypes and patriarchal roles and an ambivalent acceptance of certain status quos in both South Asian and mainstream contexts, each with distinct detrimental impacts.

The narrative of identity for diasporic youth is multiple. It is both subversive and status quo. While it breaks with static notions of traditional authenticity, it represents a form of cultural resistance that is fashioned around a narrative of nationalism and masculinity. (Handa, 2003, p. 158)

In other words, Handa argues that while many of her interviewees construct identities as a way of building cultural esteem in the face of unrelenting racism, they often comply with racial, religious, and gender dichotomies and hierarchies.

Mythili Rajiva’s (2006) research investigates the gendering and racialization of young South Asian women as interlocked with social constructions of the category of youth. By first challenging “youth” as a stable and universal category, she proceeds to identify adolescence as

A developmental period in modern Western societies that has been constructed and lived as a crucial stage of identity formation. If adolescence is all about “becoming somebody,” an inextricable part of this project also involves “belonging somewhere.” For both dominant and marginalized subjects, this entails a process of identifying, policing and/or negotiating the boundaries around belonging. (Rajiva, 2006, p.166)

For the women Rajiva interviews, it is clear that the experience of adolescence, that is the process of becoming and belonging in Canada, is deeply racialized, gendered and shaped by other social relations such as class and sexuality. In her interviews with adult women she writes:

In many of the above accounts, adult women narrate their racialized pasts through strong emotions such as fear, and shame, suggesting that these experiences had a significant existential impact on their sense of belonging
and self-worth. We still do not know to what extent adolescents experience racism as trauma, and how they cope with the potentially long-term effects in adulthood. (p. 180)

Rajiva highlights that Western adolescence, the process of becoming a racialized self, is a key aspect of second generation South Asian women’s experiences. One that she suggests may distinguish them from first generation South Asian women who come to the West as adult women.

North American activists and researchers consistently highlight the effects of violence and oppression on health and wellbeing.

As South Asian women, we have many wounds to heal…. Colonialism ... European domination ... Racism's tentacles reach far and wide, affecting our mental and often physical health. Other wounds are class and caste discrimination and the poverty in which this places so many of us ... Compulsory heterosexuality is another form of oppression which takes away meaning in many women's lives ... the many forms of violence in which this exploitation manifests itself are also extremely damaging. (Shroff, 1995, p.55)

Research on South Asian women in England reveals a similar perspective.

For many Asian people, harassment on racial grounds is a regular experience, psychologically wearing and sometimes physically restricting…Structural and interpersonal racism have therefore to be seen as influencing Asian health, additionally to other environmental factors. (Bowes & Domokos, 1993, p.624)

Feminists and anti-racist activists repeatedly identify violence and oppression as health issues. Research addressing the experiences of young diasporic South Asian women is no exception. In the city of Toronto young women of colour have been identified as demonstrating vulnerability to violence and lower rates of access to health and social services (A. Ali et al., 2003; Khosla, 2003). Inaccessible or inappropriate health services create highly complex situations in which many young South Asian women are forced to negotiate their health and wellbeing (Badwall, 1994). While young women may find ways to survive and seek support despite barriers to services and the violence they contend with, there is a dire need for systemic social change that would support these strategies and remove the root causes of the violence and oppression they are faced with.
In the Euro-Canadian mainstream context as well as in diasporic South Asian community spaces, young South Asian women face a “double jeopardy” (Jiwani, 1998, p. 3). That is, victims of physical, emotional and sexual violence experience challenges accessing help both within the South Asian community and the dominant culture. For example, a young South Asian woman who is assaulted may face victim-blaming from her family and community as well as racism from mainstream social services where racist (and sexist) stereotypes about South Asian women and culture are pervasive. The aforementioned research elaborates the limited and often jeopardizing options for young South Asian women seeking support.

One compelling example of this is the high profile case of Reena Virk, a young South Asian woman who was beaten and murdered on November 14, 1997. Reena entered the foster care system at the age of 13 in Victoria, British Colombia. From the often vague and sensational media coverage, there is much evidence that illustrates the difficult negotiations Reena made between mainstream social services, the education system and her family with regard to abuse, racism, sexism and her search for respect and belonging (Batacharya, 2004; Jiwani, 2002a; Rajiva & Batacharya, forthcoming). I, along with other scholars, maintain that racism, as it interlocks with other systems of oppression, is central to the murder of Reena Virk despite the lack of attention to her social location and that of her attackers in the media and legal protocols surrounding this case. Reena Virk faced multiple forms of violence and oppression. Sadly, her life and brutal death demonstrate how one young South Asian woman was victimized through the symbiotic functioning of racism, heterosexism, sexism, classism, fat oppression, skin colour racism, and ageism underlying the vulnerable position that young women of colour occupy in our society.

**Summary**

Research addressing the experience of social inequity among young diasporic South Asian women is indebted to and part of anti-racist feminist, anti-colonial and decolonizing activism and scholarship. This chapter attends to some of the specificities that young diasporic South Asian women encounter in their negotiations with social
inequity. However, there are also many commonalities between the embodied consequences of violence and oppression that they and other racially subordinated women encounter. In later chapters the participants in this study speak about violence and oppression in their discussions about embodiment and healing. The social contexts that shape embodied experiences are particularly important in their discussions of sentient experiences of mind, body, breath, emotions and spirit. And as the literature reviewed in this section indicates, sentient-social components of embodiment are inextricably co-constituted.
Chapter Three: New Age and Yoga Discourses on Embodiment and Healing

Introduction

Having explored the embodied consequences of social inequity and the importance of healing for subordinated groups, including young diasporic South Asian women, I now examine embodiment and healing discourses. Discourse is the term used to describe the relationship of individual and/or collective statements made through the act of speaking and in institutional operations (e.g., the media, academia, public education and health care). Discourse analysis addresses continuities and discontinuities of statements that shape beliefs and the process of knowing. Michel Foucault argues that power relations determine discourse and that knowledge is “a matter of the social, historical and political conditions under which, for example, statements come to count as true or false” (McHoul & Grace, 1993, p. 29). His insights have been used to challenge social inequity and taken for granted understandings of society and knowledge production. “Foucault’s idea of discourse shows the historically specific relations between disciplines (defined bodies of knowledge) and disciplinary practices (forms of social control and social possibility)” (p. 26).

It is important to address the ways that embodiment and healing are discoursed in order to distinguish between hegemonic and counter hegemonic meanings and practices. For, just as the material dimension of social inequity has embodied consequences, so too do discourses. In her discussion of Foucault’s contribution to discourse analysis, Susan Hekman writes:

The goal of Foucault’s analyses of discourses in all of his works is to reveal how discourses shape the material reality in which we live. For Foucault, changes in discourses result in very real changes in our physical world. (2008, p. 100)

She then argues that “his brilliant analyses of the carceral society are predicated on the assumption that bodies are crafted by discourse and that this crafting has very real consequences for how those bodies inhabit cultural space” (Hekman, 2008, p. 101). If, as
I’ve argued, healing is an important response to the embodied consequences of violence and oppression, what kinds of discursive approaches to embodiment and healing are helpful or hindering? What is meant by “healing” in different historical contexts and frameworks? What are the different understandings of embodiment that underpin healing discourses?

New Age discourses that inform popular understandings of embodiment and healing elaborate on the co-constitution of mind, body, and spirit; however, social relations of power are often effaced. Furthermore, New Age knowledge production provides an important example of how Western cultural dominance, appropriations and reinterpretations of Indigenous knowledges are rarely acknowledged or critically engaged, despite the widespread recourse to Indigenous knowledges for teachings about embodied learning and holistic healing. By examining New Age discourses, it is possible to trace social relations of power as well as how they are effaced in hegemonic discourses pertaining to embodiment and healing.

Yoga is an Indigenous knowledge that provides a framework for participants’ embodied learning in this study. When referring to Indigenous knowledges I am aware of the problems associated with collapsing differences and distinctions between peoples and their “world sense” (Oyewumi, 1997) knowledges and practices by way of generalizations, homogenization, and the failure to acknowledge power differentials and relationships among Indigenous peoples. However, just as it is possible to trace patterns of consistency among the experiences of diverse racially subordinated groups, it is also possible and useful to note commonalities among Indigenous knowledges and practices. Furthermore, I agree with Dei, Hall and Golden Rosenberg who write:

This body of knowledge is diverse and complex given the histories, cultures, and lived realities of people….Indigenous knowledges are emerging again in the present day as a response to the growing awareness that the world’s subordinated peoples and their values have been marginalized – that their past and present experiences have been flooded out by the rise in influence of Western industrial capital. (2000, p. 6)
The counter hegemonic aspect of Indigenous knowledges is as important as the high regard for process, relationships among all things, and lived embodied sentient-social experience as inextricable components of knowing and being.

This chapter begins with a critique of New Age philosophies and movements. It concludes with an investigation of Yogic knowledge production. In both sections embodiment and healing discourses and practices are contextualized using critical scholarship about Indigenous knowledges and theorized using anti-racist feminism, anti-colonial and decolonization frameworks. This approach to Yoga, and indeed embodiment and healing, contradicts New Age discourses that predominate in Euro-North American contexts. In short, this chapter is an account of embodiment and healing discourses as a way of establishing a counter hegemonic framework capable of addressing sentient-social embodiment for racially subordinated bodies.

*Embodying the Exotic Other: New Age Healing*

Despite claims to novelty, New Age discourse is consistent with other developments in Western thought, particularly regarding the Enlightenment and its offshoot, Romanticism. The Enlightenment is generally understood as a late 17th and 18th century period characterized by specific trends in knowledge production in England and France (Hammer, 2001, p.4). Notions of rationalism, absolute and universal truth, empiricism and materialism are attributed to scientists and philosophers such as Sir Isaac Newton (1642-1727) and John Locke (1632-1704) who proposed that science could reveal the workings of the material world, dispel religious superstition and usher in an era of liberty, freedom and democracy (Zeitlin, 1990, pp.1-6). The Enlightenment project is predicated on the belief that worldly matter can be mastered in hierarchical and categorical terms by men of reason. The ability to reason is, however, the exclusive domain of men of European ancestry who are also the subjects that notions of liberty and freedom apply to. Furthermore, race and gender, important categories in the Enlightenment world-view, are presented as purely factual when used to justify and organize colonial projects (Loomba, 1998, p. 64).
Romanticism is a movement within the Enlightenment period and maintains many of its premises. Reacting to Enlightenment priorities of reason and empiricism, romanticism privileges individual subjectivity, aesthetics and emotions. However, Romantic thought does not challenge a hierarchical world view nor the rationalist aims of the Enlightenment. It does, however, emphasize passion, creativity, and the “inner quest” as a means of privileging the individual and fulfilling man’s destiny of mastering the physical world. Furthermore, as Raymond Williams (1996) argues in The Politics of Modernism, a fascination during the Romantic Movement with the folk art of marginal peoples, defined as primitive and exotic, was made widely available through European imperialism (1996, p. 53). He writes: “These appeals to the ‘Other’ – in fact highly developed arts of their own places – are combined with an underlying association of the ‘primitive’ and the ‘unconscious’” (1996, p. 53). Thus, the Romantic spiritual inner quest into the unconscious is inextricable from the fetishized, exoticized and racialized Other.

New Age discourse is often presented as a break from, rather than heir to, the Enlightenment and Romanticism. In fact, great effort is taken to obscure Western traditions in New Age philosophies, and this facilitates Indigenous knowledge appropriations and reinterpretations. Theosophy (1870-1910) and New Age movements (1960-present) are two striking examples that provide many examples of how Indigenous knowledges are reinterpreted in ways that maintain the basic elements of Enlightenment and Romantic thinking despite claims to a return to other ancient ways of knowing. For example, while Theosophy and New Age thinkers oppose institutionalized medicine and religion, they remain committed to competitive individualism and hierarchical views of peoples and their cultures. Discourses on healing and embodiment figure prominently in New Age philosophy especially with respect to the pursuit of utopian social transformation.

In the late 19th and early 20th century, at the height of British colonial power, several American religious movements developed in reaction to a culture of self-denial promoted by Calvinism and democratic republicanism (Tumber, 2002, p. 3). Along with
other “New Thought” religions, Theosophy was an aggressively optimistic Gnostic\(^{18}\) revival. Unlike the Hellenic Gnostic philosophy of the late Roman Empire, characterized by nihilism and despair, American Theosophy opted for the opposite extreme; utopianism and “insistent cheerfulness” (Tumber, 2002, p. 3). The dualism between matter and spirit found in ancient Gnosticism (in which matter was essentially evil) can be found in Theosophical teachings that advocate the pursuit of spiritual liberation not by completely renouncing the material world but rather through an obsessive engagement with the self. “In place of the self-annihilation associated with ‘eastern ideals,’ these Gnostic reformers argued for an occult version of the higher self, which sought to appropriate for human use control over the unseen forces of nature” (p. 115).

Some Theosophists promoted their ideas as an alternative to Christianity defined as institutional and representative of Enlightenment thinking (ironically some Enlightenment thinkers disdained Christianity for its irrationality). Like Romantic thought, Theosophy privileged an internal quest as a radical alternative to the prevailing social order (Hammer, 2001, p. 73). Founded in New York City in 1875 by Helena Petrovna Blavatsky and Colonel Olcott, Theosophy was based on appropriations and reinterpretations of Eastern esoteric knowledges. These were woven in to a system of spiritual evolution that on one hand can be understood as a reaction against the dominant political and religious institutions of post-civil war American society, and on the other, as an adaptation to the spirit of competitive entrepreneurship that was central to republican politics and the rise of corporate industrial capitalism (Tumber, 2002, p. 6). Theosophy countered political individualism with spiritual individualism defined as an entrepreneurial project. In other words, while contrasting with political individualism, Theosophy did not challenge the notion of the autonomous “liberal subject” (Power, 2005).\(^{19}\) It did, however, provide an opportunity for white middle class men and women

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\(^{18}\) Gnosticism: “n. a religious movement characterized by a belief in gnosis, through which the spiritual element in man could be released from its bondage in matter: regarded as heresy by the Christian Church” (Hanks, 1986).

\(^{19}\) The Enlightenment subject is constructed as having liberty (autonomous freedom to pursue goals usually defined in terms of material prosperity and social power). The autonomous liberal subject is a dominant subject who enjoys material gain and exercises freedom at the expense of inferiorized others all the while celebrating freedom as universal. In other words, the autonomous liberal subject claims that freedom is accessible to everyone although it must be earned. Those who do not have freedom are not deserving of it by virtue of having not earned it. For example, according to this ideology, women, Indigenous peoples,
who were alienated (or in the case of women, excluded) from the sphere of politics, to engage in individualism and dominant subject formation by focusing on spiritual development and self-healing (Tumber, 2002, p. 50).

In Claiming Knowledge, Olav Hammer argues that while Blavatsky claimed to have studied with Tibetan and Indian spiritual teachers, it is more likely that she acquired information about the Indigenous knowledges of Africa and Asia through secondary sources of Romantic writers and through Masonic and other fringe esoteric involvements (Hammer, 2001, p. 59). While her claims to have received psychic transmissions and written correspondence directly from living Tibetan and Indian spiritual masters may seem fantastic to begin with, greater evidence of her fabrications can be found in her writings that are replete with inconsistencies and inaccuracies (Hammer, 2001, p. 60). He remarks that her first book titled Isis Unveiled (1877) is an attempt to integrate a vast array of esoteric knowledges from diverse cultures and histories in order to make them “relevant in an age of religious doubt and scientific materialism” (Hammer, 2001, p. 61). Her project of universalizing all spiritual knowledges was inherently reductionist and homogenizing and further explains the misinterpretations and fabrications characteristic to Theosophical teachings.

Theosophical teachings are simultaneously homogenizing and hierarchical. Furthermore, proponents are selective and fickle in their musings on ancient and esoteric knowledges. At the time when Blavatsky and other New Thought writers were producing treatises, great liberties were taken with regard to historical, religious, geographical and archeological scholarship used to substantiate Theosophical claims (Hammer, 2001, p. 90). At the end of the 19th century most texts concerning African and Indian culture and history were written within the tradition of Orientalism for an academic audience; a body of scholarship replete with racist and sexist representations in the service of imperialism and colonialism (Said, 1979; Yegenoglu, 1998). Theosophists relied on Romantic secondary sources to construct a theory in which “timeless wisdom” was imparted to ancient spiritual adepts who had survived the destruction of Atlantis by immigrating to

disabled peoples are defined as not responsible and therefore undeserving of freedom. Elaine M. Power writes: “Liberalism depends on the ‘unfreedom’ of some to ensure that the rest will consent to be governed
Egypt, Tibet and India (Hammer, 2001, p. 112). Blavatsky’s initial preoccupation with Egypt later shifted to India and Tibet. In seeking the exotic “positive Other” she adapted her accounts of the source and authorities of esoteric spiritual knowledge (p. 87). For example, Blavatsky initially defined Egyptians as Aryans “whose spiritual traditions should thus represent a purer form of the ancient wisdom religion” (p. 112). Later she abandons her Egyptian masters in favor of Indian ones. Hammer notes that this shift was consistent with a shift in Theosophy in general.

Categorizing ancient knowledges and cultures in terms of authenticity by way of racial hierarchy is a reoccurring feature of Theosophical thought. A contemporary of Blavatsky, William Q. Judge makes the anti-Semitic claim that ancient contact between Egypt and India was severed and that the Egyptian esoteric spiritual knowledge was lost in transmission to the Jews. He claims that adepts in India kept this knowledge intact. Judge also explained the survival of ancient spiritual knowledge through a process of reincarnation in which ancient Egyptian souls consistently found their way to European bodies (Hammer, 2001p. 112). Hammer states that this line of thinking has a parallel in German Romanticism, where it was used to developed into a nationalist agenda predicated on the belief in Aryan ancestry and racial superiority (p. 120). He writes: “Theosophy is an amalgam of both discourses: Blavatsly’s synthesizing genius adopted both the Romantic and the racial versions of positive Orientalism. She constructed a historical myth which incorporated races and sub-races” (p. 121). Blavatsky also advocated a nationalist agenda based on the writings of Edward Bellamy, who predicted the evolution of an American corporate army that included gender equity whilst advocating that Native people be incarcerated on reservations should they resist progress and human evolution as he saw it (Tumber, 2002, p. 90). Bellamy’s utopian prophecies are based on a deterministic notion of evolutionary progress that attracted Blavatsky and

in and through freedom. While some members of society are judged to be capable of properly governing themselves through freedom, others, are not” (Power, 2005, p. 644).
was endorsed by Annie Bessant\textsuperscript{20} when she assumed the Theosophical leadership after Blavatsky’s death in 1891 (p. 90).

By appropriating and synthesizing knowledges from distinct historical, geographical and cultural contexts, Theosophists asserted a universal spiritual knowledge that could only be understood by the spiritually advanced who knew how to extract and translate esoteric knowledges. While many Theosophists claimed their authority on the authenticity they granted the spiritual masters of the East, their self-appointed position as the chosen recipients and teachers of this knowledge bolstered notions of European superiority in the arena of esoteric spirituality. It was the ancient knowledge of the East, not the people of the East that were revered. In fact, a clear distinction was made between the spiritually advanced Egyptian and Indian ancestors and the “backward” peoples that were their ignorant heirs (Hammer, 2001, p. 170).

Whether it was based on initiation by spiritual adepts, psychic transmission, or the belief in a past life as an ancient spiritual master, Theosophists constructed a form of spirituality that supported a utopian vision of the future based on social and spiritual hierarchies as well as evolutionary determinism (Hammer, 2001, p. 54). Generalizations, ahistoric interpretations and decontextualized appropriations were central to this project. The license to take such liberties was secured in the name of spiritual freedom, individualism, and a solipsistic understanding of spiritual development; more importantly, it was mediated by the material colonial relations of power. Theosophy was conceived of as a counter-culture opposition to the authority of the state and church, but it upheld racial and cultural hierarchies. In fact, Theosophists supported colonialism as a necessity in Eastern countries they defined as plagued by Indigenous despotism (Tumber, 2002, p. 131).

Theosophy promoted an internal revolution concerned with the “feminine” sphere of emotions, manners and the private realms of the public / private divide (Tumber, 2002p. 162). However, self-healing, renunciation of the material world and mind over

\textsuperscript{20} Interpal Grewal notes that celebrated suffragette and Indian anti-colonial movement supporter Annie Bessant’s “openness to Hindu culture and religion came more from a problematic universalism than from a reaction to British values. She fought for India’s home Rule and for its status as dominion or common-wealth but was not comfortable with a struggle for complete independence from Britian” (1996, 66).
matter did little to address women’s subordination; they merely offered an illusory sense of liberation based on the exotic Other. Hammer writes:

- The Esoteric Tradition indeed engages its adherents in such identity work: reflexively by presenting the reader as an incomplete project in a constant spiritual progress, as a series of options by seeing a range of exotic cultures as possible Others to use as mirrors in which to judge the success or failures of our own lives. (2001, p. 12)

Tumber writes that “for all its claims to securing women’s subjectivity, the gnosticism of New Thought undermined personal identity and political will” (Tumber, 2002, p. 162). Theosophy provided a framework in which one could indulge in the production of a dominant subjectivity even if the conditions of that were limited by gender, contained within the private sphere and experienced only as a mental state. However, it should be noted that the ability to maintain a Theosophical perspective and engage in their activities (retreats, meetings, and newsletters) depended on material conditions. Only the privileged middle classes could afford to opt out of the messiness of the material world by simply looking away from it. For many who tried, the material conditions of lived experience eventually caught up with them. This may explain why Theosophy flourished after the American Civil war but declined before American involvement in the First World War (Tumber, 2002, p. 125).

- Romanticism informs late 19th century Theosophical articulations of embodiment and healing hinge on the positive exotic Other, utopian evolutionary determinism, the inner quest, and self-healing. New Age movements inherit these constructions of embodiment and healing while furthering Western liberal individualism. In contemporary New Age knowledge production, embodiment is discoursed in terms of mind, body and spirit but social relations of power, and the history of Western knowledge production to which it is heir, continues to be effaced. Furthermore, healing once again figures prominently as a path to self-improvement equated with progress towards social harmony, albeit one predicated on a utopian and hierarchical world view.

Just as Theosophy is rooted in the Enlightenment, Romanticism and Orientalism, New Age is also part of a continuum in Western knowledge production. The adherents of Theosophy focused on Eastern Indigenous knowledges without considering how the lens
of their own intellectual and religious traditions shaped their understandings. The result: the objectification and appropriation of Indigenous peoples’ knowledges. New Age movements perpetuate Indigenous knowledge appropriation and like its Theosophical predecessors, this occurs through globalization – a form of Western cultural imperialism and exploitation contiguous with colonization.

In 20th and 21st century New Age discourse, Western history is rarely acknowledged. Rather, it is as if a void exists between ancient history and the latter half of the 20th century. Catherine Tumber explains that “characteristically, the New Thought movement’s intellectual descendants among proponents of New Age spirituality do not know much about their own historical roots in American religious culture” (p. 12). This situation is made worse by the fact that New Age proponents are often also ignorant about the histories and cultures of the Indigenous knowledges that they appropriate.

The reinterpretation of Indigenous knowledges in 20th and early 21st century America involves “source amnesia.” This explains how Western traditions of knowledge production are central but unacknowledged in the development of New Age philosophy. “A crucial strategy in transforming the unfamiliar and exotic into yet another building block of a New Age worldview is source amnesia: the propensity to gloss over or be unaware of the fact that processes of reinterpretation have taken place” (Hammer, 2001, p. 180). Source amnesia also obscures relations of power that shape knowledge production in terms of identifying the consumer and the object of consumption in New Age projects. Hammer writes:

An important aspect of globalizations should be noted. The appropriation of foreign cultural elements is aided by a highly selective disembedding and reembedding process. It is selective in that only those cultural elements that are perceived as somehow helpful or interesting are borrowed and transformed (p. 33)

Religious globalization…appears to be a Western phenomenon: instigated by authoritative spokespersons in the West, aided by economically forceful Western institutions (notably major publishing houses) and consumed predominantly by Western audiences. (p. 34)

Indigenous knowledges have been reflected in Western esoteric knowledge production since the Romantic period; however, with each appropriation its previous
adaptations are assimilated through claims of ancient authenticity that are ironically based on the authority of self-appointed spokespersons within the Western esoteric tradition. This situation is exacerbated when New Age celebrities claim to have gained their training from an authentic source. There is rarely evidence of self-reflexivity and inquiry into their own ability to understand Indigenous knowledges or consideration that what they have been taught may be tailored and marketed to a Western audience by those savvy enough to capitalize on the demand for New Age healing and spirituality (Fish, 2006).  

Marketing in the New Age movement depends on a vast array of reinterpretations that often have very little to do with the Indigenous knowledges that they are linked to. For example, Hammer’s investigation of the development of Chakra healing reveals that while the Chakras are a concept in Yogic knowledges, most of what passes for authentic ancient New Age Chakra healing is an improvisation on 17th century Tantric Indian meditation practices. He argues that rather than reflecting ancient knowledge developed thousands years ago, New Age Chakra healing concepts have been extracted from 17th century texts and developed into a healing system created by American New Age writers in the 1980s (p. 96). Hammer suggests that the claim to ancient sources is an important element in promoting any New Age doctrine precisely because the ideology of New Age movements depend on notions of mystery and a utopian future that is dependant on deciphering a golden past and the exotic Other (p. 95).  

Cultural appropriation has been theorized by anti-racist and Indigenous scholars and activists as form of violence integral to racism and colonialism. For example, Joanna Kadi defines cultural appropriation as follows:

Culture includes any and all aspects of a community that provide its life force, including art, music, spirituality, food, philosophy and history. To “appropriate” means taking possession of specific aspects of someone else’s culture in unethical, oppressive ways. (Kadi, 1996, p. 116)

21 Commercially successful and popular teachers of Yoga in particular have often demonstrated complicity (at best) with social inequity especially in terms of capitalism. Bikram Choudury who has proclaimed his goal of franchising his style of Yoga like McDonalds, and the first Yoga teacher to attempt to patent specific postures that have been practiced for millennia, is one of many examples of South Asian teachers who set their sights on Western markets and tailor their teachings accordingly.
She adds that,

Given the brutal racism endemic to our society, it makes sense that much of what passes for multiculturalism is actually covert and overt cultural appropriation, actually a form of cultural genocide. As dominant white society casually buys and sells our symbols/realities, their cultural meaning is watered down and their integrity diminished. Today items from various communities of colour are all the rage, but I’m not happy to see the walls of white people’s homes adorned with African masks, Asian paintings, and Native ceremonial objects. Behind the rhetoric and hype about multiculturalism and honoring diversity lurk the same attitudes of entitlement and privilege that form part of structural racism. (p. 120)

While opposing the “imperialist attitude in which privileged people want to own segments of other people’s cultures” (p. 117), Kadi states that she is not simply opposed to people participating in traditions other than their own. Rather, she argues for ethical cultural connections as having the potential for building solidarity and fighting oppression.

Ethical cultural connections are comprised of respect for the community involved, a desire to learn and take action, an openness to being challenged and criticized, a willingness to think critically about personal behaviour, and a commitment to actively fighting racism. These cornerstones remain the same whether I’m getting to know one Native person or buying a carving from a Native museum. They apply to people of colour and white people. (p. 125)

Kadi (1996) theorizes a protocol that challenges New Age cultural appropriation and universalism. She also challenges the ways that “tradition” can be evoked within Indigenous communities in the name of cultural nationalism to entrench social hierarchies that often privilege men. To this she remarks that traditions are negotiated, not static, and this means that those that are hegemonic “need to be kissed goodbye” (p. 124).

New Age definitions of embodiment and healing are deeply problematic for racially subordinated peoples in particular. The effacement of social power relations produce exotification of racially Othered bodies and an assault on their cultural identities. Andrea Smith (2005) comments that New Age cultural appropriations efface and perpetuate the history of genocide against Indigenous people. She calls attention to the
irony of white women who consume Othered cultures in an attempt to heal from patriarchy whilst participating in cultural appropriation and complicity with oppression of racially subordinated peoples (A. Smith, 2005, p. 125).

As has been demonstrated, New Age discourses and practices are constructed in opposition to dominant Western religious, medical and political institutions. Despite this claim to marginality and counter-culture status, New Age discourses rely on social hierarchy, specifically, colonialism and racism. Linda Tuhiwai Smith (1999) writes:

> It appals us that the West can desire, extract and claim ownership of our ways of knowing, our imagery, the things we created and produce, and then simultaneously reject the people who created and developed those ideas and seek to deny them further opportunities to be creators of their own culture and own nations. (Tuhiwai Smith, 1999, p. 1)

Cultural appropriation then, is not merely an exchange of cultural knowledge. It occurs within asymmetrical social relations of power and involves the historical, political and cultural erasure of the subordinated group. This is not only discursive but, as Smith and others indicate, inextricable from the material realities experienced by racially oppressed peoples.

**Yogic Knowledges: Diverse and Contested**

Yoga teachings are highly diverse had have evolved over millennia in pre-Vedic, Hindu, Buddhist, and Jain religious and social movements. The term *Yoga* is derived from the Sanskrit word *yuj* which generally means union and used broadly to define concepts in religious, scientific, astronomical, philosophical, spiritual and physical knowledges (Banerji, 1995, p. 1). Tantric and Vedic knowledges contextualize the development of Yogic teachings and practices. The *Vedas* are written texts dated to 2600-1500 BCE. It is not know when Tantra emerged, but it is said to predate the *Vedas* (Fields, 2001, p. 31). A cursory examination of Tantric and Vedic perspectives on embodiment indicates the diversity of Yogic knowledges.

For example, in *Religious Therapeutics: Body and Health in Yoga, Āyurveda, and Tantra* (2001), Gregory Fields explains that in classical Yoga, based on the *Yogasutras*, authored by Patanjali circa 200 CE, understandings of embodiment are based on a
dichotomy. It is not between mind and body as in Western philosophy, but between matter and spirit (Fields, 2001, 28). The Yogasutras is the first written Yogic interpretation of the Vedas (2000-1500 BCE). It outlines the system of Raja Yoga, an approach to spiritual liberation through discipline and control over the mind and body (p. 123). In the Yogasutras, the split between matter and spirit is maintained and the body is considered to be an obstacle to enlightenment. Even though there is mention of āsanas (physical postures) and prāṇāyāma (breathing exercises), the focus of the Yogasutras is on mental control and the realization of the illusory nature of the material world through meditation and discipline.

In the tradition of Tantric knowledges, Hatha Yoga defines the body as sacred and like Āyurveda, is concerned with physical and mental techniques that promote good health as a way to facilitate spiritual growth. The main text of Hatha Yoga is the Hatha Yoga Pradīpikā written in the 14th Century (Fields, 2001, p. 183). According to Gregory Fields (2001), it is precisely because Hatha Yoga, Āyurveda and Tantra address the material world that women, nature and the body are given more reverence. Dualism is rejected because “tantra allows for the apparent difference of the One Absolute and the multifarious manifest world” (33).

The knowledge compiled in the Vedas, and the various exegetic texts associated with them, may be addressed as reflective of the epistemological, cosmological beliefs and practices of South Asian peoples. However, these knowledges are not static nor are they homogenous. Rather, they have been transformed by many transitions and upheavals within the extremely diverse part of the world defined as South Asia. These knowledges reflect power dynamics within communities and other social formations such as the family, kingdoms and more recently, the nation state. Further, Tantric and Vedic knowledges do not necessarily reflect the world views of all constituencies within the Indigenous population such as Christian, Jewish, Muslim and non-Vedic peoples that have lived in South Asia for centuries and millennia before the arrival of Europeans. In other words, the philosophical developments of South Asia are extremely diverse and
consist of many schools of thought and religious frameworks developed over the span of more than 3000 years.\textsuperscript{22}

Distinctions in Yogic philosophy and practices, for example, can be observed in the differences between Tantric and Vedanta (post-Vedas, Upanishads) perspectives. Tantra is a belief system that defines all forms of existence as divine. There is no dichotomy between the material and spiritual. Both are part of Brahman – the One Absolute through which all life is connected and manifest. This is different from Vedanta in which the material world is an illusion and all human suffering is caused by attachment to it. So whereas in Vedanta human suffering is alleviated by renouncing the material world in order to realize our true spiritual identity (our oneness with Brahman), in Tantra suffering is alleviated by realizing that the material world is divine and that there is no dichotomy between matter and spirit - we are already living in Brahman and spiritual development is about by strengthening our awareness of this connection (Fields, 2001, p. 33).

Fields (2001) explains Cartesian thought:

Descartes’ dualistic metaphysics postulates two fundamental substances, thinking substance and extended substance, and thus he relegates the human being to a schizoid state, where the mind is valorized and the body is considered a material object, analyzable in terms of mechanistic science. (p. 14)

However, his careful research indicates that it is not sufficient to take the whole of Hindu philosophy as a counter point to dualistic thinking such as that posited by Descartes. He explains that although this contrasts with a classical Yoga understanding of embodiment in which the mind and body are material aspects of the “psychophysical person” (28), classical Yoga maintains a dualistic framework because the psychophysical person is

\textsuperscript{22} While I refer to Yogic teachings when appropriate, focusing mainly on Raja Yoga (meditation and the physical Hatha Yoga teachings), I do not provide a detailed history of its development, practices and theoretical concerns. I highly recommend \textit{Religious Therapeutics} by Gregory Fields (2001) for an in depth study of Yogic knowledge production. Furthermore, texts that focus on the practice of Yoga are legion will not be reviewed in this dissertation. One need only refer to preeminent teachers such as Krishnamacharya, BKS Iyengar, Desikachar, Pattabhi Jois, Geeta Iyengar, Swami Sivananda, and many others for interpretations of the Yoga Sutras and Ayurvedic teachings regarding the philosophical, meditative and physical practice of Yoga (some of which however promote Yoga in an orthodox manner that I find highly arguable).
material (prakrti) and distinct from spirit (purusa). So although the mind and body are not separate in classical yoga, there is a separation between matter and spirit with the mind-body is on the subordinate end of this dichotomy. In this tracing of the distinction between Cartesian thought and classical Yoga, Fields then situates Hatha Yoga and Ayurveda as Tantric knowledges that contest dualism altogether.

A gender analysis of Tantric and Vedic knowledge provides another example of how Yogic knowledge is produced through socio-political factors. In her book *Sakhiyani*, Giti Thadani (1995) writes: “Tradition, far from being an organic continuum, has been deliberately selected, invented and constructed through the present” (Thadani, 1995, p. 3). She argues that independent feminine divinities, erotic female energies and gynefocal traditions in South Asia have been suppressed ever since the writing of the Vedas over three thousand years ago. In a textual analysis of the Vedas combined with archeological and anthropological research, Thadani postulates evidence of a non-dualistic “feminine motifs” that are “associated with ideas of fusion, togetherness, erotic intimacy, equivalence, diversity in unity…” (p. 26). She notes that “Instead of identities being fixed, there is a fluid flow, creating movement from one to the other. In other words, instead of working with binary oppositions, the guiding principle is cyclic and transformative” (Thadani, 1995, p. 26).

The transformations from gynefocal to patriarchal cosmologies reflect economic and cultural reorganization over thousands of years is observable in the writing of texts. N. N. Bhattacharya (1973) explains that

Basically there was a type of communism among the Rgvedic deities...but subsequently with the growth of class division among human beings, its reflection was seen even in the Vedic pantheon. (1973, p. 29)

Thadani (1995) similarly comments,

The writing down of a text did not mean that this was the original form, but rather a rewriting or reinterpretation of oral forms or other writings....Thus, the Rig Ved, a ten-volume collection of hymns written over a few centuries in its present form often has contrasting meanings for the same divinities, words and images. (1995, p. 16)
It is in the inconsistent palimpsest that Thadani observes both the existence and suppression of gynecocentric traditions. “The earlier autonomy of the Shaktic or goddess traditions is subsumed under a classification that privileges masculine theologies and cosmologies….thereby inscribing them into an androcentric ideology (p. 4). This represents an important reminder of the transitions that have occurred in South Asian Indigenous knowledges. By paying attention to distinctions between Vedic and Tantric knowledge and, furthermore, by applying a gender analysis to both, it is clear that Indigenous knowledges are not static but rather heterogeneous and contested.

In addition to the historical developments and power relations within Indigenous knowledge production in South Asia, British colonization of the region also affects how Yogic knowledge has and continues to be produced. For example, Indigenous knowledges were central to constructions of the West and East during the colonial period. Colonialists and Orientalists essentialized and homogenized Indigenous knowledges in order to either romanticize South Asian history and culture, or to defame it. Segments of the South Asian elite also subscribed to homogenizing and static versions of history as a means of building a social movement to resist colonialism as well as to entrench patriarchal and religious hierarchies. Indigenous knowledges were used in different ways.

23 Although the Vedic period is characterized by patriarchal ideologies, oppositional discourses did have an impact on prevailing social beliefs. In fact, Sakta-Tantricism predates and overlaps the period when the Vedas, Yogasutras and Hatha Yoga Pradipikā were written. Sakta-Tantricism is a system of knowledge characterized by the gynecocentric motifs and goddess worship. Its historical roots are linked to pre-historic and pre-Vedic periods. Sakta-Tantricism is apparent in the Vedas and Yogasutras, even if only as the Other against which patriarchal ideologies and male identities are constructed (Das, 1981, p. 2). Sakta-Tantricism, or the worship of the “great goddess as the personification of primordial energy...the source and the spring as well as the controller of all the forces and potentialities of nature” has underpinned South Asian religions throughout the regions history (Bhattacharya, 1973, p. 1). In fact when Saktism was established as a religion in the later part of the Gupta period, approximately 650 A.D. it was conceptualized as a religion of the people that represented resistance and revolt to oppressive social structures (p. 83). “The cult of Sakti came to denote the cult of that power which would lead to the victory of the oppressed class, which would ensure the Devi’s final triumph over the demons” (p. 86). However, the popularity and profile of Sakta-Tantricism and Saktism has fluctuated.

The Sakta Tantric cult with its origin in the pre-historic period passed through different stages of evolution showing different manifestation either in conjunction with the male gods or separately. During the early Vedic period, society, being patriarchal, subordinated the female deities. This cultural complex stood in sharp opposition to the female dominated culture of the pre-Vedic and non-Vedic peoples. The constant conflict between these two cultural complexes brought about a synthesis and symbiosis. (Das, 1981, p. 20)

Although Shaktta-Tantricism has not been dominant in the cosmology and epistemology of Vedic culture, its presence and influence since pre-Vedic times cannot be denied.
to justify colonial domination, patriarchy, and imperialism as well as to mobilize against colonial rule.

For example, in Himani Bannerji’s (1995) examination of the work of the historian James Mill, and of the Orientalist scholar H.H. Wilson who provided footnoting to Mill’s work, she argues that while Mill asserted that India was intrinsically debased, Wilson took the position that Indian civilization had once been a glorious civilization that had declined into a state of chaos:

Wilson’s view of India as ‘traditional’ was coherent with a positive ascription of ‘civilization,’ qualifying its decline. But for Mill a steep decline follows the Aryans, whom he erroneously sees as ‘aboriginal’ to India. After the Aryan ‘golden age’ India becomes a static yet chaotic society. Further degenerating under Muslim invasions and rule, it remains stagnant and decadent until the arrival of the British. (Bannerji, 1995, p. 59)

Bannerji examines how Mill’s work justifies British colonialism by portraying Indian people as barbaric: “he shares with the evangelical missionaries the conviction that Indians (mainly Hindus) are essentially degenerate and full of `insincerity, mendacity, venality and perfidy’” (p. 58). She argues that Wilson’s work, on the other hand, justifies British colonialism through Orientalist scholarship by constructing Indian people as in need of guidance and direction. This paternalism is central to Orientalism.

The earliest group of the Orientalists saw themselves as engaged in reintroducing the Hindu elite to the ‘impenetrable mystery’ of its ancient lore. The Sanskritic tradition, ‘locked up’ till then in the hands of a closed priesthood, was being thrown open and its treasures made available to the people in its ‘pristine’ form, the truths of Indigenous traditions were being recuperated. (Chakravarti, 1990, p. 31)

Both debasement and paternalism were central to the colonial project of appropriation and exploitation of South Asian histories, knowledges and peoples.

While the Orientalists homogenized and appropriated South Asian Indigenous knowledges to construct a “golden age of Indus civilization” of which the British were descendants (Chakravarti, 1990, p. 29), the Indian elite re-appropriated this construct to erect a national identity that simultaneously resisted colonial rule while supporting patriarchy and Hindu orthodoxy.
The nineteenth-century colonial and nationalist discourses both provided for a construction of ‘Hindu’ identity on the basis of a glorious ‘Aryan Heritage’ which privileged patriarchal Vedic, brahmanic and kshatriya traditions. (Thadani, 1995, p. 68)

Thus, during the nationalist movement Indigenous knowledges were used as an oppositional discourse and as means of asserting hegemonic formations. This facilitated colonial and Indian elite alliances and directly impacted on understandings of Indigenous knowledges in South Asia:

The nature of South Asian history has been such that a search for the Indigenous degenerates into a quest for the authentic, which has almost certainly never existed anywhere, but in eighteenth- and nineteenth-century India became particularly obfuscated under colonial impact...What makes for an authentic identity for one South Asian is nonexistent for another, and often consciously so, with a deliberate effort at marginalization. (Kumar, 1994, p. 11)

Like any other knowledge production, the Indigenous knowledges of South Asia are contested through the power relations that contextualize its development.

In the following passage, Thadani quotes from Yasmin Tambiah’s essay, “Decolonization and Third World Lesbian Identities” presented at the Seminar on the History of Alternative Sexualities in New Delhi, 1993 in order to illustrate the dialectical relationships among British colonialism, Indian nationalism and Indigenous knowledge.

Nationalism is never ungendered. I once heard a sharp observation, ‘The boundaries of nations are drawn on the bodies of women.’ I have yet to locate the author of that line, but it underscored for me that both the languages and praxis of nationalism usually result in replacing patriarchal impositions with Indigenous ones. These Indigenous patriarchal discourses and practices are not simply pre-colonial ones resurrected in their allegedly pure state. They are often those forms which have been restructured and modified by nationalist minds influenced by the ideals of womanhood treasured by the colonizer (such as the Victorian) and made to pass as universally pre-colonial. (Thadani, 1995, p. 69)

This context informs Yogic knowledge production in South Asia and in the West.

For example, in the late 19th century, prohibitions against the education of women (referring specifically to the study of Sanskrit and sacred texts) and travel restrictions (applied to all Hindus) limited women’s participation in Indigenous knowledge production (Grewal, 1996, p. 139). Grewal’s research on the life of Pandita Ramabai who after rejecting Hinduism because of restrictions against women, converted
to Christianity (present in India centuries before arrival of the British) to find that the only role permitted to her by European Anglican missionaries was that of the demure, victimized Indian woman. While in England (1883-86) in the “care” of Anglican nuns, she was prohibited from accepting a teaching position at Cheltenham University because of colonial and patriarchal stereotypes of Indian women. Even though Ramabai had spent her life lecturing throughout India during years of wanderings and pilgrimage, the Anglican priests and nuns argued that “giving Ramabai a professorship at Cheltenham would go to her head, whereas giving her a `humbler title such as teacher-ship, ...would probably lessen the danger of elation of mind very considerably’” (p. 195). The subtext of this “danger” is that “since the English are supposedly superior, it would be elevating a woman from an inferior race to allow her to teach anything to Englishwomen” (Grewal, 1996, p. 195). The ways that colonialism and patriarchy interlock may explain why it is rare to find South Asian woman teachers especially during the rise of Yogic knowledge dissemination in the late 19th and 20th centuries. Even today, in India Yoga teachers and students are predominantly men whereas in West the majority of non-South Asian teachers and students are white women.24

Yogic knowledges have developed in ways that are conservative of past understandings as well as innovative and responsive to historical and technical change. In *Indigenous Knowledges in Global Contexts* Dei, Hall and Goldin Rosenberg (2000) write:

24 White men have certainly become more prominent especially as Yoga has become increasingly athletic and commercial. People of colour have increasingly taken up Yoga practice and teaching as a commercial activity as well as within the context of community development, violence prevention initiatives with young people, and as a resource for recovery for survivors of violence and oppression (Ermachild Chavis 1998; Neilson 2004). The high participation of white women may also be understood in terms of the ways that they negotiate their own position within the structures of colonialism and imperialism. For example, white women held an elevated role above South Asian men and women:

Participating in the project of colonization as travelers, missionaries, teachers, and ethnographers, these English women broke down the bourgeois ideas of ‘angel in the house’ and helped, implicitly and explicitly in the cause of women’s suffrage in Britain. Their narratives showed their attempts to be the equals of bourgeois and upper-class Englishmen and superior to many peoples of the world. By doing so, they also became part of the nationalist discourse of empire. (Grewal, 1996, p. 61).

Although there are other factors that contribute to the high participation of white women in Yoga (past and present), colonial relations of power play a role in access to this knowledge as well as how this knowledge is reinterpreted to suit Western intellectual and cultural frameworks.
We conceptualize an ‘Indigenous knowledge’ as a body of knowledge associated with the long-term occupancy of a certain place. This knowledge refers to traditional norms and social values, as well as to mental constructs that guide, organize, and regulate the people’s way of living and making sense of their world. It is the sum of the experience and knowledge of a given social group, and forms the basis of decision making in the face of challenges both familiar and unfamiliar. (Dei et al., 2000, p. 6)

As I have argued above, Yoga teachings are consistent with this definition in terms of being a distinct and historically specific world view that reflects a broad range of perspectives, debates and power relations. By attending to the specificity and complexity of Yoga knowledges I maintain that it is socially constructed through power relations at the same time it is a distinct world view that contrasts with and challenges Western ways of knowing particularly in terms of embodiment.25

In Western science, particularly biologism, the body has constructed through hegemonic ideologies. Sociological challenges to biologism have focused on the socially constructed aspects of embodiment. In Self as Body in Asian Theory and Practice, Wimal Dissanayake (1993) writes: “The justifiable rejection of biological determinism in favor of sociological determinism resulted, however, in the exclusion of the body from social scientific inquiry. This had the effect of strengthening the mind/body, nature/culture dichotomy” (Kasulis, Ames, & Dissanayke, 1993, p.22). As Dissanayake indicates, insights about the social construction of bodies and embodied experience, particularly in sociology, have not solved the problem of the mind / body dichotomy that persists in Western thought. Given that the Cartesian mind / body dichotomy is a cornerstone to self / other hierarchies in which racial and gendered subordinates are defined as bodies incapable of reason, embodiment continues to be a great concern. Gregory Fields (2001) argues “The damaging social effects of Cartesianism supply compelling reasons to challenge it” (Fields, 2001, p.14). He explains using a quotation taken from The Absent Body by Drew Leader (1990): “This hierarchical dualism has been used to subserve

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25 Roxana Ng makes a similar observation and argument about Traditional Chinese Medicine (TCM) as a style of medical knowledge and practice synthesized from diverse local practices and knowledges. While TCM is subject to power relations and historical formations such as the Cultural Revolution, it none the less contrasts with allopathic medicine and the history of dominant Western knolwedge production (Ng, 2000b).
projects of oppression directed toward women, animals, nature, and other ‘Others’” (p. 4). Indigenous knowledges; however, provide recourse for addressing this schism: “Indigenous knowledges are a way to recover the artificial split between mind and body brought on by the theorizing of Western European Enlightenment and a challenge to the ways that Western knowledges have become hegemonic” (Dei et al., 2000, p.155).

New Age approaches to Yoga can be readily observed in the marketing of Yoga lifestyles and products. These rely heavily on an east-West dichotomy in which the spiritual east is presented as a remedy for modern Western stresses and lifestyles. As previously mentioned, New Age reinterpretations of Yogic knowledge can be understood as the quest for the positive Other, and furthermore, as a way of securing a Western identity.

Just as traditional Orientalist discourse holds up the Orient as a mirror in which the modernity of the West can be favourably reflected, the positive Orientalist myth of a Golden Age also serves a specific ideological purpose. While purporting to speak of a different culture it presents a morality of our own. The Orient – or fantasy image of the Orient – is used as an example for our own age, a way of exposing the ills that our culture is heir to. The Others, it is implied, are intuitive while we function within the limited confines of rationality. They fill their world with beauty, while ours is gray and ugly. The ancient teachings that have been rediscovered or revived are said to provide a direct link to these positive predecessors and can help us re-establish those values that the materialist West has lost. (Hammer, 2001, p.96)

While Hammer’s important critique of New Age helps to clarify the history of Western reinterpretations of Yogic knowledge, it does not fully account for the popularity of Yoga in the West. An important aspect of Yogic knowledge is that despite New Age interpretations of it, there are material benefits such as improved mental, emotional and physical health. The appeal to embodied learning is a powerful aspect of Yogic knowledge. In fact, increased energy, better relaxation, strength and flexibility as well as a remedy to illness and affliction are all common testimonies of Yoga practitioners. Yoga has also been used as a method for addressing the consequences of violence – particularly racist, sexist and economic violence and oppression (Ermachild Chavis, 1998; Flynn, 2003; Murphy, 2008; Neilson, 2004; Shola Arewa, 1998; Spaeth, 2002; Vazirani, 2001).
The material benefits to Yoga that are not reducible to a Western identity project although they are not independent of it either.

Embodied experiences of Yoga take place within social contexts that shape those experiences. Depending on one’s world-view, experience of Yoga practice could support a number of perspectives such as the classical Yoga perspective that the material world is illusory or a Tantric approach in which all existence is divine. Similarly, Yogic experience can be understood as a New Age entrepreneurial spiritual project or as an Indigenous knowledges that prioritizes “relationships of various kinds: interpersonal, between person and society, among social groups and nations, and between persons and other kinds of beings (living and non-living) who constitute the world” (Fields, 2001, p.69). Furthermore, bringing an anti-racist feminist and anti-colonial perspective to bear challenges New Age discourses on embodiment and healing as well as allow for a discernment of how some Yoga teachings are orthodox while others are transgressive in a counter hegemonic sense.

Understanding Yogic knowledge production in terms of power relations within Indigenous contexts as well as in terms of the impact of colonization on Indigenous knowledge production provides a complex picture of how sentient-social embodied experiences are theorized. Furthermore, by understanding the different histories and power relations at play in Yoga practice and teaching, it is possible to develop different kinds of discourses with the aim of creating different kinds of material realities. As Susan Hekman (2008) remarks, “We are our bodies; the discourses and matter become one in our bodily existence…A different discourse of bodies would result in a different bodily reality” (Hekman, 2008p, 101).

Many have argued that Indigenous knowledges are an important resource for addressing the impacts of violence and oppression resulting from colonialism (Dei et al., 2000; Graveline, 1998; Nadeau & Young, 2006; Ng, 2000b; Tuhiwai Smith, 1999). The approach to Indigenous knowledges among anti-colonial scholars and activists differs significantly from the Romantic tradition that New Age stems from. Linda Tuhiwai Smith (1999) makes her understanding of spirituality very clear when discussing what her grandmother taught her.
Although she developed in me the spiritual relationships to the land, to our tribal mountains and river, she also developed a sense of quite physical groundedness, a sense of reality, and a sense of humour about ourselves. It may be those qualities that make me sceptical or cautious about the mystical, misty-eyed discourse that is sometimes employed by Indigenous people to describe our relationships with the land and universe. I believe our survival as peoples has come from our knowledge of our contexts, our environment, not from some active beneficence of our Earth Mother. (Tuhiwai Smith, 1999, p.12)

New Age discourses on spirituality that efface historical and political realities differ significantly from the anti-colonial decolonizing approach of Tuhiwai Smith. She makes it clear that, for her, spirituality is honoring relationships, not a “misty-eyed” notion that one appeals to for salvation.

Yoga instructors such as Krishna Kaur, of the American Black Yoga Teachers Association (Ermachild Chavis, 1998), and Tawanna Kane, executive director of the Lineage Project in New York (Neilson, 2004); writers and scholars, such as Marina Budhos (Budhos, 2002a; 2002b) and Retiki Vazirani (2001), Barbara Stoler Miller (1995) and Nilanjana Deb (2009); along with anti-colonial figures such as Gandhi and Acharya Gour Ganguly, illustrate attempts to engage with Yogic knowledge in terms of political and material realities.\(^{26}\) Stoler writes that historically and in contemporary times Yoga has been approached as a powerful means of engaging in the material world for the purposes of addressing injustice.

The antiworldly isolation prescribed for certain stages of Yoga is not the ultimate Yogic state. Periods of solitude are necessary, but one need not renounce the world forever in order to practice Yoga. Indian, Chinese, and Japanese thinkers have for centuries emphasized that the spiritually liberated person can be a powerful moral force in the world. (Stoler Miller, 1995, p.3)

Addressing Yoga in this way requires an understanding of its Indigenous context as well as the ways that it has been re-interpreted in Western culture. A nuanced approach values

\(^{26}\) Efforts to engage spirituality and politics is often complex and replete with paradoxes, as is in the case of Gandhi who unarguably played a central role in the anti-colonial struggle in India; but whose actions and perspectives are not above critique, particularly with regard to religious and gender power relations. See Chandrima Chakraborty’s excellent thesis *Gender, Religion, and Nationalism: The Trope of the Ascetic Nationalist in Indian Literature* (2004) for a deeper exploration of spirituality as discourse. Acharya Gour Ganguly’s spiritual teachings and activism in solidarity with Indigenous communities, particularly women, are discussed in Nilanjana Deb’s article “(Post) colonial Indians and American Cousins: Women’s Indigenous Activism and the Rethinking of Democracy” (2009).
the integrity of Yogic knowledge as not reducible to Western or Indigenous patriarchal interpretations. Furthermore, a combined approach that is attentive to the therapeutic benefits of Yoga and the social contexts of healing and learning acknowledges that “The struggle to reclaim holistic health care involves decolonizing the mind, which is a political benefit; at the same time, it has the potential to offer valuable therapeutic contributions to health care” (Shroff, 2000, p.217).

Yoga has often been represented in the West in ways that exotify or tokenize Indian people and cultures and for this reason it is argued that many South Asian people do not feel comfortable at Yoga studios (Budhos, 2002b). Furthermore, during the colonization of South Asia, Western scientific knowledge systems were imposed as superior to Indigenous medical sciences such as Āyurveda and Yoga (Shroff, 2000). Many colonized peoples internalized the belief that the ‘West is best’ and renounced Indigenous practices and knowledges. Despite this history, there are those who continued to practice, teach and produce Yogic knowledges within and beyond its Indigenous context. Furthermore, even though Indigenous patriarchal and colonial hierarchies marginalized women in many areas of knowledge production, they too have taught and studied Yoga, although in complicated contexts (Grewal, 1996).

Yoga is practiced and taught outside of its Indigenous context by people of various social locations. For racially subordinated people (South Asian and otherwise) social contexts dramatically shape access and experiences of Yoga and highlight the ways that sentient and social components of embodiment are co-constituted.

Now the director of the Women of Color Resource Centre in Berkley, Linda Burnham volunteered for five years to teach Yoga....[as a student] the first time she was asked to do Savāsana at the Yoga Room, she did it, but remembers thinking, “I don’t want to lie down and close my eyes in this room full of white people. (Ermachild Chavis, 1998, p.69)

Race and racism are rarely discussed in Yoga classes or mainstream discourse. For people of colour this may create a fragmented rather than an integrated experience of

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27 Inderpal Grewal (1996) writes about the life of Pandita Ramabai and the complexity of spiritual pursuits and social activism for women in colonial India.
embodiment. Yoga studios are not separate or impervious to social relations of power. Reetika Vazirani (2001) makes the observation that

The kind of Yoga practice which is purely physical is America’s lonely encounter with something it does not have the patience or the time to understand. But more than this, it is a lonelier step away from America’s own spiritual possibilities. For, by turning at critical junctures to the East-to the stereotype that in Indian philosophy, truth has no context, that oblivion is the geography of wisdom, that nirvana is emptiness, that nonattachment means we can forget about other people, and about race, class, and gender - America supplies itself with the anesthesia it craves to numb itself from the pain of its history: the pain of stolen land and labor, the outrageous waste. (Vazirani, 2001, p.133)

Vazirani’s understanding of Yoga, and her pursuit of healing, involves an integration of her experiences. In order to do this she writes about her experiences of racism, the confusion and grief she felt after her father committed suicide when she was ten years old and her difficulties developing her Yoga practice within a context of American Yoga appropriations and reinterpretations (p.121). In her writing she argues failure to address sentient-social dimensions of embodiment has detrimental results.

Perhaps at the heart of Western thought, particularly American and English thought, is the acquisition and domestication of the material world, and the competitive drive that makes that acquisition possible. In our insatiable drive for ownership and the future, we lose the advantage of the present tense. Thus, we wreck our breathing. Our bodies click out of joint. (p.133)

Vazirani’s writing is an important contribution from the perspective of a South Asian woman who identifies that social relations of power are an inextricable aspect of her healing process. For Vazirani, Yoga is an important resource that she learned as a child and returned to as an adult as a means of healing from traumatic experiences and to develop a strong sense of identity. Her journey illustrates the interdependence between understandings of the social world and embodied experiences that help one to become more deeply attuned to physical, mental, emotional and spiritual experiences.

Andrew Lattas (1993), in his rebuttal to charges of essentialism (or reverse racism) when Aborigines draw strength from their ancestors, argues that Indigenous
knowledges positively value their body as a means of connection to culture and community.

Essentialism operates as a strategy of resistance in a context where what the colonizing Other cannot appropriate from you is your own body and where therefore the internalization of your culture into your body becomes a means of preserving and owning the basis of your own identity. (1993, p 259)

Lattas describes how strategic essentialism is a form of resistance that challenges disembodiment, an inadequate response in Western academia to biological determinism. “Under the label of rejecting biologism, Aborigines are to produce themselves as disembodied minds” (p. 260). Furthermore, he argues that strategic essentialism used by racially subordinated peoples is seen as threatening precisely because it highlights how, despite the social construction of race and culture, racism continues to target the bodies and cultures of racially subordinated peoples.

I see the current theoretical fear of essentialism as a fear of difference and a fear of subordinate others producing and claiming some essential autonomous otherness. This fear of essentialism is also a fear by Whites of themselves and of the monstrous acts of murder and imprisonment which they have historically perpetuated in the name of essential differences. (Lattas, 1993, p. 260)

Essentialism, then, has a distinct meaning and function when used strategically to challenge racism because it offers “a way of formulating an uncolonized space to inhabit” (p. 254). This is an important aspect of decolonization because just as positive definitions of health involve more than the absence of disease and illness, conceptualizing an uncolonized space takes us beyond merely the absence of violence and oppression. By valuing the body, ancestry and culture Lattas is not denying that knowledge is subject to social construction and power relations, rather, he highlights that there is tremendous power in being able to strategically construct experience in the service of countering hegemony. Strategic essentialism can serve a material purpose of resisting racism and colonization. Conversely, denying subordinated people the authority to name their experience and demands for social change has political results that keep social inequities intact.
Embodied learning has and continues to be an important resource in healing from violence and oppression. Somatic therapies are gaining greater recognition in clinical health fields at a time when researchers and therapists are acknowledging that cognitive based counseling may not always be effective when addressing trauma (Battell et al., 2008; Haskell, 2001; Nadeau & Young, 2006; Rai, 2009). On the other hand, a crucial contribution of feminist therapy asserts that therapeutic approaches that neglect the social context of trauma perpetuate oppression for women in recovery (Burstow, 1992; Lamb, 1999). Thus, many view both somatic approaches and acknowledgement of social inequities as important components of Western psychotherapy. Addressing sentient-social embodiment is an important strategy for recovering from violence and oppression; however, “it is only by changing the social relations between colonizer and colonized that psychosocial trauma can be alleviated” (Nadeau & Young, 2006, p. 91).

The individual subjective aspect of embodied learning accommodates an examination of ones’ self but need not devolve into an individualistic pursuit. In fact, approaches to embodied learning that keep hold of individual experience and social context posit an interdependence of self, other and environment: “Self-sufficiency is important to health, but its necessary condition is relationality, a concept that illuminates meanings of health as regards person, species, environment, and community” (Fields, 2001, p.69). Relationality and self-determination are two sides to the same coin and common to many Indigenous knowledges. Scholar Patricia Monture-Angus (1999) offers an Indigenous understanding of self-determination and relationships.

As I have come to understand it, self-determination begins with looking at yourself and our family and deciding if and when you are living responsibly. Self-determination is principally, that is first and foremost, about our relationships (1999, p. 8)…Living in peace is about living a good life where respect for our relationships with people and all creation is primary. (Monture-Angus, 1999, p. 41)

Yoga understood as an Indigenous knowledge, and framed by anti-racist feminist, anti-colonial and decolonization scholarship, encourages healing in terms of sentient-social embodiment. This has two significant advantages. First, it challenges New Age and universalizing discourses of health and healing by insisting on the acknowledgement of historical specificity and social relations of power. Second, it challenges Cartesian mind /
body dichotomies making room for an embodied approach to healing and learning. Furthermore, Indigenous knowledges are important resources often supplementing limited state medical care and services or, in some cases replacing it when it is inaccessible or ineffective (Rai, 2009; Shroff, 2000; Waldron, 2005).

The approach to Yoga taken in this study is attentive to the diverse teachings within this expansive tradition and knowledge. These teachings are also understood as shaped by power relations and historical contexts. In other words, Yoga as a physical, mental, emotional and spiritual resource (developed before and throughout European colonial rule in South Asia) is understood as an Indigenous knowledge shaped by social contexts as much as the cumulative contributions of ancestors engaged in embodied experiential learning. Yoga, as a practice and pedagogy for embodied learning, requires attention to equity issues as a means of understanding material and spiritual lived experience.

Summary

This chapter examines embodiment and healing discourses. While New Age discourse challenge Cartesian understandings of embodiment, it hinges on an individualistic approach to healing that fails to address social hierarchies and inequities. The emphasis on an individual quest and utopian evolution in New Age thinking is highly influenced by Western knowledge production despite claims to ancient, non-Western and Indigenous knowledges sources. Indigenous knowledges scholarship, informed by anti-racist feminist, decolonization and anti-colonial frameworks, offer a way of theorizing healing and embodiment in which social relations of power and the symbiosis of mind, body, spirit, and emotions are simultaneously conspicuous. Without subordinating one to the other, social inequity is inextricably linked with subjective experiences of mind, body, emotions and spirit. Taking up Yoga as an Indigenous knowledge, I argue that it is heterogeneous and shaped by social relations of power. I also contend that Yoga can be understood as a form of embodied learning that can be framed as a challenge to Orientalism, cultural appropriation, Cartesian mind / body dichotomies, New Age philosophy, orthodoxy within Indigenous knowledge production, and even
disembodiment in critical sociological scholarship. Thus, a counter hegemonic understanding of healing is one that encompasses sentient-social components of embodiment and, in this respect, suggests that embodied learning is an important equity-seeking strategy.
Chapter Four:
Embodied Learning and Decolonizing Methodologies

Introduction

In the previous chapters I reviewed literatures addressing health, healing and embodiment along with scholarship specifically about young South Asian women. In this chapter, I discuss methodologies and frameworks that attend to sentient-social embodiment as a process of learning and healing. Anti-racist feminism, decolonization and anti-colonialism are conceptual and methodological approaches grounded in praxis and the pursuit of social equity. This research is an in-depth qualitative analysis of the participants’ narrative contributions. I realize that there are limitations to this work. My intent was neither to generalize these findings to all South Asian women nor to create a profile of South Asian women living in Toronto. My decision to do a project with young South Asian women has more to do with my own social location, research and community work background than a belief in this category as stable and knowable. In fact, the only general comment I can make about this group is that these are self-identified young South Asian women living in Toronto interested in learning Yoga and/or engaging with other young South Asian women in discussions about social issues. That certainly limits the scope of who participated. On the other hand, it attracted women from diverse social locations who contributed generously in terms of their experiences and insights.

Research Design

This study is a qualitative narrative analysis. In selecting this methodology I aim to investigate the subjective experiences of participants and the agency they exercise in their day-to-day negotiations with structural inequities. As Patricia Hill-Collins (1991) points out, there is a difference between approaches centered on researcher defined variables, and research that is self-defined and self-valuing (p. 52). She explains that bringing marginalized knowledges into academia is part of a collective movement by
subordinated peoples who occupy an “outsider within” position – a position in which marginalized people can challenge dominant knowledge production (p. 52).

The question I posed at the onset of this study is: How do young South Asian women experience and / or understand health, healing, violence and oppression? However, through the process of doing this research (and writing this thesis) I am now able to more accurately articulate my inquiry as a concern with how participants experience and understand embodiment and embodied learning in terms of the interplay between subjective sentient experiences and social relations of power. Although I did not formulate my research question quite in this way before, I feel it was always there guiding the work. For example, including Yoga practice in the research process was a priority because I wanted to engage women around sentient-social experiences of embodiment. This concern has been at the core of my work as a Yoga teacher, my participation in equity education and activism, and my personal experiences negotiating violence and oppression.

In this research I have learned that the questions we ask shift around when one is committed to methodological approaches that demand attention to process, non-linearity, and social location such as critical, Indigenous and anti-oppressive approaches (Brown & Strega, 2005). In the positivist oriented research context of academia, the idea that my question would become clearer through my engagement with the women in my study, feels risky. How can I claim to produce valid research without being clear from the onset what my question is?

If the kinds of questions we ask shape the answers we get, then I think that the reverse is also true. Dorothy Smith (1987) writes:

The concept of the problematic is used here to direct attention to a possible set of questions that may not have been posed or a set of puzzles that do not yet exist in the form of puzzles but are latent in the actualities of the experienced. (p. 91)

Smith (1987) challenges objectifying sociological approaches by acknowledging that some questions have not yet been posed. This challenges positivist approaches that assert knowledge is to be objectively extracted from people and inserted into a predetermined
framework. In other words, Smith addresses the interdependence of micro and macro relationships found in the everyday world to identify problematics (p. 99). Furthermore, these problematics are developed through an engagement with people. I never asked just one question of the women I interviewed. Rather, I posed an array of questions with the aim of offering multiple entry points. In using an inductive approach I accepted that a discursive relationship exists between the questions posed in this study and the contributions made by those involved in it. In this study the research question(s) developed through our engagement with each other and the social contexts that we identified and negotiated in our everyday experiences.

This research was pursued by offering participants the opportunity to learn Yoga and engage in group discussions about experiences and understandings of health, healing, violence and oppression as an adjunct to the Yoga instruction. Women were also invited to participate in an individual interview with me about experiences and understandings of health, healing, violence and oppression. Participation in any or all of these was optional. My goal was to provide Yoga instruction and community resources as something that would be useful beyond the duration of the project. I also wanted to encourage knowledge-sharing and provide an opportunity for embodied learning for the purposes of building friendships between the participants and developing a relationship of mutual trust with me. Furthermore, I made it clear that the interview would encourage reflection on experiences and understandings of health, healing, violence and oppression in a confidential format without requiring women to disclose experiences of abuse. I gave each woman her interview transcript to read, to edit if she so chose, and decide whether or not to give me permission to use it in this study.

Being an insider researcher raises the possibility of exploitation and coercion of research participants at the same time that it can also engender better research practices regarding accountability and counter hegemonic knowledge production (Fonow & Cook, 1991). Acknowledging my location as a South Asian woman participating in research with young South Asian women required attention to both the facilitating and potentially exploitative aspect of my relationship to the participants. While I never strived for objective distance in this study, I was attentive to boundaries, and this was a factor in repeatedly mentioning to the women that I did not expect them to disclose anything they
were not comfortable doing so. My role as facilitator and instructor in the workshops also functioned as an opportunity for the young women to check me out, and in turn could communicate my intentions, ideas, and my limitations. For example, I was careful to mention that I am not a trained counsellor. I let the women know that if they wanted counseling support at any point during the workshops or interview process, it was available through the Barbara Schlifer Commemorative Clinic (BSCC), one of the partners in the research.

Furthermore, when I did not have knowledge to offer in response to questions that came up in the workshops, I was able to let the participants know my limitations, and thus try and deconstruct my position of power and authority as researcher and teacher. Linda Tuhiwai Smith (1999) addresses the specific challenges of Indigenous researchers trained in the academy and writes: “If I have one consistent message for the students I teach and the researchers I train it is that Indigenous research is a humble and humbling activity” (1999, p. 5). There were many times that I felt in awe of what women told me. Their candid and deeply insightful contributions made this study possible and I often have felt quite inadequate to the task of conveying their resourcefulness, bravery and wisdom. I do feel humbled by their participation and contributions. Being able to say when I don’t know something and being careful about what I ask of those who generously agreed to share their ideas and tell me their stories, in some respect came easy to me because of the strengths and talents they embodied. However, I also tried to pay attention to the risks of being part of a shared social experience and acknowledge how I held several positions of privilege and power in terms of both my social location and role as researcher.

I recruited participants through community agencies and personal networks using a poster (see Appendix A). In 12 weekly 2.5 hour workshops (May to August, 2004) participants aged 18 to 26 studied Yoga and participated in discussions about health, healing, violence and oppression (see Appendix K). Fifteen participants were interviewed individually from August to December 2004 (see Appendix E). Interviews were also conducted with counsellors from each of the community organizations involved in this project; the South Asian Women’s Centre and the Barbara Schlifer Commemorative Clinic (see Appendix I). Three interviews were conducted with Yoga teachers who have
experience working with Young South Asian women and other subordinated groups (see Appendix H). All interviews were audio-taped and transcribed.

Before the workshops commenced, participants were requested to fill out the Biographical Information Form (Appendix D), review the Letter of Informed Consent (Appendix B) and sign the Letter of Permission (Appendix C). The Biographical Information Form solicited information about the background of the participants in terms of age, class, sexual orientation, ability, immigration status and experience and / or interest in studying Yoga. This information was used to compose a description of the group, not to identify individual participants. The workshops were held at a community centre in West area of downtown Toronto. The majority of interviews were held at the Barbra Schlifer Commemorative Clinic. One interview was arranged in a private room in a university library to accommodate the interviewee.

While this research has drawn on several critical methodologies, including grounded theory (Glaser & Strauss, 1967) and feminist participatory approaches (Fonow & Cook, 1991; Kirby & McKenna, 1989), decolonizing methodologies in which process is as (if not more) important than outcome figures prominently.

In all community approaches process - that is, methodology and method - is highly important. In many projects the process is far more important than the outcome. Processes are expected to be respectful, to enable people, to heal and to educate. They are expected to lead one small step further towards self-determination. (Tuhiwai Smith, 1999, p. 127)

Similarly, an emphasis on process can also be observed in participatory action research (PAR) regarding collaborative knowledge production.

The processes of knowledge construction and change rely on intensive dialogues, interpersonal connections and teamwork. During the rapport-building phase, the community facilitator/researcher has the opportunity to examine issues of compatibility regarding relevant worldviews, values, commitment, sincerity, interest, and openness to mutual change through dialogue. (Piran, 2001, p.220)

The Yoga workshops and interview process provided the participants with resources and the opportunity to build relationships both of which were mentioned by participants as their reason for participating.
Unlike participatory action research that tends to emphasize collaborative action as an outcome, the research design of this project did not build toward, nor result in, a collective initiative. This is not to say that there were no outcomes, but that they do not mirror participatory action research outcomes in the sense of an action or observable change in policy or circumstance for the group. While I struggled with this during and after the workshops and interviews, I have come to understand that by valuing process over outcome, I needed to expand my understanding of outcome particularly with regard to activism. The outcome of this study is less tangible in terms of a collective action or initiative. However, as is indicated in the interviews, many of the participants are deeply involved in collective struggles in their spheres of work, family, school, and community. I am reminded of Patricia Hill Collins’ (1991) theorization of activism when she writes that “people who view themselves as fully human, as subjects, become activists, no matter how limited the sphere of their activism may be. By returning subjectivity to Black women, Black feminists return activism as well” (1991, p. 46). When the participants discuss their negotiations with the social world in relation to their experiences of embodiment and embodied learning, I see both process and outcome. I will elaborate on this further in the following chapters where I address the interviews. However, at this juncture I will mention that participants repeatedly commented on taking “one small step further towards self-determination” (Tuhiwai Smith, 1999, p. 127) within the context of their day-to-day lives; lives that may or may not overlap with each other but nonetheless constitute a determination to be fully human in negotiating the society we live in.

I am also mindful of the ways that critical methodologies overlap. Feminist research, participatory research and Indigenous research may have distinct concerns, but the development of each method is influenced by histories and contexts that cannot easily be divided. For example, while participatory research is said to originate in Latin America, Africa and Asia (De Koning & Martin, 1996) and feminist research is often situated as a Western development, both are indebted to each other. Similarly, Indigenous methodologies have deeply influenced participatory research and anti-racist feminist research in particular. All of these methodologies indicate a shared concern with unmasking oppression, forwarding subjugated knowledges, theorizing social location,
and improving the lives of subordinated peoples through knowledge production and social change. So while this project may not have resulted in a collective action, it did draw on important elements of participatory research, particularly in terms of prioritizing benefits to the participants of this study.

We think it is important to avoid adopting a purist attitude towards participatory research. At the same time it should be recognized that participation should genuinely be empowering and not just a situation where local people work with a researcher for the latter’s convenience. (De Koning & Martin, 1996, p. 3)

Attention to power relations between the researcher and researched is a primary concern in participatory research, decolonizing methodologies and anti-racist feminist research, and certainly an important issue in this study.

Decolonizing methodologies offer specific approaches that helped shape my research design especially in terms of Yoga practice and teachings. An emphasis on process rather than outcome underpinned the relationship building aspect of the Yoga workshops and interviews, the community-based snowball sampling method used to involve participants, and an appreciation for the diverse locations and experiences of those involved. Furthermore, Yoga was contextualized as an Indigenous knowledge that entailed a critique of colonialism and Western hegemonic frameworks. Tuhiwai Smith (1999) writes:

It is surely difficult to discuss research methodology and Indigenous peoples together, in the same breath, without having an analysis of imperialism, without understanding the complex ways in which the pursuit of knowledge is deeply embedded in the multiple layers of imperial and colonial practices. (1999, p. 2)

The Yoga teachings, as well as Western discourses about Yoga, required attention to imperial and colonial practices in order to understand embodiment as simultaneously

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28 My use of “community-based research” refers to involvement of the South Asian Women’s Centre and the Barbara Schliefer Commemorative Clinic. These organizations provided resources in support of this project. As a young woman I was a user of services of both of these organizations and the findings of this study will be offered in support of their work. During the proposal stage of this study input was sought from my contacts at each organization. A “snowball sampling method” is when participants hear by word of mouth through friends and service providers. Some participants brought friends and family members
sentient and social. The integral approach to mind, body, breath, emotions, and spirit, along with attention to the natural environment and a critique of social relations of power, is elaborated on in decolonizing methodologies, and central to how Yoga is framed in the design of this study.

Embodied learning through Yoga practice provided the context for group discussions about health, healing, violence and oppression. Yoga instruction, drawing exercises, 29 photography and journal activities were presented as resources for the participants in their learning and self-reflection, but these were not analyzed as data in this research. In the individual interviews, some of the women referred to the journal, drawing and photography activities as they reflected on their experiences in the project. Journals were used for the purpose of self-reflection and for the participants to track their experiences of embodied learning throughout the project. Thus, I refer to these activities only when they are mentioned by the women in their interview contributions.

In decolonizing methodologies, the researcher’s role is made explicit, rather than obscured through positivist notions of objectivity (Brown & Strega, 2005; Tuhiwai Smith, 1999). Furthermore, reciprocity and accountability are key aspects of the researcher’s role and responsibility. As the researcher / facilitator for this project I endeavored to make my standpoint transparent to the participants. This involved articulating the ways that I experience subordinate as well as dominant positions within social hierarchies. Adrienne Rich argues that “recognizing our location, having to name the ground we’re coming from, the conditions that we have taken for granted” (1986, p. 218) requires that we constantly critique the subject positions we construct as well as the positions we don’t see at all. As a researcher in this study I responded to the risk of failing to reciprocate and be accountable to the participants by keeping in mind that “the politics of location” (Rich, 1986, p. 210) requires self-reflection and a consistent questioning of my own identity formation, location and responsibility to learn about the

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29 There were two drawing exercises. We drew on a map of the world the routes that our parents and ancestors traveled to tell the story of how each of us arrived in Toronto. The anatomy drawing exercise involved helping each other to trace the outline of our bodies on a large paper. Each person then drew organs in the traced image of their body. This mapping provided a starting point for discussing journeys, history, politics, identities and how we understand and feel about our bodies.
histories and perspectives of participants – histories and perspectives that I may or may not be aware of.

Thus, the responsibility for questioning my own perspectives had to go hand-in-hand with being accountable for learning about the perspectives and self-reflections of the women I interviewed. Towards this end, I shared my own experience and contributed in our group discussions and in the interviews. I kept a journal and referred to it while conducting the workshops and in writing this thesis. I participated in all discussions keeping in mind my responsibility to be transparent and be vigilant about not dominating, coercing or appropriating the contributions of participants.

Narrative plays an important role in this research. Participants told me stories as a way of illustrating their understandings and experiences. Taking up Audre Lorde’s work on the erotic as liberation and Michele Foucault’s ideas about “technologies of the self” Suki Ali argues that understanding race and racism benefits from approaches that address sentient-social embodied experience: “The narrative process involves remembrance as a means of working from the surface of the body to the internal workings of the psyche and emotions which are felt as corporeal and sensual” (2005, p. 167). Participants reflected on their Yoga practice as a way of discussing how their narratives are embodied in terms of sentient-social embodiment. Quoting Audre Lorde, Ali (2005) argues:

“Memories” of embodied encounters need narration and renarration in the changing relation of self and identity to the collective cultural discourses of ‘race’ and mixedness. As Audre Lorde argues, our most powerful encounters with the social are felt as erotically charged. “[For] the erotic is not a question of only what we do; it is a question of how acutely we can feel the doing” (Lorde 1984: 54). (S. Ali, 2005, p. 168)

Participants explored embodiment through the practice of Yoga. As an embodied learning methodology, Yoga provided a way to examine health, healing, violence and oppression in their lives. As a methodology for this study, embodied learning proved to be an important resource for the women. It allowed the participants to address sentient-social embodied experiences and understandings along with the consequences of social inequity.
Data Analysis

Critical Approaches to Embodied Learning

The approach to Yoga taken in this project is attentive to the diverse teachings within this expansive tradition and knowledge (Fields, 2001). These teachings are also understood as shaped by power relations and historical contexts. In other words, Yoga as a physical, mental, emotional and spiritual resource and worldview (developed before and throughout European colonial rule in South Asia) is understood as an Indigenous knowledge shaped by current social contexts as much as the cumulative contributions of ancestors engaged in embodied and experiential learning. Using Yoga as a practice and pedagogy for embodied learning involves discussing equity issues in the attempt to theorize our lived embodied experience. This approach helped to explore not only what kinds of health teachings or resources the participants want but rather what circumstances facilitate health and healing and how they do embodiment and embodied learning.

In her book Circle Works, Fyre Jean Graveline (1998) uses the Medicine Wheel to teach a university course about feminist and anti-racist theory and practice. She writes:

In surviving the contradictory and assimilatory terrain of Schools, I have returned to the power of Aboriginal Traditional ways. Many people say that when they have been taught strong principles in the Traditional way, and have had even a glimpse of their tribe’s guiding sacred vision, they are better able to cope with and live well in today’s changing world (Beck and Walters 1997). (1998, p. 12)

Similarly, Roxana Ng (2000b) describes her experiences of teaching a course titled “Health, Illness and Knowledge of the Body: Education and Self-Learning Processes” at the University of Toronto. Using Traditional Chinese Medicine as a central part of the course curriculum, she writes:

Teaching this course gave me an opportunity to explore and reclaim an aspect of my cultural heritage. It allowed me to experiment with a form of teaching that attempts to overcome the mind/body split in intellectual endeavor that is an endemic part of university education. Finally, it helped me bring the public (my career and activism) and private (achieving balance and well-being) spheres of my life together. (Ng, 2000b, p.169)

Both Graveline and Ng comment that the decision to use Indigenous knowledges has a pedagogical, personal and political function in their work. Furthermore, Graveline writes:
An Aboriginal worldview, represented by the holism of the Medicine Wheel, highlights the narrowness of Eurocentric thought, and calls into question the high value that is placed on intellectual analysis and reflected in the exclusive focus on cognition in transformative pedagogies (p.76)... A Traditional Aboriginal perspective pays attention to learning and teaching as an embodied experience. Traditionalists continue to believe that the more of our senses – sight, hearing, smell, taste, touch – that we use in learning/teaching something, the more likely we are to understand and remember it. (Graveline, 1998, p.77)

The pedagogical methods used by both scholars suggest that embodied learning is a central aspect of their anti-oppression pedagogies. Furthermore, both scholars indicate the compatibility between anti-oppression education and Indigenous knowledges and in doing so, challenge dominant forms of knowledge production.

In “The Denial of Difference: reframing anti-racist praxis,” Dei (1999) suggests that anti-racist research has focused on material impacts of racism; however,

Beyond the materiality of race is the spiritual dimension. In other words, racism has deep emotional aspects and carries deep psychological scars. The immense spiritual consequences of racism have been largely undertheorised and treated as superficial or imaginary constructions. (Dei, 1999, p.30)

Despite the fact that the spiritual dimension of racism may be undertheorized, many scholars, including Dei, acknowledge the importance of addressing it in anti-racism work. He writes:

By introducing knowledge about human spirituality as an important aspect of the anti-racism praxis, critical educators can offer a way to deal with the integrity of the individual and the group in the life/social contexts in which personal identities are formed. Such a transformative reconception will provide a more holistic understanding of how as individuals and groups, we come to understand our multiple worlds and act within them. (Dei, 1999, p.31)

Similarly, Ng (2000b) comments:

Preparing and teaching the course made me more fully appreciative of how scientific knowledge has become disembodied and how feminist and postcolonial scholarship participates in the privileging of the mind over the body. It allowed me to explore ways of re-embodying the knower as a subject in scholarly pursuit. (Ng, 2000b, p.169)
Implicit in both Dei and Ng’s work is the acknowledgement that systemic change is as much about changing power relations as it is about addressing the results of violence and oppression. In her book *Journeying Forward: Dreaming First Nations Independence*, Patricia Monture-Angus (1999) writes that working for social change means addressing systemic inequity as well as its consequences for Aboriginal peoples. “It is not just the colonial relations that must be undone but all of the consequences (addictions, loss of language, loss of parenting skills, loss of self-respect, abuse, violence and so on)” (p. 11). Increasingly, scholars are taking up issues of mind / body / spirit interconnection in conjunction with social inequity precisely because of the need to address both the causes and effects of colonization and oppression (M. J. Alexander, 2005; Frankenberg, 2004; hooks, 1993; Orr, 2002). This often involves recourse to the teachings found in Indigenous knowledges. As Monture-Angus (1999) writes: “Change will come when we rebuild our relationships on traditional principles, such as the Anishnabe ones of caring, sharing, truth and strength” (1999, p. 12).

**Voices: Mine and Theirs**

I used QSR Nivo software to code the interview data in terms of the topics I asked them about (health, healing, violence, and oppression) as well as themes that emerged pertaining to embodiment and embodied learning. Interviews with the young women participants were coded in a set and the social service workers and Yoga teachers were coded in a separate set. I separated these two groups because I wanted to be able to compare frequently reoccurring themes in both sets. My interview questions were slightly different for each group (Appendices E, H & I). In the interviews with participants I focused on their experiences and understandings whereas with the social workers and Yoga teachers I asked questions pertaining to working with marginalized groups, in particular, young South Asian women.

I compared the young women’s contributions in two ways. First, I looked at their responses to each question as a set. For example, it was interesting to see what each participant had to say about question number one and observe the common or disparate aspects of their responses. I also took care to code each interview as a cohesive text. By
looking at responses on a question by question basis, as well as taking each interview as a unique narrative, I was able to observe dominant themes among the women at the same time as I was able to see the distinct paths that each woman had traveled in relation to dominant themes. This approach allowed me to see the forest and the trees. For example, one of the most frequently mentioned themes was relationships. However, what women had to say about their relationships varied widely. For some, relationships were a source of support, while others emphasized obstacles posed by unhealthy relationships. Combined, their contributions highlight the effects of social inequity on relationships in terms of health and healing processes.

Three dominant themes emerged from the interviews. First, healing is important, difficult and sometimes impossible in response to violence and oppression. Second, hegemonic discourses about healing make pursuing it very difficult. For example, New Age discourses of healing that efface the structures and consequences of violence and oppression emphasize individual agency in a way that suggests it is a person’s own fault she or he is unable to thrive. Furthermore, because of the dominant view of healing as an individual bourgeois pursuit, some women express ambivalence towards healing with respect to their political and social commitments. However, they also comment that an aversion to healing is not in their best interests because when they are not well, their ability to engage in social justice efforts is severely compromised. The third theme pertains to embodied learning as a counter hegemonic healing strategy. Women remark on the importance of sentient-social embodied attunement, and attempt to renegotiate the meaning of healing in political terms.

A considerable challenge in analyzing the interviews has been selecting excerpts to illustrate key findings. The participants’ stories were rich and the content of what they say would be compromised by shortened interview excerpts. For example, when women reply to a question such as “What does healing mean to you?” they tell stories that touch on relationships, experiences of violence, strategies for resistance, identity, culture and structures of inequity all at once. They offer the context, content and analysis of their own experience as a cohesive whole in a way that challenges the role of researcher who is expected to excise only what is “relevant” to arguments and findings. By focusing on the integrity of their experiences and understandings I give them more space on the page.
This also results in a more complex rendering of each participant and their perspectives. I believe that for the reader, more information is available in the stories each woman tells than a composite of social locations attached to their pseudonym.

While transcribing I also attempted to include sounds, gestures and words that do not follow grammatical rules and formats. Often participants were thinking through their experiences and ideas while speaking. By respecting the integrity of their expression rather than focusing only on their words, I try to convey the cohesiveness of non-linear expression. I want to remember how the women spoke as much as what they said and when I returned their transcript for their review and approval, I hoped they would recognize their stories as their own. Of course, translation is inevitable as the experience of the interview is captured on audio tapes and then transcribed. However, I don’t think that translations need be defined only as deterioration and I tried to ensure that the transcript became another version of what the women wanted to contribute rather than a lesser representation of our interview. Thus, I encouraged women to edit and revise or add to their transcript if they wished. Some did, but on the whole the transcripts were returned to me without changes.

My efforts to hear and convey the stories that the women told me will always be my story of their stories. As Maxine Birch (1998) explains in “Re/constructing Research Narratives: Self and Sociological Identity in Alternative Settings,”

I was selecting and organizing the sociological story that I told within a specific frame of PhD research. As I wrote my story of the research during the final stage of ‘being here’ I was constructing and informing my own sociological identity (Birch, 1998, p. 172).

Birch’s research on the construction of self-identity in alternative therapy groups prompts her to examine her own construction of self-identity as a sociological researcher through three stages: “going there” as theoretical explorations before fieldwork, “being there” in terms of doing field work, and “being here” as the process of data analysis and writing (Birch, 1998, p. 172). It is in her theorization of being here that she writes: “The stories that I have gathered from others in the field now become my own” (p. 173). This statement is not to suggest she appropriates the stories told to her, but rather an acknowledgement of the construction of the research process and the inevitability that the
telling of these stories is refracted through her own experience and perspectives (p. 175). As I prepared for, engaged in, and now write up my research, I too experience the challenge of producing scholarly knowledge that reflects the participants stories while at the same time keeping my standpoint salient. Birch resolves this through an acknowledgement of a mirror image that exists in ethnographic research.

I was able to take the words of others and place them into my own interpretation. This was the mirror image, and the recognition that I was also producing a story eased my conscience of transforming the data away from its original setting. I was able to say, yes, this is my story of others, and this is how my story of those others is produced. (Birch, 1998, p. 182)

It is this last statement that opens up the space for more than a “narcissistic” (p. 175) exercise because examining how I tell others stories allows me to articulate my understand our shared social context (if not experience) and the politics I forward in telling my story and theirs. In other words, I understand Birch’s methodology as a pursuit of finding one’s voice by acknowledging how it is produced through social relations of power and how this shapes the storytelling we do in qualitative narrative research. Not only does this encourage transparency of the research process, but for researchers struggling with positivist criteria for what counts as credible scholarship (i.e., objective, rational, absolute knowledge), it also provides an alternative to the resulting self-doubt and devaluation of subordinated knowledges.

Sally Kimpson (2005) discusses her experiences as a disabled woman doing graduate research and how she was able to overcome the insecurity that is fostered in academia through construction of students as consumers of knowledge rather than makers of it. She describes feeling anxious and self-doubting; however, through a process of deconstructing Western positivist methodologies, and by finding and trusting in her own voice in self-reflection, she was able to find her way to an embodied approach to doing research. Her chapter titled “Stepping off the road” theorizes the way she was able to construct a “transgressive self in an academic setting” (Kimpson, 2005, p. 73).

I was finally listening and attending to my own intuition, voice and embodied knowing after deferring for so long to the disembodied “experts.” While learning to value my own knowing, I was unlearning
values I had learned about the knowledge of these experts and the methods they espoused. (Kimpson, 2005, p. 88)

Doing transgressive work involves both talking back as well as speaking from somewhere. It also involves thinking about who is not speaking. At times I found this overwhelming with respect to reading and analyzing the interviews. Keeping in mind the hegemonic voice I aim to speak back to, my own voice and the voices of the women who participated in this project often felt like an impossible task. I think in part this is due my desire to get it right: that is to make sure that my analysis of the interviews was comprehensive.

Using NVivo was at times helpful, but at other times tugged at my insecurities in terms of positivist quests for absolute truth. In other words, at times I lost focus on the fact that my analysis could only ever be my partial situated perspective on what I understood from the participants’ contributions. Rather than accepting this as part of my methodology, there were periods of time where I focused more on the features of the data analysis software than finding my own voice and freeing myself to “play with the data” (Kimpson, 2005, p. 89). Kimpson speaks to this experience when she writes:

In this silencing of self, my creative, embodied, knowing self was not free to emerge and play with the data in ways that made sense to me as a disabled woman studying in the same social context as the informants. I had focused instead on being as “true” to the data as I could while trying to erase myself and any influence I might exercise. (p. 89)

The dilemmas of writing as someone who shares some context with the women in my study, and watching for any assumptions shaped by my unacknowledged privilege and ignorance of the participants’ lives, can’t ever be finally resolved. It is the research process.

Finding my voice in this work has meant that I neither claim an uncomplicated position of authority, nor dismiss the importance of a shared context with whom I spoke. As Sandra Harding (1993) writes,

So one’s social situation enables and sets limits on what one can know; some social situations – critically unexamined dominant ones – are more limiting than others in this respect, and what makes these situations more
limiting is their inability to generate the most critical questions about received belief. (S. Harding, 1993, p. 54)

By thinking about what enables and limits my knowledge, I make claims based on a critical approach to history and analysis of social relations of power. Harding writes, “Standpoint epistemology sets the relationship between knowledge and politics at the centre of its account in the sense that it tries to provide causal accounts – to explain – the effects that different politics have on the production of knowledge” (p. 55). When I locate myself, I generate knowledge from my own starting point, as well as acknowledge that “marginal lives that are not [my]own provide better grounds for certain kinds of knowledge” (p. 58).

Language is another important issue. In attempting to tell my story of the stories told to me, I am interested in language capable of conveying the intricacies and social relevance of the power relations and sentient-social embodied experiences the women describe. But it would be dishonest to claim that I am writing only for the women who participated in this study. The issue of language came up in the interviews and on occasion I was forced to rethink the terms I used in our discussions and confront my academic training and my taken for granted ideas. For example, “oppression” was better described by one to the participants as “forcing things upon [people] and making them feel very belittled” (Shanthine, 23, Youth Settlement Worker / BA) whereas in another interview oppression became a useful concept to discuss how violence and healing are experienced in the social sphere (Fatima, 24, Youth Coordinator / BES / BA).

I, along with the participants, constantly theorized in our discussions. However, this was a process rather than an attempt to construct a static homogeneous understanding. In her discussion of the “race to theory” Barbara Christian (1990) writes:

I and many of my sisters do not see the world as being so simple. And perhaps that is why we have not rushed to create abstract theories. For we know there are countless women of color, both in America and in the rest of the world to whom our singular ideas would be applied…This is not to say we are not theorizing. Certainly our literature is an indication of the ways in which our theorizing, of necessity, is based on our multiplicity of experiences. (Christian, 1990, p. 342)
I appreciate the emphasis Christian places on “doing” theory out of necessity, a sense of purpose and empowerment, or as she puts it: “…what I write and how I write is done in order to save my own life” (p. 343). This urgency does not accommodate universal abstraction and furthermore challenges those who fail to “distinguish the desire for power from the need to become empowered – that is, seeing oneself as capable of and having the right to determine one’s life” (Christian, 1990, p. 343). Christian defines theory as something that has political purpose, changes relative to context, and “affirm[s] that sensuality is intelligence, that sensual language is language that makes sense” (p. 343). In making sense (theorizing) in this study I draw on theory that speaks to embodiment defined in terms of sentient-social experience. Christian’s caution about “the race to theory” and commitment to “a tuned sensitivity to what is alive and therefore cannot be known until it is known” (Christian, 1990, p. 344) has helped in conducting and analyzing the interviews and in the writing of this thesis. Her words support my recourse to theory, as well as the process of theorizing itself, as an exercise in purposeful and sensible language, that is, language that conveys my political project and speaks to embodiment in sentient-social complexity and variation.

Young South Asian Women Participants

In order to identify the participants in some way that helps the reader to follow their contributions in the following chapters, their pseudonyms, age, occupation and / or education are listed here and after each excerpt from their transcripts.

1. Amirtha, 19, High School Graduate / 1st year University
2. Amrit, 26, Mental Health Coordinator / MSW
3. Fatima, 24, Youth Coordinator / BES / BA
4. Jasmine, 23, MA Student
5. Khadija, 22, Social Service Program coordinator / University Degree
6. Lina, 23, Unemployed / University Degree/ College Diploma
7. Maya, 24, Nursing Student / BSc
8. Mina, 25, MSW Student
9. Rania, 23, Community Worker / Consultant / BA
10. Rekha, 21, 3rd year BA student
11. Sarah, 19, 1st year university student
12. Shalini, 21, H/R Payroll Assistant / BA commerce
13. Shanthine, 23, Youth Settlement Worker / BA
14. Zahra, 23, High School Graduate
15. Zainab, 27, Youth Counsellor / BA / Graduate Student

These characteristics preserve some level of anonymity for the young South Asian
women participants. However, it is a departure from the common practice of using place
of birth or identity categories to differentiate research participants. In their interviews the
women address identity in terms of birth place, culture, religion, sexuality, and diasporic
migration. It is an important part of how they theorize embodiment. I take the position
that their identities are best addressed in their own words because of how they complicate
identity categories. To referencing their social location in parenthesis does not do justice
to their discussions about identity and where women do not reference identity, I do not
assume that my knowledge of their birth place for example, is adequate to make claims
about their social experiences.

Using age, occupation, and education as a means of identifying participants is one
of many options I considered. However, by attending to the age and what the women do or
have done in their employment and education experiences, I highlight the ways that
they are somewhat privileged despite their experiences of subordination and
discrimination as young women in the labour market, education institutions and society at
large (George & Doyle, 2005; Jiwani, 2005; Samuel, 2005). A study such as this would
seem to be focused only on the opposite, that is, how the women are subordinated in race,
gender, sexual hierarchies. While this is a central concern of my research, their
participation in the study itself along with the way they engaged the topics is also
influenced by access to income and education. Many found it very difficult to attend
because of employment and other responsibilities, but they still managed to participate.
Participation must be acknowledged as a decision they were able to make, one that could
only be made with access to some level of support. I can only speculate that had I
recruited through groups and organizations where women accessed services in their
geographic, religious and cultural communities, I may have found greater diversity in terms of income and education. In fact, participants that found out about the project through the partner agencies for this research tended to have less access to income, education and social supports compared with those who found out about the project through my previous Yoga classes, community work, and academic circles (word of mouth or circulation of the recruitment poster).

Ten women are either enrolled in or had completed an undergraduate degree. Four women are either enrolled in or had completed a master’s degree. One woman had completed a high school diploma. Six women indicated they were employed in the social services sector. One woman worked in an office as a payroll assistant. One woman indicated she was unemployed and looking for work. Seven women did not indicate employment, five of whom were enrolled in university studies.

While all of the women commented on not having time and supports to attend to their needs and well-being in the past and present, they were able to take time for themselves by attending the workshops, even if it was only to attend a few sessions. Arriving at a place where one acknowledges and seeks out support is often described as a first step to healing and as wrought with difficulty as this is, it is a far cry from where the vast numbers of racially subordinated women stand. In other words, there is a distinction to be acknowledged between being able to participate in this study and not being able to participate at all. I argue that access to income, being housed, and having been exposed to discourses that advocate self-care, community-based research and programs, anti-racism, feminism, decolonization, health promotion and / or New Age individualism, often entails access to supports and education. This is reflected by the occupations and education attainment for the majority of participants.

**Group Profile**

With the aim of preserving the anonymity of the women who participated I offer a description of the group rather than individual profiles. The communities in which these women live, work and socialize are in some cases very tight-knit. Thus, in order for the women to feel comfortable sharing their experiences, confidentiality was very important.
We approved a confidentiality agreement in the workshops and for the purposes of the interviews, the letters of permission and informed consent outlined how the participants’ identity would be protected (Appendices B & C). Furthermore, anonymity was especially important to participants in cases where the women were involved in immigration or refugee hearings and/or under threat of violence from family, community and/or the dominant culture.

This profile outlines the diversity of 15 young diasporic South Asian women who came together in this project. The information compiled here is taken from a form that participants were requested to fill out before the workshops commenced (Appendix D). The women were born in many different parts of Canada and the world. In terms of language, religion, identity, class, and education this profile demonstrates the inevitable social differences within a grouping such as “young South Asian women” in a diasporic setting such as Toronto. In the subsequent chapters of this thesis where I address comments from the women regarding their place of birth, ethnicity, sexual identity, for example, I address their experiences through their own analysis rather than constructing a composite of each participant used then to support my analysis. My decision to do this may leave readers wondering about the details of each woman’s life or desiring a picture of each participant much like a character description in a novel. This methodological approach places importance on how the participants analyse their experience while preserving a degree of anonymity. I have addressed what the women had to say in self-reflection rather than attempting to portray them as a sum of their social locations and risk making assumptions that may not be true. The details of each woman’s life are important and I endeavour to convey this through their own words. Thus, the following summaries of age, workshop attendance, birth place, parents’ birth place and occupation, family size and living arrangement, languages spoken, previous experience studying Yoga and self-reported health status is provided for the sole purpose of ascertaining the range of experience participants brought to this research.
**Age**

The age of the women ranged from 19 to 27 years old. Two women were 19. Two were 21. One woman was 22. Five women were 23 and two were twenty-four. The three oldest women were 25, 26 and 27 respectively. Although this project was promoted to women between 18 and 25, I accepted two participants who were 26 and 27 after it was clear that there would be space for them to attend. See Table 1 for a summary of the participants’ ages.

**Table 1**

**Age Range of Participants**

<table>
<thead>
<tr>
<th>Age</th>
<th>19 yrs.</th>
<th>21 yrs.</th>
<th>22 yrs.</th>
<th>23 yrs.</th>
<th>24 yrs.</th>
<th>25 yrs.</th>
<th>26 yrs.</th>
<th>27 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of participants</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Workshop Attendance**

Of the 15 women interviewed three women attended the Yoga workshops once; one woman came twice; two women attended four workshops; one woman attended six; two attended seven workshops; three women attended eight of the workshops; and one attended nine. Two women attended all 12 workshops. Nine women in total attended six or more of the 12 workshops (60% of participants attended 50% or more of the workshops). See Table 2 for a summary of the workshop attendance.

**Table 2**

**Workshop Attendance**

<table>
<thead>
<tr>
<th>No. of workshops attended</th>
<th>1</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of attendees</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Birthplace

Ten women were born in Canada: five in Toronto, Ontario; and five in Edmonton Alberta, Moncton New Brunswick, Calgary Alberta, Vancouver British Columbia, and Victoria British Columbia respectively. Five women were born abroad: two in Sri Lanka; one in Saudi Arabia; and two in the United Arab Emirates (UAE). Of the women who immigrated to Canada, one woman who was born in UAE came in 2000 at the age of 19 via New Zealand where she had lived for five years. Another woman emigrated with her family at the age of 11 from Saudi Arabia. Another woman immigrated to Canada independently from UAE shortly before participating in the project. Of the two women from Sri Lanka one came at the age of 11 and the other at the age of 16. One of the women born in Canada went to Pakistan as a child and then returned to Canada at the age of 11. Another woman born in Canada was taken to Saudi Arabia for two years as a baby.

Both women from Sri Lanka mentioned their families came to Canada because of political reasons or to escape the civil war. Two women who immigrated stated that their parents moved to Canada for better opportunities for their children. One woman came alone as a refugee. See Table 3 for a summary of the participants’ places of birth.

Table 3

Participants’ Place of Birth

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto, Ontario, Canada</td>
<td>5</td>
</tr>
<tr>
<td>Edmonton, Alberta, Canada</td>
<td>1</td>
</tr>
<tr>
<td>Moncton, New Brunswick, Canada</td>
<td>1</td>
</tr>
<tr>
<td>Calgary, Alberta, Canada</td>
<td>1</td>
</tr>
<tr>
<td>Vancouver, British Columbia, Canada</td>
<td>1</td>
</tr>
<tr>
<td>Victoria, British Columbia, Canada</td>
<td>1</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>1</td>
</tr>
</tbody>
</table>
Parents Birthplace, Occupation and Education

The young women’s fathers were born in Kenya (2), Trinidad (1), Sri Lanka (2), Bangladesh (1), Jamaica (1), India (6), Pakistan (2). The occupation and education of the participant’s fathers are shown in Table 4.

Table 4
Profiles of Participants’ Fathers

<table>
<thead>
<tr>
<th>Father’s birthplace</th>
<th>Occupation</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kenya</td>
<td>Entrepreneur</td>
<td>High school graduate</td>
</tr>
<tr>
<td>2. Trinidad</td>
<td>Realtor</td>
<td>Accounting certificate</td>
</tr>
<tr>
<td>3. Sri Lanka</td>
<td>Cook</td>
<td>Grade 10</td>
</tr>
<tr>
<td>4. Bangladesh</td>
<td>Chartered accountant</td>
<td>University degree</td>
</tr>
<tr>
<td>5. Jamaica</td>
<td>Sales</td>
<td>Some university and college education</td>
</tr>
<tr>
<td>6. Sri Lanka</td>
<td>Teacher</td>
<td>Bachelor of Science degree</td>
</tr>
<tr>
<td>7. Kenya</td>
<td>Business owner</td>
<td>College</td>
</tr>
<tr>
<td>8. India</td>
<td>No occupation mentioned</td>
<td>Bachelor of Science degree</td>
</tr>
<tr>
<td>9. India</td>
<td>Business owner</td>
<td>University (not sure)</td>
</tr>
<tr>
<td>10. India</td>
<td>Chemical engineer</td>
<td>University degree</td>
</tr>
<tr>
<td>11. India</td>
<td>Superintendent</td>
<td>Mechanic certificate</td>
</tr>
<tr>
<td>12. Pakistan</td>
<td>Retired civil engineer</td>
<td>Bachelor of Arts degree</td>
</tr>
<tr>
<td>13. India</td>
<td>No occupation mentioned</td>
<td>College diploma</td>
</tr>
<tr>
<td>14. India</td>
<td>Telecom consultant</td>
<td>Master of Business Admin. degree</td>
</tr>
</tbody>
</table>
Two fathers had completed high school diplomas and eleven had college and/or undergraduate university education. One of the fathers had completed a graduate degree (MBA). Three women did not indicate an occupation for their father. Five of the fathers’ occupations can be classified as professions (e.g., realtor, chartered accountant, teacher, and engineer). Seven of the participants fathers were employed in business (e.g., sales and entrepreneurship) or trades (e.g., cook, superintendent).

The young women’s mothers were born in Tanzania (1), Guyana (1), Sri Lanka (2), Bangladesh (1), Jamaica (1), Uganda (1), India (4), Pakistan (2), Kenya (1) and Holland (1). Mother’s occupations and educations are shown in Table 5.

**Table 5**

*Profiles of Participants’ Mothers*

<table>
<thead>
<tr>
<th>Mother’s birthplace</th>
<th>Occupation</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tanzania</td>
<td>Entrepreneur</td>
<td>Not finished high school</td>
</tr>
<tr>
<td>2. Guyana</td>
<td>Help desk operator / teacher</td>
<td>Education not mentioned</td>
</tr>
<tr>
<td>3. Sri Lanka</td>
<td>Day care worker</td>
<td>Grade 10</td>
</tr>
<tr>
<td>4. Bangladesh</td>
<td>Not mentioned</td>
<td>Unknown</td>
</tr>
<tr>
<td>5. Jamaica</td>
<td>Sales associate</td>
<td>Some high school</td>
</tr>
<tr>
<td>6. Sri Lanka</td>
<td>Housewife</td>
<td>High school completed</td>
</tr>
<tr>
<td>7. Uganda</td>
<td>Business owner / bookkeeper</td>
<td>College</td>
</tr>
<tr>
<td>8. India</td>
<td>Not mentioned</td>
<td>Master of Education degree</td>
</tr>
<tr>
<td>9. India</td>
<td>Web designer</td>
<td>Bachelor of Arts / Interior design</td>
</tr>
<tr>
<td>Mother’s birthplace</td>
<td>Occupation</td>
<td>Education</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>10. India</td>
<td>Not mentioned</td>
<td>Two years of college studies</td>
</tr>
<tr>
<td>11. Pakistan</td>
<td>Housewife</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>12. India</td>
<td>Store clerk</td>
<td>Bachelor of Arts in English</td>
</tr>
<tr>
<td>13. Pakistan</td>
<td>Teacher</td>
<td>Master of Arts Literature degree</td>
</tr>
<tr>
<td>14. Kenya</td>
<td>Not mentioned</td>
<td>Grade 10</td>
</tr>
<tr>
<td>15. Holland</td>
<td>Temp. worker / artist</td>
<td>High school</td>
</tr>
</tbody>
</table>

*Note. 1 through 15 in this list do not correspond to the list of participants on page 128 where they are identified using as pseudonym, age, education and occupation.*

Six of the participant’s mothers had completed high school education. Five participants indicated their mothers had college and / or undergraduate university education. Two mothers had graduate degrees and two participants did not indicate their mother’s level of education. Two mothers were in a professional category (e.g., teacher, day care worker). Six mothers worked in sales or business (e.g., entrepreneur, sales, web designer, and temporary worker). One woman worked in social service organizations as a help desk operator. Two women said their mothers were housewives and four other participants did not indicate their mother’s occupation.

While it is difficult to precisely discern the socioeconomic class of the young women from the information they gave about their parents occupation and education, using the interviews in conjunction with the information provided above I would suggest that the class location of participants ranged from middle and working class, working poor and low income.

**Family Size and Living Arrangements**

Two women have only one sibling. Seven women have two siblings. Four women have three, four, five and seven siblings respectively. See Table 6 for a summary of family size.
Table 6

*Number of Siblings in Participants’ Families*

<table>
<thead>
<tr>
<th>Number of siblings</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>3</td>
</tr>
<tr>
<td>Two</td>
<td>7</td>
</tr>
<tr>
<td>Three</td>
<td>2</td>
</tr>
<tr>
<td>Four</td>
<td>1</td>
</tr>
<tr>
<td>Five</td>
<td>1</td>
</tr>
<tr>
<td>Seven</td>
<td>1</td>
</tr>
</tbody>
</table>

Four of the women mentioned that their parents were separated or divorced. Four women live with their parents and siblings. One woman lives with only her mother and another woman lives with her mother, grandmother and siblings. One woman lives with her partner and siblings. Five women live with friends or roommates. Three women live alone.

In summary, all the participants have one or more siblings and on average participants have two siblings. A third of participant’s parents were divorced. Roughly half the women live with family and the other half live with roommates or alone. All the participants had housing.

*Languages Spoken*

Languages spoken by individual women other than English include Arabic, Baluchi, Bengali, French, Gujarati, Hindi, Karachi, Persian, Punjabi, Sinhalese, Spanish, Tamil, Telegu, and Urdu. See Table 7 for a summary of languages spoken by participants.
Table 7

*Languages Spoken by Participants*

<table>
<thead>
<tr>
<th>First language spoken</th>
<th>Other languages spoken in addition to English</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gujarati</td>
<td>Karachi, French, and Arabic</td>
</tr>
<tr>
<td>2. Tamil</td>
<td>Sinhalese</td>
</tr>
<tr>
<td>3. Bengali</td>
<td></td>
</tr>
<tr>
<td>4. Tamil</td>
<td></td>
</tr>
<tr>
<td>5. English</td>
<td>Gujarati</td>
</tr>
<tr>
<td>6. English</td>
<td>Some Punjabi</td>
</tr>
<tr>
<td>7. English</td>
<td>Spanish, French, Hindi</td>
</tr>
<tr>
<td>8. English</td>
<td>Telegu</td>
</tr>
<tr>
<td>9. Punjabi</td>
<td></td>
</tr>
<tr>
<td>10. Baluchi</td>
<td>Arabic, Urdu, Hindi and some Persian</td>
</tr>
<tr>
<td>11. English</td>
<td>Urdu and Punjabi</td>
</tr>
<tr>
<td>12. English</td>
<td>French and Punjabi</td>
</tr>
<tr>
<td>13. English</td>
<td>Spanish, French, Hindi</td>
</tr>
<tr>
<td>14. English</td>
<td></td>
</tr>
<tr>
<td>15. English</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* 1 through 15 in this list do not correspond to the list of participants on page 128 where they are identified using as pseudonym, age, education and occupation.

All participants spoke English; however, only two women spoke only English. English was not the first language for six of the women in this project. Seven women spoke more than two languages (not including English).

**Experience Studying Yoga and Self-Reporting on Health Status**

Only one woman said that a member of her family had studied Yoga. Seven women said they had never studied Yoga before. One woman studied in India once every
two weeks over a four month period and practiced on her own during that time. Two women had been practicing regularly before participating in this project. Three women had practiced with me the previous year during time limited class offerings (less than six classes). Two women said they had practiced on and off or “not seriously” prior to participating in this project.

When asked why they wanted to participate women said:

- learning, physical benefits and peace
- relax, let go of worries and stay in shape
- heal from problems and self-understanding
- curious to know what Yoga is about
- to be tuned in with the physical / mental / spiritual self
- interested in learning different arts
- mind / body / spiritual benefits
- spiritual and health well-being
- relaxation and awareness
- strength, peace, harmony and creativity
- health reasons and to relax
- to connect to mind and physical self, better mind / body connection
- physical / spiritual / mental / emotional connection
- relax, be in touch with the body

Several women mention learning Yoga as a way to gain insight into their physical, emotional, mental, spiritual experiences. Relaxation, increasing awareness, learning and creativity were noted as ways to develop this insight.

Ten women indicated in the written form that they did not have any health problems. One woman wrote that she was anaemic and often weak, tired and dizzy. Two women indicated back pain. One woman said she had mild asthma. One woman did not
comment. When interviewed the 10 women who indicated they did not have any health problems in the written form described times that they felt unhealthy to include feeling depressed, having poor sleep and diet, arthritis, body pain, menstrual pain, emotional and mental health issues, substance abuse and addiction, and self-harming.

**Limitations: Who Was Not in the Study**

None of the young women had children. An important factor in this limitation was that childcare was not provided. Childcare provision is a necessary requirement for making programs accessible to women with children. However, a lack of financial resources prevented the provision of this important support. Furthermore, young racially marginalized mothers face high rates of poverty and marginalization in addition to considerable demands on their time and energy (Paradis, Novac, Sarty, & Hulchanski, 2008). A project such as this (held in the evening and not associated with parenting supports and resources) was clearly not accessible.\(^{30}\) As a result the project findings are regrettably limited to young South Asian women without children.

Another significant limitation to this research pertains to participation of young South Asian women with disabilities. Although the meeting space for the workshops was physically accessible and the project was promoted through organizations that provide services to persons with disabilities, no young South Asian women with disabilities participated in this project. In my experience of teaching Yoga to youth and women with disabilities, participation depends on whether or not programs are held in familiar spaces where services for persons with disabilities are offered. While the agency we met at offers service to adults and seniors with disabilities, it was not a location frequented by young South Asian women with disabilities. Furthermore, successful programs usually hinge on the focused programming geared toward youth with disabilities and offered in a closed group setting. Despite the fact that the Yoga workshops for this research were designed for both able-bodied and women with disabilities, and that they were held in an accessible space, I would argue that the discrimination and barriers for women of colour with disabilities would require more than outreach, an accessible space and anti-ableist
curriculum. It would require programming developed by young South Asian women with disabilities that speaks directly to how racism, gender oppression and ableism produce a distinct experience for young South Asian women living with disabilities (Khedr, 2003). An experience that cannot be understood through an additive framework that would simply see disability as an adjunct to the oppressions experienced by non-disabled young South Asian women (Stuart, 1992).

To successfully engage this constituency would require holding the workshops and interviews at a space where young South Asian women with disabilities meet and ensure that their experiences were at the centre of the study. Integrated spaces are very important; however, just as there has been a need for young women of colour to organize and meet behind closed doors for specific projects and purposes, young South Asian women living with disabilities would similarly benefit from this strategy precisely because of the ways that they experience marginalization with in their own communities and families in addition to mainstream society. In the early stages of this research I made the decision to broadly define participant participation as “young South Asian women” (see Appendix A). While I had hoped that young South Asian women with disabilities would participate, the outcome of this research is another indication that addressing the experiences of young women with disabilities requires much more than circulating a poster through community agencies, which is all I was able to do for this study beyond activating my personal networks.

Similarly, I would argue that the context and barriers to services for South Asian trans people also requires research explicitly focused on their experiences. Although

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30 Research clearly indicates that racial minority young parent families headed by women experience marginalization, poverty and lack of access to services (Khosla, 2003).
31 Stuart (1992) argues that black disabled people’s marginalization within their own community and family stems from ableism. However, this is shaped by racially subordinated communities responses to racism and capitalism that constructs disabled people as markers of cultural inferiority, deviance, national otherness and economic liabilities. He writes
They are ascribed an identity, perceived as outsiders and assumed to ‘suffer’ from alien cultural practices; which are assumed to account for their incidence of impairment….the identity of black disabled people is also informed by their separation from the wider ethnic minority community….I shall argue that what isolates black disabled people from their able-bodied peers is the various responses that ethnic minority communities have adopted in this climate of racism (184).
32 Trans people is a term that can refer to diverse behaviors and identities such as cross-dressing, transvestitism, transgendered, transsexual, intersexual, and androgyne. Transgendered can mean an
promotion of this project was directed to community groups and organizations supporting trans people, none of the participants identified in this way. It is highly likely that the wording in the poster using the category ‘woman’ and not explicitly encouraging participation from trans people, deterred those who do not identify with normative gender categories. In the same way that the term “young South Asian woman” may have appealed to the women who participated, it may equally have been a deterrent to trans peoples (and others who do not identify with normative definitions of youth or South Asian). Three of the participants identified as bi-sexual in this research, one of whom knew of my identification as bi-sexual prior to this participating in this project. Another component of field work that this project would have benefited from would be to hold workshops for South Asian lesbian, bi-sexual, queer, questioning, trans youth. This is certainly another area for future research that may yield a deeper exploration of sexuality in relation to embodied learning and the other findings in this research.

When designing the research poster I was aware that the explicit mention of violence or sexuality in the recruitment poster and outreach strategies could be a deterrent to potential participants. Based on previous community development and education work, I anticipated that the social stigmas and shame attached to having experienced violence, along with taboos associated with sexuality, would deter young South Asian women from becoming involved in this project. The poster emphasized Yoga and a limitation to this sample is that these are only women who were interested in learning Yoga and / or talking about social issues. Participants were not given financial

identification with an alternate gender identity than what is expected in society according to biological sex assignment. It can also be understood as a gender identity that does not conform to normative constructions of femininity or masculinity. Transexual can be understood as the desire for physiological sex reassignment in order to align gender identity with sex assignment. For more information see: http://www.queensu.ca/humanrights/tgts/tgts_myths.htm.

33 Initiatives such as AQSAzine for young Muslim South Asian women and trans people offer an important corrective to the limitations in my study: http://aqsazine.blogspot.com/.
34 While participating in organizing a conference and series of workshops for Shakti Kee Chatree, a group for young Indo-Caribbean and South Asian women established in partnership with Education Wife Assault (Toronto 1994), I noticed that many of the young women who attended these events were not responding to our flyers and posters identifying our focus on violence prevention. Those that attended came because they knew someone involved in the organizing. Similarly, at the South Asian Women’s Centre AGM held on November 5, 2003 front-line service workers discussed how their efforts to address violence among South Asian women were most successful when women were brought together through activities such as sewing groups, cooking, and other recreational programs. When the women attended these programs they were
compensation for their involvement. However, they did receive a Yoga mat, TTC tokens, a meal, reading materials, and Yoga instruction. Women were told repeatedly that the interview was completely optional and that they could attend the Yoga workshops without doing the interview. Three women did just that.

Despite the limitations of this research sample, the group of women who participated were diverse in terms of nationality, ethnicity, religion, class background, citizenship status, sexual identity, education, place of birth, family size and arrangement, occupation, languages spoken, and importantly, their sentient-social embodied experiences and understandings. Each woman shared a unique standpoint from which to discuss experiences and / or understandings of health, healing, violence and oppression. Because they did so, I would argue that contribution of this study outweighs the limitations that often accompany a small qualitative research project such as this.

**Social Service Workers and Yoga Teachers**

Three Yoga teachers and two social workers interviewed provide “variety” that inform and contextualize the contributions of the young women as well as my experience as a Yoga teacher and community worker (Kirby & McKenna, 1989, p. 98). They were approached because of their engagement with embodied learning and experience working with young South Asian women in Toronto and other subordinated groups. Their distinct social locations and different professional and training experiences are also important in the pursuit of a “reliable” description and analysis of all interviews. Kirby and McKenna (1989) write:

Reliability refers to the trust or confidence we have when speaking about the description and analysis of our data. Does our description truly represent what we found? Is it true? Can the description or analysis be depended on? Are research participants able to see their experience in the research report? (p. 35)

However, the authors also indicate that reliability should be contextualized by a

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able to build trust, access services and supports and in many cases disclose the violence they were experiencing and take steps to addressing it.
“hermeneutic of suspicion” in the process of interpretation “not in regard to the words of the women, but rather in regard to the context within which and out of which they are functioning.” (Shelly Davis Finson quoted in Kirby & McKenna, 1989, p. 32)

So, while the contributions of the Yoga teachers and social workers are important to the reliability of this research by offering different perspectives on embodiment, they are also subject to the same critical framework used to understand the interview data provided by the young women, who, it should be noted, also offer widely diverse perspectives despite their commonalities as young South Asian women.

The Yoga teachers and counsellors I interviewed speak about their experience of racism and other forms of violence and oppression. They describe the paths they’ve taken as students and practitioners of embodied learning and like the young women, their contributions are rich with insight about sentient-social embodiment within the context of social inequity. A list of their names and profiles are as follows:

1. Anne-Marie, Yoga Teacher
2. Candace, Yoga Teacher
3. Sonia, Yoga Teacher
4. Niku, Youth Worker & Coordinator
5. Tina, Counsellor

Anne-Marie is a Caribbean woman of African, South Asian, European and Caribbean Indigenous ancestry. She was born in Canada and grew up in Etobicoke, Ontario. As a trained dancer Anne-Marie has been involved in movement studies and instruction for many years. She has been teaching Yoga since 2000 and is thirty-eight years old at the time of her interview. Her decision to take a teacher training program in Kundalini Yoga was both to deepen her own practice and because she wanted to teach Yoga. Anne-Marie offers Yoga classes for women of colour and works in the Black community with organizations addressing health promotion and disease prevention. She also has experience working with women in recovery from addiction. Anne-Marie is interested in bringing Yogic teachings to bear on individual and group responses to the
physical, mental, emotional and spiritual impacts of inequality as well as the challenges of everyday life.

Candace is a twenty-six year old First Nations woman of James Bay Cree, Ojibwa and French ancestry. She grew up in a traditional way in small town in northern Ontario and works as a student recruitment officer for a large education institution in Toronto. She has been teaching Yoga for three years. Candace teaches Yoga in First Nations communities as well as in mainstream fitness clubs and community centres. Her initial reason for taking a teacher training course was to deepen her Yoga practice and improve her health. After experiencing the benefits of Yoga she became committed to sharing her skills as a Yoga teacher in the various communities in which she works. Candace sees many parallels and compatibilities between Yogic teachings and Indigenous knowledges of Turtle Island. She is interested in the common aspects and diversity of Indigenous knowledges and committed to respecting the cultures and communities where these knowledges have been developed.

Sonia has been teaching Yoga since 2002 after completing a BA program in Yoga studies in India. She is a Punjabi Sikh woman whose ancestry is from the Pakistan region of pre-partition Punjab. Sonia started training as an actor at the age of fourteen and started working professionally at the age of sixteen. During her twenties she worked with community based theatre groups and participated in education work with youth using theatre as a medium for addressing social issues. While living in India she started to study Yoga and was encouraged by her guru to become a Yoga teacher. During this time she developed a Yoga and theatre curriculum for young people that focused on building self-esteem and life skills. Sonia is committed to teaching Yoga as a way to help people find their window of opportunity: the place from which each person can grow and improve their life in some way.

Niku is a South Asian youth worker and peer mentorship coordinator. She has been doing this work for three years. She is a Bachelor of Environmental Studies graduate and has worked in India and Central America. Her parents immigrated to Canada from East Africa. Niku was born in Canada. Niku works with young South Asian women as young as thirteen years old. She also works with survivors of abuse. Niku uses
her experiences to connect with the young women she works with around issues of
immigration, poverty, family responsibility, and through her work abroad, she also has
insights into refugee issues. Niku is very interested in using creativity to build
confidence and to provide a forum where young women can address social issues and
work for individual and collective change.

Tina has been a counsellor for over fifteen years. She does individual and group
counselling with women who are survivors of violence, partner abuse, sexual abuse and
childhood sexual abuse. Her training is in psychology and social work and she has
worked predominantly with marginalized people. Fifty percent of her caseload at any
given time is with South Asian women, most of whom are between the ages of eighteen
to thirty years old. Half of her South Asian clients speak Hindi, Urdu and/or Punjabi.
Her fluency in these languages and her experience as an immigrant woman are strengths
that she brings to her work with South Asian clients. Tina uses mindfulness and
meditation practices in her work with women survivors of violence.

**Researcher Profile**

In addition to writing this dissertation, I participated in discussions during the
workshops and shared my experiences and ideas in the interviews. As a researcher and
facilitator for this project my background and standpoint are inevitably embedded in all
aspects of this work. Sandra Harding argues that “The subjects of knowledge for
standpoint theories…are embodied and visible, because the lives from which thought has
started are always present and visible in the results of that thought” (1993, p. 62).
Furthermore, in *Research as Resistance: Critical, Indigenous and Anti-Oppressive
Methodologies* (Brown & Strega, 2005), contributors Kathy Absolon and Cam Willett
(2005) write that “When it comes to research by/about Aboriginal peoples, location is an
essential part of the research process. The actual research cannot take place without the
trust of the community, and one way to gain trust is to locate yourself” (2005, p. 97).

Their chapter succinctly titled, *Putting Ourselves Forward: Location in
Aboriginal Research*, Absolon and Willett (2005) demonstrates and theorizes what it
means to “put ourselves forward.” For example the authors comment:
As our chapter illustrates, location is more than simply saying you are of Cree or Anishinabe or British ancestry; from Toronto or Alberta or Canada; location is about relationships to land, language, spiritual, cosmological, political, economical, environmental, and social elements in one’s life. (Absolon & Willett, 2005, p. 98)

Their chapter begins with a transcription of a discussion between them and flows into a theoretical discussion. In it they self-locate while simultaneously theorizing what it means to share knowledge from their distinct locations. Described by Absolon and Willett as part of the challenge to “unlearn colonial research agendas and processes” and the need to “be creative in revising research methodologies to make our research more Indigenous and counter-colonial” (p. 106), locating oneself is identified as central to resisting Eurocentrism and ethnocentricism by countering the idea of objectivity and the process of objectification (p. 107). They explain that it also helps readers identify the vested interests of the researcher and calls her to be accountable in her relationships. Absolon and Willett explain that process is very important and the imperative of Indigenous research is counter hegemonic, or as they write “counter-colonial.” Location, then, is not a confession or laundry list of experiences; rather it is a theorization of one’s relationships and the processes one participates in for the purposes of counter-colonial social change. Keeping this in mind, I try to write as an embodied subject “and to show how such an account can be written not merely as a self-absorbed autobiography” (Ng, 2000a, p.185).

I was born in Mississauga, Ontario in 1969. I lived in Oakville, Ontario (one of the most affluent towns in Canada) until the age of eighteen at which time I moved to Toronto where I have lived since (excluding two years spent in Victoria, BC from 1990-92). My maternal ancestry is European.35 My mother’s paternal family immigrated as colonial settlers in the mid 1800s from Britain and Ireland to the Anishnaabeg territories of the Mississauga peoples. They purchased land through the process of colonial land theft and the illegal appropriation of Mississauga Nation territory through the Toronto Purchase - a deed that was blank upon its inception in 1787 until 1805 when the

35 I am grateful to Jane (Rundle) Barnacki and Theresa Faubert who have spent many years researching our ancestral history.
Mississauga peoples were coerced into signing a new deed. My mother’s maternal ancestry is French and our ancestors came to Haudenosaunee territories in the early 1700s. My great grandmother’s paternal grandparents descended from a French soldier who came to New France in 1750 in a colonizing military operation aimed at subordinating the Mohawk peoples of Kanesatake.

I have only recently acquired this information and learned about the extent to which my maternal family is implicated in the colonization of Indigenous territories. I attribute this to what Linda Tuwai Smith (1999) identifies as a process of settler claims to Indigenous status after several generations of land occupation and the erasure of colonial violence underpinning such claims (Smith, 1999, p.7). I, along with my maternal family, never questioned our sense of entitlement and belonging in the Canadian nation and despite my experiences of racism; I too grew up claiming Canada as my “home and native land.” Another factor in our settler sense of entitlement is the unremitting crises that my mother’s family members faced, including: violence, mental illness, sexual abuse, alcoholism, suicide, economic hardship and interpersonal betrayals between family members – all of which, I believe, contribute to an unquestioned sense of belonging to the nation, and complicity with the inequities that underpin it, as compensation for the hardships they faced. I would even argue that this fueled our identification with whiteness and all other markers of elite citizenship despite the fact of my family’s subordinate class position in a white settler capitalist society. In other words, my maternal family demonstrated a settler mentality based on a strong sense of entitlement to the privileges they possessed by virtue of having worked hard and suffered for them. The erasure of colonization and racism is a requirement of this subject position.

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36 The Toronto Purchase along with the 1923 Williams Treaty and the Brant Treaty of 1794 are currently being challenged by Mississauga peoples in land claims negotiations with the Canadian government. The United Anishnaabeg Councils of the Chippewa, Mississauga and Pottawami formed in 1985 represent a long history of treaty making with the Crown that spans the period of 1761 to 1923. [http://www.uac.org/index.htm](http://www.uac.org/index.htm)
37 Haudenosaunee are the people of the longhouse. Iroquois is the name given to the Haudenosaunee people by the French and Algonquin peoples. The Haudenosaunee confederacy includes the Cayuga, Mohawk, Oneida, Onondoga, Seneca and Tuscarora peoples.
38 Kanesatake, a National Film Board production directed by renowned filmmaker Alanis Obomsawin, details the history of the Mohawk peoples and contextualizes the 1992 Oka “crisis” as it was named in the media and Canadian government, as a continuation of anti-colonial struggle for self-determination in that territory.
39 Canadian national anthem.
For example, while attempting to theorize her location as a white woman, a colleague of mine described her immigrant grandparents as deserving of the privileges they had acquired because they had worked “damn hard for them.” Sunera Thobani (2007) describes non-elite claims to Canadian citizenship through a process of exaltation:

Exaltation enables nationals with even the lowliest ‘internal’ status to claim civilizational and existentialist parity with privileged insiders and civilizational superiority in their daily encounters with outsiders…It enhances the social and moral being of all those included within the national enterprise and promotes aspirations of acquiring greater nationality among even the most despised of insiders. (Thobani, 2007, p. 21).

My colleague’s comments made me think about my maternal family and settler entitlement. Examples that come to mind include my father not being permitted to enter my maternal grandparents home when my parents announced their engagement. I can also recall being called a darkie as a child by my grandmother (whom I loved dearly) and “jokes” attributing my great grandmother’s summer tan to Native ancestry as a way of commenting on the skin colour difference of my father, myself and my siblings. My maternal family exhibited a sense of exaltation and unquestioned entitlement of national belonging in tandem with the hardships they faced.

My paternal ancestry is South Asian. My father was born near Kolkata in West Bengal, India in 1930. My father’s elders, including his father and maternal uncle, were Indian nationalists who were persecuted during the Independence movement. However, my father’s family were land owning Brahmins40 and his class location and access to education allowed him to study abroad and eventually immigrate to Canada in the mid-1960s. This was just prior to what anti-racist historians have referred to as a period of “paki-bashing” – a time in which increased South Asian immigration was met with pervasive racist violence perpetrated by Canadian citizens who may or may not have had a significantly longer settler presence,41 but in any case were economically and culturally

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40 A privileged caste group whose dominance was further entrenched during the British rule of India.
41 The idea that white settlers were here first is a racist belief that obscures colonization of Indigenous territories and the fact that South Asian and other non-white immigration have a long history of colonial settlement in Canada. For example Chinese immigration British Columbia in as early as 1858 during the gold rush and South Asian immigration at the turn of the 20th century in some cases predates immigration of white settlement from east and southern Europe (Bolaria & Li, 1988; Thobani, 2007).
threatened by these newcomers. My father is an immigrant from post-colonial India and a settler in Anishnaabeg territories. His immigration to Canada is shaped by colonization there and here and although he is not an elite beneficiary, he certainly did enjoy rewards while living in this white settler society. Sunera Thobani (2007) writes:

> Propelled into the circuit of migration by structural conditions within the global economy, as well as by their desires for economic advancement, migrants have been party to the ongoing colonization of Aboriginal peoples (2007, p. 16)... I argue that although the suffering of immigrants cannot be minimized neither can their participating (and benefiting from) the ongoing cultural and material domination of Aboriginal peoples. (Thobani, 2007, p. 17)

With this in mind, I acknowledge my privileged settler location along side my family’s experiences of marginalization in terms of race, class and gender.

I identify as bi-sexual and queer and I am married to my male partner (August 2002). He was born in Etobicoke, Ontario where his parents immigrated in the late 1960s from Maharashtra, India. Our extended family through the marriages and children of our siblings are diverse and include Anishnaabe (Ojibwa), European and Peruvian relations. I mention this not as credentials but as something I keep in mind as a means of remembering that others have relationships with partners, friends, family and community that are similarly diverse. Social location is an important aspect of how I designed and engaged in this research as well as in my other work, such as: my research about Reena Virk (a young South Asian women who was assaulted and murdered at the age of 14 in Victoria, British Columbia); my involvement in anti-oppression education, advocacy and research; and, teaching Yoga as a resource for negotiating and, to the extent that it is possible, recovering from violence and oppression. With both successes and mistakes resulting from my efforts, I remain committed to practices aimed at countering social inequity, and the violence that accompanies it. This requires attention to my social location, relationships, and the relations of power I am implicated in.

During my coming out as a lesbian mixed race woman of colour in the early 1990s, I wrote an essay titled “In a Complex Weave” exploring my social location and experiences growing up (Batacharya, 1994). In this work I consider what it means to unpack interlocking relations of power. Using my family relationships as my starting
point, I grapple with my identity as simultaneously shaped by sexuality, race, gender and class. A key concern for me is how people experience privilege and oppression in different contexts. In the excerpt below I identify how my parents relied on their privileges as a means of offsetting the ways that they were marginalized and disempowered in society and in their marriage.

In my parents’ relationship, I witnessed my father’s experience of racism in his marriage to my mother as well as in the Canadian society. I was also aware of his privilege as a man which, at times, he abused. My mother, who comes from a working-class white background, experienced sexism and misogyny in her marriage and as a psychiatric survivor. Discrimination of people with mental illness is an issue that has had a huge impact on the way I view society. Putting into context my father’s experience of racism, his privilege as a man, my mother’s experience of misogyny and her privilege as a white woman, has made me aware of the need to understand how oppressions, as well as privilege, intersect and how these affect interactions between people. Critically examining this has been an important step to understanding and working in solidarity with those who struggle against multiple oppressions. It has also been the reason I feel it is important to always identify and be responsible about one’s own power and to be aware of one’s ability to abuse power depending on the situation. My mother and father come from different places of pain and discrimination. What has been very hard to witness is the lack of respect for each other’s experiences and to see how disempowered people use what privilege they may have to lash out at one another, striking where each is most vulnerable. (Batacharya, 1994, p. 183)

My experience of family has been central to how I theorize power relations and over the years I return to these relations and find yet more to say.

Despite my father’s enjoyable trips home later in his life to visit family, friends and to eat his sister-in-law’s cooking; he staunchly identified with all things European and expressed great disdain for “Others” including his own people. He worked in Europe for twelve years before moving to Canada where he met my mother and he would speak of Germany and England as more of a homeland than India, which he often described as a “backwards” place he had risen above. The contradictions embodied by my father were legion. Suffice it to say that, even though he refused to discuss colonization with me in terms of his experience growing up in India, I learned much from him about the
internalization of oppression and how responses to subordination include allegiance to elites and the adoption of dominant perspectives (Fanon, 1967; Razack, 2004).

After several stays at women’s shelters throughout the years, my mother finally left my father in the fall of 2001 at the age of fifty-seven, only to suffer a painful death from cancer the following summer. She told me that the time she spent living in supportive housing for people with mental health issues was both the hardest and happiest time of her life. My father died in 2007 at the age of seventy-seven having enjoyed several years of retirement despite the deterioration of his internal organs from decades breathing fumes while working as a technician in paint factories. Helping my parents prepare for and experience death deepened my theorizations of how social location interlocks with sentient experience. After my mother died I struggled with depression and I was pregnant at the time of my father’s death. Both of these experiences were profoundly physical, emotional, and spiritual. However, these experiences were also deeply painful because of the social inequities that permeated my family relationships. My mother’s death and my emotional response to it, and my father’s passing while being pregnant deepened my awareness of the importance of engaging sentient-social aspects of my experience simultaneously. I don’t think this made it less painful than anything else I’ve experienced in the continuum of my family disappointments and difficulties, but it did help get my through many crises as a result.

Paying attention to my location has requires more than cognitive theorization. Emotional, physical and spiritual aspects of my lived experience and family relationships are critically important in my endeavor “to understand how oppressions, as well as privilege, intersect and how these affect interactions between people” (Batacharya, 1994, 183). This is where my Yoga practice has been crucial. Having a way to engage emotional, psychic and “spirit wounding” (Wing, 1997, p. 28) – one that attends to breath, body, and spirit – has been an important part of my practice of self-location. While the teachings of Yoga in and of themselves offer a way of addressing the damage caused by violence and oppression, in my case Yoga is also a way to think about culture, history, community and how these shape identity. Absolon and Willett (2005) write:
Sometimes we locate with song, dance, or story or we locate using ceremony, language or tradition. For example, when we open a class with a smudge, we locate our cultural identity through a traditional ceremony. When we open a meeting with a prayer, we locate ourselves through our spirituality. (p. 112)

Furthermore, as these scholars suggest, people and knowledges change in response to context.

Location means that we begin by stating who we are and we revise this statement over and over again. We each locate ourselves differently at various points in our lives. As our recovery from colonialism progresses, we speak about our past and present experiences with more awareness, understanding, and knowledge, and we revise the stories of our lives.

Revision through location is essential and integral to our recovery process. (Absolon & Willett, 2005, p. 112)

Self-locating as a process is important in terms of being able to make research an embodied journey. When I reflect on my experience in 1994 and observe how I write about it now, there are no hard breaks but certainly new offshoots to consider. Keeping this in mind, I must also acknowledge the transitions I’ve experienced throughout the course of doing this study and accept that my perspectives have and will shift. Being able to articulate these shifts is part of my project and further debunks the idea that research is objective or that research can be anything but a process characterized by change and context. Furthermore, I agree with Sandra Harding who argues that communities, not individuals, produce knowledge because it is only through community that the knowledge I claim can be challenged or legitimated (1993, p. 65). Thus, contextualizing the claims I make in this study necessitate that I critically examine my location and relationships as an inextricable part of the research process.

I draw on decolonizing methodologies as a way to challenge the results of and the present day manifestations of colonialism. As a settler of European and South Asian ancestry living on Turtle Island, engaging with history and social relations of power is an important requirement for doing research that counters hegemonic ways of knowing and acting. Embodied learning, and in my case, through Yoga practice and teaching, has been invaluable because it has allowed me to address sentient-social lived experience. It provides an integrated approach to addressing violence and oppression, one that I’ve used
to address resilience and restoration along with social change as important aspects of the same struggle.

Summary

The participants in this study constitute a highly diverse group despite a common identification with the construct “young South Asian woman.” While this identity grouping contains diversity, in this study it is important to acknowledge who was not present and speculate on possible reasons for absence and exclusion. For example, South Asian women living with disabilities, women with children, lesbian and young trans people were not part of this study. I offer several possible explanations for this limitation owing to my research design as well as larger social relations of power that deeply marginalize specific groups in the South Asian community and larger society.

In this chapter I have addressed the importance of process and standpoint in the design of this study and the way it has been carried out. In the following chapters, as much as it is possible, I attempt to convey the experiences of the participants through their own expressions. However, I fully acknowledge that this occurs through my voice and the lens I use to understand their contributions. By theorizing my own standpoint, that is, how I understand my experiences through a critical analysis of history and social relations of power, I locate myself and endeavour to understand the locations of the participants. The tools I use in this task are both conceptual and methodological. I draw on anti-racist feminist and decolonizing methodologies for ways to analyse power at the same time I attend to ways of producing counter hegemonic and counter colonial knowledge.
Chapter Five:
Violence is the Anti-thesis of Healing:
The Embodied Consequences of Social Inequity

Introduction

Contributions from the young women in this study elaborate the claim made in health research that, social inequity is a primary determinant of health. Participants offer distinct insights about how to theorize multiple and mutually constituted forms of violence and oppression and the effects these have on their embodied experience. For example, they express the difficulty (or impossibility) of pursuing healing while also claiming it as an important form of resistance and challenge to social inequity: a strategy that is hard precisely because of the ways they are "stripped down" by violence and oppression. Furthermore, in their discussion of violence and oppression, participants theorize embodiment as inextricably sentient and social. What becomes clear in attending to the participants’ interviews is that they describe embodiment both in terms of the bodily effects of violence and oppression, and how bodily attunement in terms of sentient-social experience is an important strategy for resisting these violations and their consequences.

This chapter focuses on many issues of violence and oppression that young diasporic South Asian women experience and bear witness to. Their contributions suggest four main themes:

1. Ordering society through violence and oppression;
2. Stripped down, Can’t Budge;
3. So many issues, which is hard; and
4. Self and other, identity and relationships.

The women make an important contribution to previous scholarship that name and theorize the experiences of violence and oppression among differently located South Asian women (see Chapter Two). However, the young women’s comments also add to understandings of how violence and oppression proliferate and contextualize sentient-
social embodied experience. Similarly, it is important to note that while their strategies for resistance may echo preceding accounts, a significant contribution of this study is that the participants elaborate on forms of resistance by way of sentient-social embodiment attunement.

**Interview Findings**

**Ordering Society through Violence and Oppression**

Participants define violence and oppression in various ways. Many are familiar with sociological understandings making reference to systemic examples and personal experiences. Others offer definitions pertaining to personal experiences and observations without making reference to theoretical terminology and frameworks. However, all define violence and oppression in terms of inequitable social relations and the abuse of power.

Violence is more than an event. It's an experience of being prey or subject to power which can take the shape of an event or it can take the shape of a person or a relationship or an entire system or structure...Violence is the hierarchical ordering of people into people whom you cater to and people who are put on earth to cater to you. Everybody is unconsciously weighing on these scales; every interaction is framed as who is going to come out on top. That is such a violent ordering of society. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

I asked the young women to first define violence, and then oppression. However, many do not make a distinction between the two.

Violence is different on a number of levels, there is institutional violence that is carried out by the state or churches or the law and the judicial system that carries out systemic [pauses]... god this is the work I do so why the hell...it carries out oppressive acts on people so acts that silence, ignore, erase people and peoples histories or communities or, in a community a way that they silence them could be to hitting somebody to
beating people to sanctioning the beating of people to just erasing their histories. So First Nations communities, the institutional violence against them is, acting [like] this was a virgin land when people came and writing that in the history books so people assume that nobody was there on the land so that it was okay to colonize it. And then there is individual violence which is of course linked to institutional violence but individual violence such as you know a husband hitting their wife, incest where a child is sexually touched by a person of authority in their lives, rape where a woman is...non consensual sex. What else, there are lots of forms of violence. There are forms of violence financial abuse where women that are, low income women not being able to access welfare or women not being able to access jobs. There is spiritual abuse where people can't practice their religion due to constraints in their country or wear head scarves…There is HIV related abuse where people will out somebody for having HIV to their families and that is abuse. There are so many types of abuse…. Ya, there is a lot violence. Not just violence but oppression I use the word oppression all the time. Violence and oppression are the same thing in my mind. Cause it is violence right, violence doesn't have to be only physical. (Fatima, 24, Youth Coordinator / BES / BA)

Similarly, another participant answers:

Oppression is the same [as violence] but I think it is more systemic. So there are institutional things or like structures, policies that mean that certain groups are more marginalized or oppressed than others. So like in Canada people of colour, women, immigrants don't have the same rights as white dominant society. And we see that in the way that the police are brutalizing young black men or young men of colour. And we see that in the way that certain community services are provided and the way that community services for people of colour are like less funded and diminishing and less resourced. And immigration policies that don't allow doctors to practice medicine and lawyers to practice law because they are
Rania emphasizes systemic aspects of oppression and like Fatima and Zainab she does not limit her understanding to only the experiences of South Asian peoples.

In addition to understanding the multiple and interconnected facets of violence and oppression, participants speak to the specificity of how violence and oppression are embodied. For example, Zainab (27, Youth Counsellor / BA / Graduate Student) addresses social embodiment within contexts of violence when she says: “I guess oppression is the differential way in which people experience violence in a way that is gendered and raced and by ability and sexuality and all of these things.” Another participant’s definition of violence attends to how it affects a person emotionally, physically and spiritually.

I guess the first thing that came to mind is violence is the anti-thesis of healing. So its painful, oppressive…violence would be the anti-thesis of healing in the sense that it would affect you in the same way that you would need these things to heal – so emotional, physical, spiritual. Violence can occur at all those sort of levels. (Mina, 25, MSW Student)

While Zainab notes that social relations are central to how violence is experienced, Mina speaks to the emotional, physical and spiritual effects of violence. Taken together, their comments highlight the sentient and social consequences of violence and oppression.

Another participant speaks to sentient-social embodiment with reference to systemic understandings and emotions.

Oppression can also come in many forms. I think that we all...coming from a South Asian background I have felt oppressed in certain situations and I don't think it matters if other people can relate or not or if other people say oh ya, okay that's oppression. It doesn't matter. If you felt that another individual or group was perhaps making you feel that you were a weaker more subordinate individual or coming from another group I think that oppression...my feelings of it...it comes in many forms like when I
was younger or just being teased because I was brown skinned or something. But I also think it can come as a form of exotification. I guess when I was in [Europe] I felt oppressed although there was absolutely nothing directed towards me for me to feel that way… I felt like a country of all white people and I was the only brown girl. And of course that did make me feel...people did exotify me. That was one direct form of oppression. Although that didn't happen extremely so often...perhaps not getting eye contact when I really wanted to. I felt like kinda out of conversations or just not understood. So I guess perhaps I shouldn't have said I didn't feel anything directly. I did feel things directly. It was just a matter of the way I was perceiving them. It's always different for every individual and for me it was these tiny little details that caused me to feel a bigger emotion. (Rekha, 21, 3rd year BA student)

Participants in this study ground their theoretical understandings of violence and oppression in their lived experiences. Shanthine, like Rekha, also struggles to reconcile her felt experience with a theoretical understanding of oppression.

For me oppression is, I'll just say what it means to me and not the way I learned at school. I see oppression very differently than what was told to me. Maybe I never really understood it well but, I feel oppression is when someone really puts you down, takes over, takes away the way you think of things, allows you not to be you, not to practice the things you believe in and force you to do something else that you don't really like. I feel that's oppression to me. A lot may disagree with me but that's what I feel oppression to me… forcing things upon me and making me feel very belittled. (Shanthine, 23, Youth Settlement Worker / BA)

Similarly, Sarah (19, 1st year university student) speaks of oppression as feeling put down and Lina (23, Unemployed / University Degree / College Diploma) describes it as feeling silenced. Maya (24, Nursing Student / BSc) describes oppression as putting people in boxes in order to impose beliefs upon, constrain and control people. Common to those who use analytical frameworks as well as those that use metaphorical and
experiential language, is the centrality of power in violence and oppression. Furthermore, participants struggle to reconcile analytical understandings with their felt experiences.

In the quote above Shanthine describes her feelings in contrast to definitions of oppression she learned in school. Fatima, who exclaims, “god this is the work I do so why the hell am I pausing,” is echoed by Amrit who begins her definition with a self admonishment.

I define oppression...I'm a social worker so I just spent a whole five years doing this so if I don't know then I'm screwed....My definition of oppression involves an analysis of power and privilege and the impact of power, the exercising of power over; capitalism, imperialism….So that the result is the rendering of individual groups, various groups in society as powerless and marginalized, vulnerable with what I see as an unfair limitation to access. (Amrit, 26, Mental Health Coordinator / MSW)

Additionally, when describing what it feels like to be a target for violence many also address the violence we do to ourselves and the violence we do to others.

I think if, just an example, if I didn't have that process during this time, [Yoga workshops] that was like my peak point in life and I'm not sure what would have happened to me. I think I would have just had a nervous breakdown. I'm not sure. I would have just, maybe at work and stuff I would have put an act on, make up this big lie to everyone and probably… I would have gone home [and] been this terrible person screaming at everyone being so grumpy…that's how it used to be like I'll try my best to put up this person at work and then I'll go home and show all my anger and frustration at my family like or I'll just close the door and just get very frustrated over things and you know, I wasn't violent or anything it's just the littlest things that people will do, like if I'm unable to find things I'll just scream over things. (Shanthine, 23, Youth Settlement Worker / BA)
When Shanthine describes her actions as not violent I take her to mean not physically violent towards others. However, in this passage and at other points in her interview, she conveys that taking out her frustration and anger on her sisters and mother is painful for herself and them. Later in her interview Shanthine describes the first and only time she planned suicide. Although she did not follow through on the attempt, in her description of how close she came, her despair resulting from abuse and the lack of support from extended family is pronounced. In describing three aspects of violence Shanthine indicates how being victimized, self-harming and harming others are often part of a continuum in one’s lived experience of violence and oppression.

Similarly, Zahra speaks to three experiences of violence: the experience of violence from someone you love, self-harming, and enacting violence against others.

Sometimes you just start to dislike your own physical self or what's happened to that part of your body it just causes you to neglect or not take care of yourself. It gives you that feeling of being unworthy…if you love that person whether it be a parent or a sibling…for myself I do like a pattern of just hurting myself, I mean cutting…and acting in the same way of what was happening. I would be acting that out in the same way on other people or siblings. I wouldn't think I would do that normally. (Zahra, 23, High School Graduate)

In explaining how people sometimes respond to violence and oppression by harming one’s self and others, Zainab remarks:

Maybe what part of what violence and oppression do is they lock us into patterns of response to them. And because the nature of violence and oppression is anti-human, it's static and rigid and power-based and not about who you are, it is constantly trapping you into responses that even if they are about resistance they are equally rigid and anti-human and don't allow your own growth and feelings and flexibility. (Zainab, 27, Youth Counsellor / BA / Graduate Student)
Like Shanthine and Zahra, Zainab describes the experience of violence as well as being implicated rigid anti-human responses. Rather than effacing the violence done to oneself or others, these women acknowledge their agency and thus avoid claiming an uncomplicated position of victim-hood or innocence.

I think that where I work, I really believe that it is not just your experience of violence but it is your experience of violence from your position. And your location is based on the different forms of privilege and power that you have. So as a mixed race light skinned woman I may have more privilege in terms of me accessing resources to deal with the violence that I've experienced. Perhaps people are a little bit more apt to believe me than they would somebody from another background or darker skinned or a First Nations person because I look a good girl sometimes. So with good girls it's okay, the whole assumption with that, it's just a lot of sexism right. (Fatima, 24, Youth Coordinator / BES / BA)

An exercise that facilitated our coming to know each other better, involved tracing our ancestral journeys to Canada on a map of the world. This provided for a discussion of where we and our families migrated and when we arrived in Canada. In our discussions we also addressed skin colour racism, ageism, ableism, class, sexuality, and violence against women. Experiences held in common as well as those that distinguished each from another are one way of understanding how we carry privilege and disadvantage and how those experiences are contextualized by relations of power. Fatima’s comments resonate this strongly.

Of note is that Shanthine and Zainab also speak to embodied experience in terms of resisting the consequences of violence and oppression. Shanthine remarks that her Yoga practice helped her deal with experiences of violence in a way that had less costs for her. Zainab suggests that feelings of growth and flexibility counter feeling locked into patterns by violence and oppression. In doing so, they contextualize agency in relation within social relations of power; however, they also suggest that agency is not fully determined by social inequity. I return to this finding in greater detail in Chapter Six.
where I address participants’ experiences of embodied learning as a counter hegemonic healing strategy.

**Stripped Down, Can’t Budge**

Participants identify violence and oppression as foremost about power. Similarly, they describe its detrimental effects on health and healing as inextricable from social relations of power.

Ya, oppression impacts health because if you are living in a society that you feel is constantly against you then of course you feel like nobody, you feel like you can't do anything you feel powerless. And that affects your health. Again, even a simple thing like going to the hospital and being treated like crap because you are brown and you are not white and the doctors are white and you know they perceive you to be something and think that you don't deserve equal treatment…people telling you that you're less valid and you internalize that and of course it eats you up. (Rania, 23, Community Worker / Consultant / BA)

I think that's the whole idea of violence and oppression is to render a person powerless so that they aren't able to heal. The whole objective is for them not to heal. That's why there is oppression and there is violence…I think the way it works is like just take away every last thing of hope or ability to have the person exactly where you want them. Where they just can't budge. And if they move or they try to budge, strip that down too. And it's almost like a relentless nagging and stripping away and stripping away till you have the person exactly where you want them. And so how is that person going to be able to heal cause they're constantly being oppressed and having power used over them and experiencing violence? (Amrit, 26, Mental Health Coordinator / MSW)

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42 I was introduced to this exercise at a Shakti Kee Chatree workshop facilitated by Suvendrini Tanya Lena.
Powerlessness, hopeless, feeling eaten up and stripped is described as both the goal and result of violence and oppression. Amrit states that the purpose of violence and oppression is “to render a person powerless so that they aren’t able to heal.” This produces despair and ambivalence towards healing.

And how do I explain how circumstances or things can strip you so down that you just don't even care anymore. You don't care about healing. You know something is really really bad for you. You know you're making a huge mistake but you're just so affected and powerless and trapped, it's almost as if you're in a web. You're actually constricted that it almost is physical, it is so intense that you can't even see clearly anymore. So how could you ever heal? It just seems not even realistic to even hope for that. And that's where I've been when I've not been able to consider healing.

(Amrit, 26, Mental Health Coordinator / MSW)

Amrit highlights the difficulty or impossibility of healing in contexts where people are “having power used over them and experiencing violence” suggesting that powerlessness is a damaging effect of violence and oppression as well as a significant barrier to healing.

Mina, like Amrit, also comments on the difficulty of pursuing health and healing while experiencing violence and oppression.

Particularly as a woman and a woman of colour, and some of my friends who are in similar positions, how do you deal with oppression? ...that's one thing you don't have, that's what is similar to violence, you don't have control over what's happening to you, you don't have the power to stop it in a lot of ways, so how do you begin to heal from something that you have no way of stopping? And I guess that's...it can be a dangerous sort of path because then it can take larger systemic issues and individualize it…

(Mina, 25, MSW Student)

Rania, Amrit and Mina indicate that violence and oppression results in the internalization of inferiority that “eats you up,” hopelessness and immobilization in which a person feels they “just can’t budge,” and powerlessness caused by a constant onslaught of violence
and oppression that is beyond a person’s control. While all three highlight power in their comments, Mina notes that individualizing systemic issues is an additional danger.

Participants often conceptualize health and healing in terms of control. For example, empowerment as self-determination and control over one’s own life figured centrally in definitions and experiences of health.

So when I first started [the Yoga workshops] I was really stressed too. I think and I had a lot of things on my mind and then I don't really know how to explain it, but you feel like you have more control and because you are more calm you feel, like I don't want to use that word, but it's what it feels like, you feel more “empowered” that you can do things about your life and you can change things. (Maya, 24, Nursing Student / BSc)

Zainab comments on what healing feels like and in doing so suggests a strategic use of empowerment and control as a useful “fantasy”:

Feeling a greater sense of control and power over you life although I think that partially that is also always just a bug-a-boo. It doesn't really exist. It's kind of a myth and a fantasy of always having that but there is also that feeling. Even if it is just a fantasy it is a great fantasy. And it helps you cope in a way that's happier. And it's this amazing feeling of options and possibilities opening up. Like aspects of, like there are things that you can experience that don't feel permanently blocked off, you just are who you are. Or there is nothing stopping you from doing what you want. Like when you realize and the inhibitions drop away from something…from doing what you love like writing or painting. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Rania also suggests that empowerment and control can be used to negotiate contexts of violence and oppression:

I think healing empowers me because it kinda gives me strength back and the process gives me faith that something might be wrong but you can heal
and the process itself is empowering. I guess it gives you the strength to take control and know that no matter what happens there's always a process of healing that can take place...I think sometimes when people are oppressed and forced to struggle they take on more like a sense of need and survival and then that forces you...sometimes, I don't know...to look at things in a way of like this is so bad and then kind of...even to take the first step of healing, to acknowledge that this is wrong and I need to be healed is empowering. (Rania, 23, Community Worker / Consultant / BA)

While the ability to feel empowered is shaped by privilege and marginalization, healing and the sense of hope that it can engender is an important resource that the women use. Rather than recourse to control and hope as an anaesthesia, the women describe a strategic understanding of the importance of reconciling individual agency and social inequity.

Khadija also raises the issue of hope in her interview. She describes losing hope as a possible dangerous outcome of negative experiences of healing and health. In a very practical way this may hinder a person’s struggle to access resources in resisting or “fighting” or “contending” with violence and oppression.

I think negative experiences of healing and of health could and do affect your morale in a certain way. It may even cause you to loose hope with whatever you are contending with and also with the resources or the people that you thought would be useful for you. It is a dangerous situation I think. It could, a negative experience could stop you from trying to seek other sorts of help within yourself and outside. That makes it difficult I think to fight, to contend with violence or oppression. (Khadija, 22, Social Service Program coordinator / University Degree)

Similarly, Zahra comments:

Over time you kind of just accept it but if you experience a positive health experience or the....for me it would help me to be more assertive in terms of just saying no I'm not going to accept it anymore. Or otherwise you lose
that, you need to experience something like that so that you could just
stand up for yourself. (Zahra, 23, High School Graduate)

Participants differentiate hoping that a problem will go away from hope as a resource used to take action. Maya and Zahra speak about hope as a motivation and support for action rather than simply a state of mind.

Fear, as a response to violence and oppression, leaves lasting and deeply felt health impacts and presents significant challenges to the healing process. Lina comments: “I think violence definitely impacts health. Any type of violence it can make you feel like your life has no worth to it. It can make you feel really depressed. It can make you feel afraid and that goes for absolutely any type of violence” (Lina, 23, Unemployed / University Degree / College Diploma). Fear for the safety of one’s self, family and community is perhaps one of the most salient experiences associated with violence and oppression. Fatima asks: how can we heal in violent social spaces?

My molestation stopped when I was sixteen. But then I subsequently got raped a couple times…violence, it can continue, that cycle, until you have space to heal and that space may never come and that's why it is so scary. And that is why violence is so pervasive and continues to mediate everybody's lives. So I think that it definitely impacts your life. And think about institutional violence, my mom who was raped when she was a single mom and then she was “how am I supposed to heal from this when I have to go to work everyday” and people were “you have to go to therapy” and she was “I can't afford this”, it's ridiculous. So I think it definitely affects it economically if you don't have the money to do it. That's why it should be done in a way that is actually accessible to people…how do you create spaces where there is healing all the time in society?...How public space is used and how it either creates violent spaces for people where they get triggered over and over again or it creates spaces that are healing. Because people can't always access individual therapy but they can access those spaces because those are the spaces that they live in. (Fatima, 24, Youth Coordinator / BES / BA)
Fatima addresses time, money and social space in relation to healing from violence. In the first example she discusses how not having the opportunity to heal can perpetuate vulnerability to violence. She then goes on to comment on how space could be used to counter social inequity and facilitate healing from violence and oppression. Mindful that opportunities to do healing work are limited, she shares her mother’s experiences to make the point that many barriers to healing that are in themselves forms of violence.

Many of the women discussed the challenges of healing while living in unsafe environments. Just prior to starting the workshops, Shanthine and her family underwent a tremendously difficult experience of violence. At the time of her participation in this research project she, her sisters, mother and grandmother were under threat from her father, who was no longer living with them. As a way of coping with the violence she experienced, Shanthine came regularly to the workshops, but it wasn’t until the interview that she shared details of her situation.

In response to the question “Does violence impact health?” Shanthine disclosed the extent to which she and the women in her family had been terrorized by her father and pressured by her extended family not involve the police. This created severe stress for the women in her family and conflict between herself and members of the family who were protecting her father in the name of community reputation. Shanthine shared how she along with the women in her family had experienced serious health crises that included severe physical injuries sustained by assaults from her father (bruises, wounds, broken bones) and physical, emotional, mental aftermaths, including body pain, headaches, negative body image, suicidal feelings, hair loss, and her grandmother’s heart attack. During the interview Shanthine began to cry while recounting her experiences. When I asked her if she wanted to stop she responded that she really needed to talk and requested that we continue. We did and it was shortly thereafter that she developed a nose bleed and we postponed the interview. Earlier, Shanthine commented about her family’s health saying that there is always something wrong even when things look fine. During our interview I recognized how Shanthine embodied this statement. The extent of the

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43 The pressure not to involve the police in cases of violence in racialized communities is both an issue of maintaining respectability within the community as well as the “risk of exacerbating the racism directed at both the men and women in our communities” (Razack, 1998, p. 58).
violence she had experienced and its effects were not apparent to those around her including me.

When Shanthine shared her experiences, she indicated a high level of isolation. She had withdrawn from her friends and mentioned that the Yoga workshops as the only thing she was able to do for herself. She commented how she looked forward to Wednesday evening Yoga classes as her way of finding time to relax and feel peaceful before returning to the stress of her situation. There are so few resources for women looking for support and strategies to address violence and subsequent health consequences. Shanthine is a university graduate and a youth worker very much involved in and aware of community resources. So many women working in the community are often in the same predicament as the people they support. In a second interview held four months later, Shanthine describes the complexity of her experience:

Why should I be shamed? I used to be very shamed about what we have gone through with my dad but it's not our fault you know...Even though my dad walked away with it, he walked away free with it. We couldn't put any charges on him unfortunately because he was going to cross examine my sister. Which was bad I mean I started crying, I was shaking, I was just so emotional. I was the only one who was like I wanted to put the case on him. I was the one who was pushing them to do it and then I couldn't even walk into the [courtroom], it was just a weird feeling. I've been there for my clients but I couldn't be there for myself. (Shanthine, 23, Youth Settlement Worker / BA)

In addition to a lack of resources, Rekha comments on difficulty of accessing support when one feels isolated.

Ya, I think that oppression can absolutely impact your health. I think it does the same things as violence. Oppression can affect can your ability to be healed or your ability to open to people because its really isolating. That's a really hard thing to overcome. Opening up again, connecting to other people, connecting to feeling part of a community. (Rekha, 21, 3rd year BA student)
As Fatima, Shanthine and Rekha indicate, seeking support is complicated and cannot be reduced solely to an issue of time, resources or context, but rather involve all of these and likely many others, not the least of which is the deep emotional isolation that comes from experiences of violence and oppression. Similarly, Mina remarks that safety as an important aspect of being able to address her experiences.

I think in order to have...for how I perceive healing...it's very much tied to safety. And if I don't feel I'm in a safe place both physically and in terms of an environment wherever I happen to be or wherever I'm locating myself. And emotionally being able to look inwards and to be able to address some of the things that have happened and are manifesting in my life. Those are great barriers to progressing in any sort of meaningful way and being able to feel ready. (Mina, 25, MSW Student)

**So Many Issues, Which is Hard**

In addition to their nuanced understandings of the sentient-social embodied consequences of violence and oppression, particularly racist and sexist violence, participants discuss weight and body size satisfaction / dissatisfaction and preoccupation. For example, Zainab mentions weight gain in reference to several health issues and associated with stress, disassociation, depression and anxiety.

I think I was extremely under weight for a very long time just until a few years ago. And to me I think that was a health problem because that is associated with, I've been able to now recast that as a health problem. With thinness you are weaker, you don't have as much endurance, you're more likely to get sick. It even, you can get mood swings if you are very thin because you just don't have enough balance. I think that was part of a pattern of just withdrawing or I just wouldn't eat very much and be stressed and disassociated...And I know that, again, recently this has stopped happening which is really exciting, but I used to pull my hair out which is called Trichotillomania and I did that from the time I was thirteen onwards. I think also that probably is, I'm still trying to understand that but
that's definitely has something to do with anxiety. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Similarly, Rania comments on her weight and life circumstances and like Zainab her comments about weight gain and loss are related to her emotional health.

Ya, I feel unhealthy when I feel tired like right now I'm going through a period of feeling really tired and I've lost a lot of weight recently and I feel really unhealthy because of that. Cause I've always tried to put on weight or maintain, I'm never trying to loose weight. I feel unhealthy when I feel emotionally my life is a bit chaotic and out of control and like everything is falling down and I don't know why. Sometimes I don't even feel like I want to pick it up and kind of make things better. (Rania, 23, Community Worker / Consultant / BA)

Shanthine speaks about weight loss and gain in terms of evaluations made by friends and family in addition to “something that happened.”

Physically I think I feel good about my body. Like I don't, just lately I've been losing a lot of weight because of something that happened in my life…And then some people would make some nice comments and then after a while when I started Yoga and stuff I started gaining weight again so people would say oh you gaining weight again, watch your weight and stuff like that. But I felt that I was doing something, I felt very good about my body. Even though people were making comments but still I felt that I was doing something good and I look in the mirror and I feel really good about myself…I don't check the way I used to, I was very obsessive about checking my weight when I was, during my high school years and my first years of my university and after a while I stopped checking weight. I don't bother checking my weight anymore. I feel better when I know that I feel good about myself. That's my size and I have to live with it…I feel great especially when I finish Yoga. I feel so great and with this body I am able
to stretch like this. I'm happy about that. (Shanthine, 23, Youth Settlement Worker / BA)

In her definition of violence; however, Fatima comments on the social context of fat-phobia and the affect this had on the workshops. In doing so, she identifies that the communities that we turn to for support and belonging are also spaces organized through hierarchies of difference.

Racism, xenophobia, fatphobia which is I think Yoga would be really interesting to do with fat identified women and see there is a whole other level to how they feel. We had mostly a group of women who were a certain size and skinny there were tiny women and there were women who were bigger and there were maybe one or two women but mostly we had a certain size group. I was thinking about that with the Yoga thing. And even the outfits, there are some people who felt comfortable wearing tank tops and smaller outfits and what does that mean if you are not a part of that group and what fat-phobia gets carried with that. (Fatima, 24, Youth Coordinator / BES / BA)

While participants spoke of weight loss as a compromise to their health, Fatima makes the important observation that thinness is a social ideal that has consequences such as fatphobia and oppression.

Another example about the embodied consequences of social inequity on health and healing is offered by Rania, who emphasizes lack of control of one’s health in relation to being heard. After several visits to her doctor regarding dramatic weight loss, she was repeatedly scrutinized for seeing a naturopath.

Turns out it wasn't the herbs but I just wanted to have a conversation and be aware of other things as opposed to [just] allopathic medicine. So the whole process for me was frustrating…And so that was a negative experience for me. I felt like I don't want to go back anymore, I don't care if this kills me, I just don't want to go back to the doctor. I don't want to
talk to anybody about it anymore. Cause they are not hearing what I'm saying. (Rania, 23, Community Worker / Consultant / BA)

An aversion to health resources that do not meet the needs of young women, is compounded by the scarcity of services that do. Niku, one of the counsellors interviewed, comments on the many issues that young South Asian women contend with.

There are issues. Through various means things just come out. For example racism, hate crimes, discrimination, body image, violence, intergenerational conflict is a big one, with their parents and being misunderstood. Dual identity and balancing that identity. Also trying to be active in the community and the group and trying new things and making new opportunities maybe as well. Developing leadership. Those are things they want to do….I think there are resources for youth which exist. In terms of young women I think there are limited resources, so it is a bit hard to find but I think being a youth worker you have a little more, you have people you can call even if there is one group somewhere out in Scarborough for example. In terms of, I wouldn't say there is adequate information at all, I don't think that young women have that voice or that ability to be heard and that's because of a lot of systems and barriers that are in place for young women or women overall. So young women definitely don't have that space so I don't think there are enough resources available. (Niku, Youth Worker & Coordinator)

Niku comments on both the ways that the young women she works with feel that they are not heard, and a lack of spaces where they can voice their needs.

Tina, the other counsellor interviewed in this study, adds to this list offered by Niku, the experiences of divorce and sexual abuse (experiences that participants also address). However, Sonia, one of the Yoga teachers interviewed notes that a major cause of health problems for her students is their employment situations. Several of the women spoke about employment and financial security as central to their health. Fatima, for
example, sees income and employment as central to her experiences of violence, oppression, health and healing.

Sure there are times, when I'm not eating, when I'm stressed out about money, when I'm in a state of crisis about certain things I get triggered through sexual abuse stuff or if I drink too much. That's unhealthy but I know that's triggered from something else it's not just drinking, I'm drinking cause I am stressed out often times it comes from being stressed out about work and not... something I guess control over work situations... Sometimes I do more unhealthy things to keep it going, take it to the next level. So I gave you the example of drinking. So if I'm participating in unhealthy sexual relationships or unhealthy friendships or I'm really stressed out from work and I'm not taking care of myself then I'll just keep it going by drinking more or going out lots and lots and lots and not staying home and sleeping and eating properly or just pieces that where it is continual not taking care of yourself. Which is hard. (Fatima, 24, Youth Coordinator / BES / BA)

Similarly, Khadija comments on employment:

Ya, I think there are. I don't think that I was personally able to come to the point that I am now and feel so satisfied with my own body and my surroundings because I was in a position where I was working in this really crappy job and everyone was kind of dogging on me the whole time I was working there. And so, when there are external stresses that you feel you can't control it makes controlling your own internal situation difficult I think. (Khadija, 22, Social Service Program coordinator / University Degree)

Of the fifteen women interviewed, Khadija, Fatima, Shalini, Shanthine, Amrit, Rania, Mina, Sarah, Lina, and Maya, ten in total, spoke about employment as central to their health and a significant factor in being able to pursue healing.
**Relationships and Identity**

In their remarks about the embodied consequences of violence and oppression, mental and emotional health and the significance of relationships were addressed more frequently than any other topics by the young women. While women did speak about access to health care services, when asked about their most pressing health concerns, medical health services figured less prominently as a resource for improving emotional and mental health, relationships, and the contexts of their daily lives. Similarly, when they defined what health services they sought, many emphasized the importance of community and holistic approaches.

Health means a lot of things and I think that the idea of a community health centre is something that I've been exploring and kind of espouses what I think health means. It is kinda like a combination of a lot of things not just your physical well being but also your spiritual, mental, emotional well being. I think that individual health is very much tied to the health of the community and vice versa. It’s like well being in general not just of yourself medically but yourself as a whole as well as your community. (Khadija, 22, Social Service Program coordinator / University Degree)

Amrit adds equity to her definition:

I guess I understand health as sort of a holistic concept of well being that impacts every part of one's life. And also occurs on community and structural levels as well that trickle down and impact individuals and communities. So health for me includes things like issues around access and equity, quality of life, not just physical health but also mental health obviously, education, environment. I view it as a very holistic concept encompassing overall wellness of life. (Amrit, 26, Mental Health Coordinator / MSW)

Khadija and Amrit’s definitions are consistent with social determinants of health and public health discourse. This perspective was shared by the women interviewed in this
project and given that women selected to participate, it is likely that they were drawn to
the project because of the attention to social issues in the research design.

However, while community relationships are identified as a source of support, many women also address how they can be damaged and damaging. Shanthine describes how her relationship with her mother was jeopardized by the violence they experienced.

Before I was like ‘I don't want to be like mom.' But now I try to see the choices she has made. I think I would have done similar things. I used to be very mad at her, very angry at one point and blame her for everything she has done but…I see a lot of improvement with that relationship. I'm able to talk to her and it is different….And I see how much I like her. I never thought I would have that much love for her. My mom, like she is so talented. I never saw my mom as this incredible person but I see so much talent she has and she's hidden it away all this time. She is so incredible. When my friends would talk about their mothers I would say my mom is nothing. That's what I would say but now, my god, she is just this incredible person to me now….like with all the language barriers and stuff, and the way she is able to survive. She's incredible and I look up to her now. (Shanthine, 23, Youth Settlement Worker / BA)

Shanthine also comments on the damage that unhealthy relationships may cause to one’s cultural identity.

Because growing up my dad put a lot of pressure on our culture and stuff…I think because he was forcing so much I was always trying to run away from it, not appreciate it…You know when someone you don't like pressures or oppresses you about something you don't really like it. You will always want to run away from it. (Shanthine, 23, Youth Settlement Worker / BA)

Zainab also speaks about her experience of relationships noting the racial and gendered aspect of identity formation.
In terms of my experiences of violence...my experience of that has been raced and gendered even within a South Asian context. So, I'm darker and I've got curly hair and things like that and have experienced particular kinds of abuse that my parents did not stop. Because of this, like girls matter less and if her brother is preying on her then we're just not going to notice. Or she needs to be more respectful or things like that, like she's bringing it on herself. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Fatima also comments her identity formation and the violence she experienced in her family.

I think violence impacts health definitely. I know for myself with my family, my family has a history of violence. My grandfather molested, I don't know how many people he molested but mine was really racialized he molested me the most because I was the only dark skinned kid in my family and I'm not even dark skinned lets be honest. But it was really racialized, that violence. And so it does affect your health because my healthy understanding of who I was and what I looked [like] and you know you start thinking okay I'm ugly and I'm dark skinned, which isn't a bad thing to be dark skinned but when it is painted as something as bad by a close family members it is something that makes you feel, it's built this internalized racism. (Fatima, 24, Youth Coordinator / BES / BA)

Similarly, Maya comments explains how self-blame and loathing as a response to assault affected her racial and gendered identity.

I was at school at Western. I was in a really abusive relationship then. I was attacked a few times and how that affected me, like I didn't think it affected me but it did. It affected my self worth. It affected my confidence level and it affected me not liking the fact that I was a South Asian girl. Like really I didn't like it and I shouldn't have those feelings but it really
did disempowered me in that kind of way. (Maya, 24, Nursing Student / BSc)

Shallini describes her sense of self in relation to her family relationships. In this passage the emotional effects of body size oppression figure strongly in her identity formation.

Well I'll use my own self, it's easier to do that. So when I was younger, up until I was say thirteen I was pretty chubby, a little over weight. I remember that my mom and some of my family members would call me names and stuff and I guess they thought it was like jokingly and you know. And as I got older I thought I was probably overweight because they were all telling me you know you are so overweight and those kind of experiences they kind of stay with you. And they kind of shape the way that you think. Let's say about violence, if a child were to go through the same experiences where they were called names and then later on if they were hungry and they eat a snack, there is junk food in the house, and then their family, their mother or father hits them because they shouldn't be eating because they are already overweight. That just adds to it. They think of themselves as worthless and they are overweight and they need to do something about it. (Shallini, 21, H/R Payroll Assistant / BA commerce)

Although she comments that a family should tell children it doesn’t matter what size or shape they are, she herself defines health as “maintaining a good look” in terms of body weight elsewhere in her interview. Perhaps an indication of how deep derogatory messages register despite a person’s ability to critique them.

Zainab explains that sometimes, family relationships can be so difficult that the only recourse is to “step out.”

I've stepped out of my family for a very long time and built my whole life outside of it. But because South Asian culture is excruciatingly family based, like purely family based you know there is a cultural loss that's
wrapped up in that for young South Asian women which I think is tragic. And I have other friends who fall on different lines of this question: for you to live a sane healthy life how far do you have to be away from your family? And then what are the implications for your cultural life? I am South Asian, I miss speaking Urdu, you know? I miss my community but you only see them at family dinner parties and at weddings and at baby things and things like that. For example I just found out last night at this wedding that one my aunties has had cancer. She's okay now. Everybody in my family knew. I didn't know. Cause that's what the networks of transmission of information are like. It's through the family. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Zainab speaks about keeping distance from family and community as a health strategy but there are costs to her as a result. While Zainab comments on sexism and skin colour racism in her family as part of the reason she has constructed a life somewhat distanced from them, she also comments on the loss she feels when she is not aware of her Auntie’s cancer or her longing to speak Urdu. Her struggle to embody and express her identity involves a complex negotiation of social hierarchies that structure family, community and dominant culture.

**Discussion and Analysis**

**Violence in the Context of Oppression**

Placing violence within the context of oppression, analysing their multiple and interlocking manifestations, and addressing how differently racialized groups are targeted for violence and oppression is taken up in anthologies such as Colonize this! Young Women of Color on Today's Feminism (Hernandez & Rehman, 2002), that takes inspiration from This Bridge Called My Back: Writings by Radical Women of Color (Moraga & Anzaldua, 1981). It includes contributions that are indebted to Black feminist and Chicana scholarship, as well as reflective of contemporary concerns with anti-colonialism and transnationalism. In the forward Cherrie Moraga (2002) writes:
Colonize This! is a collection of writings by young women of color that testifies to the movement – political and physical – of a new generation of global citizens, activists and artists…They are young sisters (our daughters) who didn’t “grow up to be statistics” (Taigi Smith), who have read and been schooled by the feminist writings and works of women of color who preceded them, and as such are free to ask questions of feminism more deeply than we could have imagined twenty years ago. (Hernandez & Rehman, 2002, p. xi)

Colonize This! draws a complex map of feminism, one that fights sexism and colonialism at once and recognizes genocide as a present and daily threat to our blood-nations. (Hernandez & Rehman, 2002, p. xiii)

Participant definitions of violence and oppression speak to intersectional and solidarity based definitions of violence and oppression expressed in this and other collections of writing over the past twenty or more years that contextualize violence as an issue of systemic inequitable social relations of power (N. Gupta & Silvera, 1989; INCITE!, 2006; Silvera, 1991; B. Smith, 1983). However, while the young women may be aware of this literature, their interviews also indicate that their activist involvement along with anti-racist feminist and anti-colonial curriculum in their education experiences informs their understandings.44

Participants offer sophisticated understandings of violence and oppression. However, they also convey that the experience of subordination results in self-doubt and a feeling of uncertainty. For example, when Rekha describes her experiences in Europe, she conveys a degree of second guessing herself about the experience of being Othered. She expresses confidence in naming oppression out of her everyday experiences as a South Asian woman regardless if other people say “oh ya, okay that’s oppression.” Despite this she struggles to name her experiences in terms of “direct” or “indirect” racism. Feeling like the only brown girl in an all white country, experiences of exotification, social isolation or feeling misunderstood are part of everyday

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44 Many community groups and individuals working from an intersectional framework are / have been located in Toronto. Arts organizations such as Desh Pardesh, Native Women in the Arts, the Inside/Out Gay and Lesbian Film Festival; community organizations such as the Black Coalition for AIDS Prevention, the Alliance for South Asian AIDS Prevention, the Toronto Women’s Bookstore, Latin American Coalition Against Racism, the Coalition in Support of Indigenous Sovereignty and No One is Illegal, the Ontario Coalition Against Poverty; and the work of activists and writers far too numerous to mention here, illustrate
manifestations of social relations that are simultaneously systemic and interpersonal. Philomena Essed’s (2002) research on everyday racism provides a way of interpreting Rekha’s comments. Essed argues that racism cannot be separated into systemic or individual acts.

Racism is defined as inherent in culture and social order... racism is more than structure and ideology. As a process it is routinely created and reinforced through everyday practices. With this view in mind I earlier introduced the concept of “everyday racism”, which connects structural forces of racism with routine situations in everyday life. (Essed, 2002, p. 177)

What Rekha describes as “tiny details that caused [her] to feel a bigger emotion” reflects what Essed and many other scholars explore in experiences of racism – experiences that are all too often dismissed as the result of being “too sensitive” (Dei, Karumanchery, & Karumanchery-Luik, 2004, p. 129).

It is likely that the women struggle with their descriptions of violence and oppression by virtue of being in an interview setting. Another explanation is that describing one’s experience and understanding of violence and oppression is a complex endeavour that evokes self-doubt or as Franz Fanon (1967) describes it, the “certain uncertainty” of otherness (1967, p.110). He writes:

In the white world the man of color encounters difficulties in the development of his bodily schema. Consciousness of the body is solely a negating activity. It is a third-person consciousness. The body is surrounded by an atmosphere of certain uncertainty. (Fanon, 1967, p. 110)

He attributes this to the “composition of [self] as a body in the middle of a spatial and temporal world” (p. 111) – a world that is structured by racial hierarchy. In other words, Fanon argues that the process of racial subordination creates uncertainty about embodiment in both social and sentient terms.45 When Shanthine comments “maybe I
never really understood it well” or Amrit remarks that after five years of schooling she had better known how to define oppression, they also highlight how difficult a task it is to explain violence and oppression in experiential and / or systemic terms.

In their article “EmBodying Equity: Putting Body and Soul into Equity Education. Part one: How Oppression is Embodied” Carla Rice and Vanessa Russell (1995) highlight seven processes characteristic to oppression: alienation, exile, harassment, stigmatization, exploitation, marginalization and violence (1995a, p. 20). While the young women in my study may or may not use this particular terminology, their contributions support the research of Rice and Russell who also conducted interviews with young women in Toronto. For example they explore the sentient-social embodiment in their descriptions of violence as power and support the claim that

Violence is the most graphic means of enforcing the subordination of a marginalized and disenfranchised group…Violence is the most literal and visceral enactment of power; it is the ultimate domination by one group over the most intimate territory of another. This is because the primary goal of violence is the discipline and subjugation of the body of its victim. (Rice & Russell, 1995a, p. 32)

However, the participants in my study also suggest that even when one has a theoretical understanding of violence and oppression, this does not always translate into a certainty that is felt emotionally, physically and spiritually. Fanon (1967) powerfully illustrates this in Black Skin, White Masks that is replete with elaborations on the sentient-social co-construction of embodied experience and the ways that a cognitive grasp on racism does not necessarily pre-empt its physical, emotional, mental and spiritual damages.

Shame, Shame and self-contempt. Nausea. When people like me, they tell me it is in spite of my color. When they dislike me, they point out that it is not because of my color. Either way, I am locked into the infernal circle. (1967, p. 116)

My trembling hands take hold of nothing; the vein has been mined out.
Too late! But once again I want to understand. (p. 121)

and sentient aspects of embodiment. Fanon’s important anti-racist and anti-colonial work theorizes and affirms the symbiotic relationship between how the body is socially constructed and how it is subjectively experienced.
In his exploration of what he knows to be the fallacy of socially constructed race and racism, Fanon’s descriptions of his embodiment are simultaneously somatic and cognitive. His writing conveys the terrible damages of racism to mental, physical, emotional and spiritual well-being. However, it also conveys the limits of cognitive understandings of racism to fully describe or dispel it. Shame, self-contempt, nausea, and trembling accompany the cognitive recognition of racism and powerfully illustrate embodiment as co-constituted by sentient-social experience.

Experiences of violence take place within contexts of oppression. This means that violence is rarely an isolated event in a person’s life experience. For example, an experience of racial violence may be an event, but once a person is no longer in that event they still contend with and are reminded of the relations of power that gave rise to it, make it invisible, and create the context for another experience of violence in the future (Bannerji, 1986; Dei et al., 2004). Racial and gender hierarchies are embedded in the media, public institutions of law, medicine and education and in social spaces where we live, shop, work and go to school. When Lina links fear to depression and feeling worthless, it is important to remember that fear is a response to an ongoing threat. Furthermore, her comments about fear, echo clinical research addressing the multiple ways that prolonged fear affects physiological and psychological health (Day & McKenna, 2002; Doherty, 2002; Randall & Haskell, 1995; Ristock, 1995; West, 1999; Winkler & Wininger, 1994) and that fear is increasingly socially manufactured through violence and oppression (Herman, 1997; Wilkinson, 2005).

Scholarship investigating how space is shaped by and maintains social inequity contributes to understandings about dominant and subordinate subject formation (K. Anderson, 1998; Goldberg, 1993; Razack, 2002). In other words, space is where social hierarchy becomes materialized and maintained. This analysis echoes public health history in which addressing sanitation and urban planning had a greater impact on disease prevention than individual medical intervention (Amick et al., 1995; Raphael, 2004). While individual therapy is an important intervention, Fatima suggests that since not everyone can access it, the organization of social space as the place where we all live represents a significant opportunity. In other words, she calls for attention to
How public space is used and how it either creates violent spaces for people where they get triggered over and over again or it creates spaces that are healing. Because people can't always access individual therapy but they can access those spaces because those are the spaces that they live in. (Fatima, 24, Youth Coordinator / BES / BA)

When reading the contributions of the young women, it is important to note that this study did not require participants to disclose experiences of violence. In previous experience working in South Asian communities I found that women are less likely to attend groups where violence is explicitly mentioned in program recruitment materials. However, seven of the fifteen participants spoke to a specific incidence of violence that they had experienced. This is slightly lower than statistics reported in the 1993 Violence Against Women Survey (Women, 2002, p. 10) indicating that fifty-one percent of Canadian women have experienced at least one act of violence since the age of sixteen and that women younger than twenty-four years old are at higher risk for victimization. However, just as under-reporting is noted as a possible factor in underestimated statistics about violence against women, participants in this study may have decided not to disclose experiences of violence to me. I observed that women significantly under-reported their health concerns in the written intake form they filled out before the workshops began, compared with what they told me in the interviews. I suspect that under-reporting with regard to experiences of violence occurred may have occurred in this study as well. Reasons for this may include how comfortable they felt with me and / or talking about these issues.

Of the seven women who chose to discuss experiences of violence with me, six attended more than half of the workshops and two knew me from my community work before participating in the study. The seventh participant who attended only two workshops and who did not know me previously; however, she was the oldest woman in the group – a social worker who had done a lot of work to address her experiences of violence and oppression. I mention this because when women disclosed experiences of violence it was clear that trust was an important issue. This was conveyed by the tone of their voice, body language and concerns about safeguarding their identity. Trust is a
significant consideration when women speak about the violence they experience especially when doing so in an interview format as opposed to anonymously in a survey.

The young women in this study address how they are affected by violence and oppression in complicated ways. Contrary to dominant constructions of victimized persons, that insist on a lack of agency, innocence and eternal suffering (Lamb, 1999), Shanthine, Zahra and Zainab struggle to articulate “agency as well as passivity, strength as well as vulnerability, resistance as well as dissociation” (109). They avoid a “race to innocence” (Fellows & Razack, 1998) in which a person’s experience of victimization is only valid if they can make the claim of never oppressing or harming others. They also avoid a structure / agency dichotomy in which their experiences are either socially determined or solely an issue of personal will. In other words, the women articulate the damages of violence and oppression and speak to how this shapes their engagements with other people. Recognizing that their experiences are as much about the violence they experience as it is about the violence they are implicated in, raises the issue of embodiment as relational. That is, we do not experience embodiment as autonomous individuals but rather embodiment is always in relation to other bodies (Grosz, 1994, p. 94).

In their work, Niku and Tina, the two counsellors interviewed in this study, encounter many of the issues expressed by the young women I interviewed. Experiences that are also documented in research addressing young South Asian women’s experiences (Badwall, 1994; Bowes & Domokos, 1993; Brah, 1992; D. Collective, 1988; S. K. C. Collective, 1997; Handa, 2003; Khosla, 1991; Papp, 1995; Parmar, 1982; Rafiq, 1995; Rajiva, 2004, 2006; Wilson, 1978, 2006). The social contexts that the participants describe continue to be violent and oppressive, a situation that has tremendous costs to society as a whole (McKenna & Blessing, 2002) and has become worse in recent years (Congress, 2010).

Material Realities, Empowerment and Hope

The descriptions offered by participants speak to critical scholarship, particularly concerning anti-racist feminism and anti-colonial studies (Fanon, 1967; Freire, 1970;
Lorde, 1984) that convey the ways that violence and oppression are experienced in relation to social location. In *Playing the Race Card: Exposing White Power and Privilege*, the authors insist that social location and material consequence must be acknowledged.

It is fundamentally important to recognize that we experience the world from specific locations and via specific sites of power which are unequally and differently produced and manifested. We can no longer afford to abide claims that disregard and deny the direct link between human difference, inequity and the materiality of oppressions. (Dei et al., 2004, p. 126)

Isolation, hopelessness and powerlessness result when the social causes of our experiences of and response to violence and oppression are obscured. Self-blame and self-loathing can also occur. Audre Lorde (1984) writes:

> In order to be whole, we must recognize the despair oppression plants within each of us -- that thin persistent voice that says our efforts are useless, it will never change, so why bother, accept it. And we must fight that inserted piece of self-destruction that lives and flourishes like a poison inside of us, unexamined until it makes us turn upon ourselves in each other. But we can put our finger down upon that loathing buried deep within each one of us and see who it encourages us to despise, and we can lessen its potency by the knowledge of our real connectedness, arcing across our differences. (Lorde, 1984, p. 142)

Individualizing experiences of violence and oppression instils powerlessness, hopelessness, isolation and denies the consequences of social inequity, including ongoing trauma.46

For example, Rania, Amrit and Mina indicate that the denial of violence and oppression and their consequences make healing difficult and sometimes impossible. When Maya says that she does not want to use the word “empowerment” I interpret her reluctance as a critique of empowerment discourses that advocate individualism and neglect social inequities. Discourses that focus on increasing individual control without

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46 For a detailed examination of racial trauma refer to chapter six titled “The Banality of Racism: Living ‘Within’ the Traumatic” in *Playing the Race Card: Exposing White Power and Privilege* (Dei et al., 2004). While my study is not focused on trauma using a psychology framework, the authors’ insights on racial trauma parallels participants descriptions of hopelessness, powerlessness, feeling trapped and isolated (p.128). These authors also note that the state of hyper-arousal caused by the anticipation of racist
attending to systemic oppression, or a “mind over matter” approach, is promoted in New Age and behaviour modification health promotion discourses. This individualistic understanding of empowerment and control is firmly challenged in a social determinants of health approach (Laverack, 2004; Raeburn & Rootman, 1998) and through critiques of heroic “triumph over tragedy” medical models (Blackman, 2008, p. 102). Several of women in the project talked about control and empowerment at the same time they paid attention to how social relations of power shape life circumstances and agency.

In *Pedagogy of Hope* Paulo Freire (1994) writes that hope without attention to material conditions and a commitment to social change is as futile as social struggle without hope.

I do not mean that, because I am hopeful, I attribute to this hope of mine the power to transform reality all by itself, so that I set out for the fray without taking account of concrete, material data, declaring “My hope is enough!” No, my hope is necessary, but it is not enough. Alone, it does not win. But without it, my struggle will be weak and wobbly. We need critical hope the way a fish needs unpolluted water. (Freire, 1994, p. 8)

When Maya, Zainab and Rania speak about empowerment, control and hope they do so by referencing context and limits. Maya hesitates to use the term empowerment and Zainab admits that for her control is a fantasy but one that helps her cope. Rania speaks of the faith and strength she gets from knowing that no matter what happens healing will take place. While hope is often discoursed in escapist and utopian terms that deny material realities and promote acceptance of the oppressive underpinnings of the status quo, these women at many times in their interview explicitly identify material conditions and social inequities as factors in their own and others health and well-being. When they speak of healing it is in reference to the context in which they live and struggle. In this respect healing takes on a connotation of survival and thriving as opposed to escape or self-absorption.

Resources and supports for women experiencing violence are very limited – a situation that is repeatedly identified by researchers and activists working in this area (McKenna & Larkin, 2002). Furthermore, resources that speak to the needs that

violations (an expectation that is is reinforced by the everyday experience of living in a racist society)
immigrant women and women of colour are also lacking (Jiwani, 2002b). Throughout the workshops women were reminded that should they want counselling support it was available at the Barbara Schlifer Clinic free of charge. However, no one requested this support. I did not take this up with the participants, but I don’t think the fact that no one accessed services through the clinic is a reflection on the services offered there (actually two women told me that they had used their counselling services in the past). For as participants indicate, there are so many factors in accessing services that pertain to time, money, location, and individual preparedness to address experiences of violence and oppression. As Rekha remarks, “Oppression can affect can your ability to be healed or your ability to open to people because it’s really isolating. That's a really hard thing to overcome” (Rekha, 21, 3rd year BA student).

The prevalence of employment and economic concerns for the women in this project indicates that they experience these as important factors in health and healing. However, in addition to income issues, the work place is also a site where social inequities are played out, often with little recourse for challenging them and the risk of job loss for those that do (Bannerji, 1986; CASSA, 2008; Fact sheet #6 understanding the racialization of poverty in Ontario: Income levels and social assistance in 2007, 2008; George, 1992; George & Doyle, 2005; Parmar, 1982; Wilson, 1978, 2006).

In Chapter Four in the group profile section, I commented that income and education level among the young women are likely factors in their ability to participate. That is, access to income and their education attainment indicate that they are a somewhat privileged group of young South Asian women. However, by noting that many had jobs and post-secondary education, I would also argue that privilege is mediated by social inequity with differentiated effects. For example, research has shown that African-Americans who have higher access to income and education do not always benefit from better access to health care and improved health (Bayne-Smith, 1996). While the majority of women in this study have access to income and education privilege, their descriptions of their lived body experiences indicate that privilege is not always adequate to ameliorating the consequences of violence and oppression. One can only speculate on the

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is linked to various psycho-physiological health issues (p.132).
experiences of those who have less access to income supports and education and whose experiences are not reflected in greater proportion in this study.47

**Resisting Dominant Definitions of Health**

Shanthine comments, “you know like living in a South Asian community and people just love to mention if you look or gain a little weight people just love to talk about you” highlighting the well documented links between social hierarchies (and pressure to conform to race, gender and class ideals) and body size and weight preoccupation (Bordo, 1993; Orbach, 1978; Piran, 2001; Piran & Cormier, 2005; Rice & Russell, 1995a, 1995b; Sahay & Piran, 1997).

Shanthine, Rania and Zainab frame weight gain and loss as a consequence of stress that compromises their health. While Shanthine explicitly addresses how she is complemented for losing weight and criticised for gaining, she along with Rania and Zainab contest the idea that thinness equates to fitness and health. Piran and Cormier (2005) make the important argument that body image is but one aspect of body size / shape preoccupation and disordered eating. Their research indicates that in addition to an “objectified experience of one’s own body, reflecting the internalization of the sexualized and scrutinizing gaze…. self silencing and anger suppression” (Piran & Cormier, 2005, p. 24), are often a response to experiences of violence and oppression. Shanthine, Rania and Zainab suggest that for them, thinness is an indication of being unwell.

Roxana Ng (2000a) explains that the ideal of thinness is challenged in Yoga and martial arts practices that encourage a rounded abdomen as important for energy centres in the pelvis and abdomen to function properly. Remarking on the North American ideal of thinness and flat abdomens she remarks: “Looking at this ideal from an eastern

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47 This has become all the more apparent to me after participating in community based research investigating family homelessness including the experiences of Aboriginal mothers, mothers fleeing violence, mothers without Canadian citizenship status and young mothers involved with child protection living in family shelters with their children. While family homelessness is something that can happen to anyone, poor, racially subordinated, women with out status, older women and young mothers are at far greater risk. Learning about their experiences has further confirmed that access to a livable income and education opportunities determines the kinds of choices women can or cannot make to a very large degree. See the *Ending Family Homelessness Report* (Paradis, 2008): http://www.homelesshub.ca/Library/Ending-Family-Homelessness-Symposium-Final-Project-Report-45751.aspx?search=Cities+Centre&orgSearchString=Cities+Centre
perspective, I see it as robbing women of their power located in the primary energy centre of the body” (Ng, 2000a, p. 188). However, despite the damaging consequences of thinness as a social ideal for women as a group, cultural capital is conferred on those who embody it (Bordo, 1993).

As Susan Bordo (1993) writes: “in contemporary Western constructions of beauty there are dominant, strongly “normalizing” (racial and gendered) forms to contend with” (1993, 29).

In our society, thinness has become a cultural symbol of normalcy, good health, happiness, self-control and independence, while fatness is associated with poverty, lack of control, disease, dependency and weakness of will. (Rice & Russell, 1995a, p. 30)

This creates the context in which women and girls of all sizes are coerced into preoccupation with the appearance of their bodies, and implicated in the subordination of women who fail to meet the social requirements of thinness. For example, Bordo (1993) comments that despite her research and commitment to challenging fat-phobia and all the social hierarchies it hinges on, her own weight loss carries social meanings and messages because of the way that thinness is prized.

Today, my female students may be more likely to see me as a confirmation that success comes only from playing by the cultural rules. This may affirm some of them, but what about those who cannot play by the rules? …I should not deceive myself into thinking that my own feeling of enhanced personal comfort and power means that I am not servicing an oppressive system. (1993, p. 31)

When Fatima comments on how fatphobia and oppression was something she wondered about in the workshops, and how differently embodied participants may have experienced that space, she highlights how even in the spaces that we pursue health and healing, we inevitably need to address social hierarchy in its myriad forms.

Shallini’s comments can also be analyzed in terms of how fat oppression and racism intersect. When she mentions that a child may be called names, it is important to remember that the kinds of names that South Asian children are subjected to are not limited to body size discrimination despite the omission of racial violence in mainstream media and academic discourses on “bullying” (Walton, 2005a, p. 112). Racist insults are
usually prompted or accompanied by a wide range of body size, texture and colour
references as was apparent in the testimony of youth who knew or were involved in the
attack and murder of Reena Virk, a young South Asian woman murdered in 1997. For
example, Yasmin Jiwani (2006) argues that the focus on Reena Virk’s body hair in the
media and legal discourse “is a significant racialized trope evoking a chain of
connections of animalistic connections and savagery” (p. 73). I also argue that

> Size oppression was a key factor in the brutality of the harassment and
> violence against Reena; however, size oppression is interlocked with
> racism. Size and physical characteristics take on specific meaning when
> racialized bodies are targeted for violence. Women of color are subjected
to racism through scientific discourses that are concerned with the shape,
size, texture, and color of our bodies. (Batacharya, 2004, p. 72)

Although Shallini does not make reference to how size oppression interlocks with racism
in her identity formation, I would argue that being called names, even if those names
were only about body size, deeply affects identity especially if the name calling came
from people closest to a person. When she later comments in her interview on the
importance of maintaining a “good look,” her remark that the messages a child receives
will stay with her is telling.

Rania’s resistance to her doctor’s insistence that the naturopathic remedies she
was taking were the cause of her dramatic weight loss, indicate a refusal to having her
lived experience dismissed. Silencing in health care has been the subject of much
research particularly for women and other marginalized groups who are constructed as
unreliable conveyors of their own experience (Bair & Cayleff, 1993; Burstow, 1992;
Denton et al., 1999; Dhruvarajan, 1990; Doyal, 1998; Dua, FitzGerald, Gardner, Taylor,
& Wyndels, 1994; Jiwani, 2002b; Schulz & Mullings, 2006; White, 1994). Rania calls
into question how she was treated by the doctors she sought assistance from as well as
how naturopathy, a regulated profession, is held in suspicion relative to the authority of
biomedicine (Johnson Redden, 2002, p. 81). Her example highlights the power relations
between competing ways of knowing as well as a dismissal of her embodied experience;
a situation that need not exist if a dichotomy between naturopathy and allopathic
medicine were substituted with a complementary rather than oppositional paradigm (Ng,
2000b, p. 179). For as Roxana Ng remarks, there is a danger in constructing an
irreconcilable dichotomy between the East and West that results in only looking at Traditional Chinese Medicine, for example, as merely a critique of allopathic medicine (Ng, 2000b, p. 179).

**Negotiating Relationships**

Participants remarked on relationships more frequently than health care when discussing factors affecting their health. The reason for this could be that the women who participated in this project experienced barriers that prevented them from accessing health care and social services. Research conducted in the city of Toronto indicates that women of colour experience barriers to services, such as racism, sexism, economic barriers and a scarcity of services especially with respect to counselling and programs offering mental / emotional support (A. Ali et al., 2003; Khosla, 2003). However, the importance of relationships and social context is also consistent with qualitative health research addressing Indigenous women and women of colour in which social inequity is identified as a primary determinant of health (D. L. Adams, 1995; Bair & Cayleff, 1993; Bayne-Smith, 1996; Dua et al., 1994; G. S. Harding, 2005; Jiwani, 2000; Nadeau & Young, 2006; Schulz & Mullings, 2006; White, 1994).

Another factor in the women’s attention to their mental, emotional and social experiences over medical services seems also rooted in a distinction between having a health problem and feeling unhealthy where having a health problem is seen as deserving medical attention but feeling unhealthy requires a more complex response. Feeling unhealthy was often discussed as the result of individual behaviour and / or structural inequity, both of which they may have considered to be beyond the scope of biomedicine. It appears that the women mentioned medical care less frequently because it is only part of their health care strategies rather than central to it. It would also appear that the women had an understanding of health that goes beyond biomedical definitions of health as merely the absence of disease.

Safety is an important aspect of feminist and anti-racist counselling and activism. However, as Anzaldua (1990) points out, “there is no completely safe space” only “relatively safe space” (p. xx). Recognizing that sisterhood is not global and that
community (whether based on nationalisms, racial and gendered subordination, sexual identities or political affinities) will always have to contend with social difference, safe space is understood as a process rather than a stable destination of social affinity. Furthermore, we can never completely escape hierarchical relations even when attempting to create alternatives that provide an important space for resistance (M. J. Alexander & Mohanty, 1997).

Several young women expressed that being in South Asian spaces whether that be family, community or larger social congregations, can be difficult. Rehman and Hernandez (2002) explain:

We band closer to our birth or chosen families because of the hostility in the world, of someone calling us “spic,” “nigger,” “fag,” “terrorist,” or because political and economic wars are only a phone call away to aunties living in Nicaragua or the Philippines. But family is only a safe zone until you kiss another woman, question the faith or go to the movies with a white boy. With our communities we’re expected to suppress our individual selves and our dissent in order to look strong in the face of racism. (Hernandez & Rehman, 2002, p. xxv)

Being in family and community spaces where competitive heterosexuality, homophobia, skin colour racism, racism towards other people of colour, classism, professionalism, body size oppression, nationalism, communalism and conservative religious views prevail, are not safe for women who fail to meet the criteria of (or agree with) normative South Asianess.

Furthermore, inequitable community and family relationships negatively affect a person because of the relational aspect of identity formation. Shanthine previously thought of her mother as “nothing” and in this respect her mother becomes an Other and the opposite of who Shanthine wants to be. A superficial reading of her comments indicates that the decisions her mother made are the only disdainful aspects of her as a person. However, when Shanthine later comments that she admires her mother for dealing with language barriers, we can speculate that prior to admiring her for this she may have considered this an inadequacy. First and second generation children and youth

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48 In the introduction to Feminist Genealogies, Colonial Legacies, Democratic Futures (1997), editors Alexander and Talpade Mohanty discuss the ways that women of colour are differently racialized and
often struggle with racism and the ways that white supremacy defines non-Anglo cultures as inferior. This may prompt a disassociation from parents who are cast as traditional as opposed to modern; backward as opposed to progressive; and, an unwelcome reminder of how they themselves are racially inferiorized in a white settler society such as Canada (Handa, 2003; Rajiva, 2004, 2006). It is when Shanthine describes the love she feels when she is able to respect her mother for who she is that we catch a glimpse of how relationships and identity are intertwined.

In the dedication of her book *The Seven of Us Survived: Wife Abuse in the South Asian Community*, Aruna Papp (1995) discusses the relationship between daughters, mothers and survival.

I am also writing for my daughters and for all the daughters of abused South Asian women. These girls have witnessed scenes of incredible violence against their mothers and may have been abused themselves. Many have been tremendously angry at their mothers for submitting to the abuse, even while they were trying to protect them. (Papp, 1995, p. iii)

In extricating herself from the belief that her mother is “nothing” Shanthine claims her mother as an “incredible person” and celebrates her resilience. She also indicates the importance of repairing relationships as one aspect of healing from violence and oppression.

Joanna Kadi (1996) details the impacts of the violence she experienced from her father on her cultural identity:

My father’s attacks further damaged my racial identity. First, he fit the stereotype of Arab men so well it caused me further shame, this time by association. Second, he broadcast his contempt for anything Arab through his abuse of me, a contempt arising in part from hatred of self. (Kadi, 1996, p. 77)

Kadi’s description of how racism and abuse can damage one’s cultural identity echo the comments of Shathine, Zainab and Fatima. The violence described by participants divisions this causes among us when left unaddressed (p. xiv-xv).
illuminates the interlocking of “racist-sexist” violence (Razack, 2005). The sexual violence that the women describe registers as racial and cultural violence because young diasporic South Asian women, like all of us, do not live compartmental lives (Amos & Parmar, 1981; Brah & Minhas, 1985; Parmar, 1982).

The oppressive and enabling aspect of relationships is discussed in Society and Health, where the authors cite research about relationships in Black communities. It is widely believed that strong family ties and the extended black family system buffer the deleterious effects of stress on health. This belief is consistent with the substantial literature suggesting that supportive social relationships are among the most powerful determinants of health (House et al., 1988). However, direct evidence of the health-enhancing role of social ties within the black community is limited. Some of the strongest evidence comes from small qualitative studies, such as Carol Stack’s (1975) classic work on mutual support networks among black women. More quantitative studies, however, suggest that levels of social relationships are higher among whites than blacks (Strogatz and James, 1986). Some researchers have attributed the idyllic quality to the social networks of blacks, as if they were a panacea for a broad range of health problems. In reality, though these networks facilitate survival, they are likely to generate stress as well as support. (Amick et al., 1995, p. 188)

When Zainab asks how much distance is necessary from one’s family to lead a sane life, she indicates that relationships can be a support to healthy identity formation as well as damaging to it. Her comments suggest that while clearly relationships are an important resource in negotiating experiences of violence and oppression, ultimately it is the quality of relationships that determine our health and identities.

**Summary**

Participants articulate highly sophisticated understandings of multiple relations of power that underlie and contextualize violence and oppression. Despite this, several women struggle against self-doubt when expressing their experiences of violence and oppression. They also speak about the different aspects of experiencing and enacting violence. From the detailed and complex understandings of violence and oppression.

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*Razack makes the argument that violence is inevitably “racist-sexist” because of the interlocking and co-constitution of race and gender hierarchies. Race is as much a gendered construction as gender is a racial*
offered by the women it is evident that many have dealt with these experiences in their lives in addition to being exposed to anti-racist feminism and anti-colonial perspectives in their community work and studies. It is important to keep in mind that these women voluntarily participated in this project because they were interested in discussing social issues in addition to learning Yoga. Having experienced violence and oppression was not a criterion for participation in this study nor was disclosure of these experiences required.

However, many did discuss experiences of violence and oppression situating power at the centre of their analysis as well as indicating that, as the antithesis of healing, violence is embodied as simultaneously sentient, social, and relationally. In their theorizations of violence and oppression as mutually constituting and inseparable from the issue of power, participants detail the severe consequences of social inequity for health and healing. The young women interviewed comment on powerlessness, hopelessness, isolation, self-blame and internalizing oppressions, lack of access to resources and safety, not being listened to, weight gain and loss as a health issue and preoccupation, and the fact that while relationships can be a resource it can also be a site where social inequities are reproduced. The women indicate that healing is not always possible in contexts of violence and oppression and, as Rania (23, Community Worker / Consultant / BA) notes, this may result in ambivalence: “Sometimes I don’t even feel like I want to pick it up and kind of make things better.” Negotiating a continuum of despair, ambivalence and hope, in addition to the material and health effects of violence and oppression, contextualizes the participants’ theorizations and simultaneously highlights social and sentient components of their embodied experiences.

This chapter, while addressing some of the discursive aspects of health and healing in contexts of social inequity, has focused predominantly on the material consequences of violence and oppression. The descriptions of these consequences offered by participants build on the health research reviewed in Chapters One and Two. Their contributions also highlight the unacceptable reality of the continuation of the many forms of violence and oppression addressed in scholarship in Britain and North America several decades ago. Furthermore, while the knowledge offered by participants in this construct (2005).
chapter provide recent testimonies of young South Asian women living in Toronto, it also sadly indicates the persistence of violence and oppression in their lives and the severe consequences these have for their sentient-social embodiment. In the next chapter, participant’s critiques of embodiment and healing discourses are explored in detail. As with this chapter, they convey a deep concern with failures to address social inequity as a primary determinant of health and healing.
Chapter Six:
Not a Magical Wonderland:
Critiques of Healing Discourses

Introduction

The previous chapter foregrounds the embodied consequences of violence and oppression and identifies healing as an important response. In addition to the difficulty or impossibility of healing in contexts of violence and oppression, participants also indicate that hegemonic healing discourses are themselves a barrier to healing. In this chapter I address participant’s descriptions of feeling ashamed, frivolous and selfish about healing from violence and oppression because of the invisibility of these experiences in society at large. They struggle with healing defined as a matter of agency and choice against their experiences of social inequity as a determinant of health. In biomedical discourses healing is framed in terms of the individual dysfunction of discrete bodies. This perspective overlooks social inequity as a primary determinant of health and frames healing in terms of abnormality and primarily a matter of behaviour modification and medical intervention.

Similarly, New Age healing discourses are predicated on an individual quest for self improvement and emphasize lifestyle choice and consumption. When pursuing embodied healing practices such as Yoga, participants also contend with cultural appropriation. Participants who resist New Age healing discourses because of the emphasis on individualism, also protest the way that they are constructed as exotic others in cultural appropriations of Indigenous knowledges such as Yoga. In many cases, they would sooner go without health and healing resources than expose themselves to biomedical discourses and practices that position them as abnormal or New Age discourses that construct them as exotic. In other words, women remark that dominant healing discourses produce ambivalence and aversion to the pursuit of healing. Their critiques of both biomedical models and New Age discourses suggest that difficulties pertaining to healing result from an effacement of social inequity and the resulting consequences for sentient-social embodiment.
Interview Findings

Shameful, Frivolous and Selfish

Fatima comments on the denial of violence and oppression in society and how this frames healing as shameful.

I don't think there is this understanding in larger society that people are living with trauma. They are surprised when we talk about violence and its impact on women even [though] violence is so pervasive. So because of the assumption that it isn't so pervasive, then when you're healing from it, people who are actively open about that healing can't be as pervasive either. So there is a lot of shame around that. So that's really difficult to get support or even to have people even believe you or understand you, and that you don't have to be a freak when you say it. So when I date partners, women and men, to be open about that stuff sometimes they will pull away. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima explains that the shame attached to experiencing violence is also experienced while trying to recover from it. As a result, those who are explicit about healing from violence and oppression are cast as abnormal or, as Fatima puts it, “freakish.” Furthermore, she argues that certain people are cast as entitled to healing while others are not.

I think that, being such a taboo subject, and then healing seen as something that is really frivolous or only allowed for people in certain financial states. White people that are really rich are supposed to go to therapy because that's what crazy white rich people do…in movies all the time where there are all these rich white kids going to therapy but you would never see a movie about poor youth going to therapy all the time because it just isn't cool, it isn't what people see…Who is supposed to be living through trauma all the time? And it is interesting what trauma and violent acts get seen as really bad and what ones get seen as something that someone just suffers through. I'm just supposed to suffer through
having internalized racism or supposed to suffer through being molested but then other people have that "oh poor them, that sucks about their lives" and there are TV movies made about their lives and what does that tell about a certain view and what does that tell people about violence…and who is important? (Fatima, 24, Youth Coordinator / BES / BA)

Fatima notes that in addition to financial barriers to healing resources such as therapy, subordinated peoples are expected to suffer in contrast to “white rich people” who are entitled to healing. By highlighting the racialized aspect of healing discourses Fatima makes the important observation that healing is largely constructed as a concern and activity of the privileged. In doing so she asks what does this say “about violence…and who is important?”

When considering healing as frivolous women remark that just as the violence and oppression they experience is diminished (often made invisible), so too are their health needs dismissed. Several participants commented on attempts to attend to their needs and how this was often difficult given the relations of power they are forced to negotiate.

In the past I may have felt that a certain need I needed was just me being frivolous and too needy. In actual fact I'm acknowledging that's who I am and I need those things and they're not frivolous and needy at all….Just being able to say no because I mean no, not just keep putting myself out to people that keep using me as a doormat. (Rania, 23, Community Worker / Consultant / BA)

Not to generalize but a lot of times oppressed populations especially women or especially women of ethnic cultures they are always told to take care of their family, take care of this do everything else and in return they could be physically or violently abused, they don't make time for themselves and then they don't feel special. (Maya, 24, Nursing Student / BSc)

Niku also comments on the needs of young South Asian women.
I think for South Asian women, especially young South Asian women, they don't have that chance where they, they don't even have that ability to focus on themselves. It's you and the family and that's what it is. I mean there is no space for you alone and that's the difficulty, right. Like you can't put aside your wants and your needs before the wants and needs of your parents, right? (Niku, Youth Worker & Coordinator)

Rania, Maya and Niku describe a struggle with feeling entitled to attend to their needs. They suggest that because women are socialized to be selfless, healing automatically becomes associated with selfishness.

This insight resonates with Fatima’s comments in which she struggles with the idea of healing as selfish and something she is not entitled to.

I used to think it was really selfish to want to heal and want to be healthy and something I really didn't deserve. And I still kind of feel that way sometimes. Do I deserve to feel safe all the time? Sometimes I worried that it's a white hippie or a white therapist kind of thing if you are "we need to work on our healing" that New Age shit…Because the state of crisis that people are constantly in, cause you are always in a state of trauma, I think is really unhealthy. But somehow you are constantly in that so how do you heal from that. It is not going to be some magical wonderland. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima mentions that she used to feel that healing is selfish and admits that she sometimes feels that way still. So, while she critiques the way that people of colour are seen as not entitled to healing, her feeling of not deserving it persists. However, she also expresses an aversion to what she terms as “white hippie or a white therapist…New Age shit” definition of healing. She signals her adamant refusal to engage in healing discourses and practices that ignore social inequity as a determinant of health and important aspect of healing strategies.
Agency and Social Determinants of Health

The women who participated in this project carried multiple responsibilities. Many of them had more than one job in addition to attending school and family responsibilities. Despite the multiple demands on their time and energy they committed to the study and many remarked that they got something useful out of the workshops and the interview itself. However, even though the classes continued for a year afterwards at a more central location, eventually none of the women were able to continue. Travel expense may have been an issue. Some may have decided that the classes were no longer fulfilling their needs. Of the women that indicated they wanted to continue, many were unable due to the demands of school, work and family. Many said that they wanted to come but they just could not find the time.

Amrit elaborates on her understanding of agency and social context by equating health with social equity.

Based on my definition of health, health includes like education and knowledge and access and shelter, and home and food, and so to basic levels that are basic human right levels. And so naturally with those things that overall assist you in achieving overall health and well being you're naturally better equipped to deal with anything. Frankly, if we were all healthy based on [that definition]...and had basic health, I think that would directly impact the amount of oppression in this world anyway. And there would probably be a dramatic drop in oppression. If we were all healthy based on this definition of health which is based on this definition of health which is obviously not just my definition but large numbers of people’s definition and also the World Health Organization's definition and also community organizations definition. So it is not like a foreign concept. (Amrit, 26, Mental Health Coordinator / MSW)

Amrit remarks that the link between health and oppression is understood by most people and espoused by institutions such as the World Health Organization. She suggests that what is really at issue is the eradication of social inequities.
Not all of the women placed importance on social inequity in their health and healing strategies. While I observed that women struggle with social inequity, some opt to focus on agency and choice in individualistic terms. Shallini’s interview was very interesting in that she oscillates between acknowledging violence and oppression and a need to prioritize individual choice and agency. When asked whether oppression impacts healing she responds:

I can think of my own personal experience where you know I thought something that my mother was doing was wrong and I wanted her to do something about it. But she basically said you know let's pretend it never happened and let's forget about it. And that kind of hindered my healing because I've never been able to overcome that. I don't get sad about it. I just put it in the back of my head and you know I'm not one of those people that let's something that happened to them just ruin their whole life. You know you have to get up and keep moving. (Shallini, 21, H/R Payroll Assistant / BA commerce)

Shallini acknowledges that oppression makes it harder to heal and offers her own experience of having “never been able to overcome” the experience that her mother wanted her to forget. However, when she comments that she is not “one of those people that let’s something that happened to them just ruin their whole life” she places a great deal of importance on the ability to put painful experiences in the back of one’s mind and “get up and keep moving.” Without diminishing this coping strategy, her need to differentiate herself from presumably those that let their social circumstances get the best of them, is pronounced. Interestingly, in her answer to the question “Does oppression impact health?” she focuses on structural aspects that determine health.

I definitely think so because when I think of oppression I think of holding back…An example…well I think in the United States like the inner city, a lot of the children there are poor and I would consider them oppressed because they don't really have access to the same kind of things that people that have more money have access to. I think that affects them because they may not have a good playground to play in, they can't get
active, their families can't afford the type of meals that are healthy and cost more and they decide to purchase fast food. And you know that can affect them in that way that their unhealthy because they are inactive and they are eating basically garbage. (Shallini, 21, H/R Payroll Assistant / BA commerce)

In their negotiation with healing discourses that polarize individual agency against structural determinants of health, women challenged social hierarchy and at other times demonstrated complicity with it. This was also true when women commented on body size in terms of looking or feeling “fat.” Amrit’s description below leaves fatness, as a hierarchical social construction, unquestioned:

Anyway, when else have I felt unhealthy? … Sometimes I have fat days or ugly days and no matter if it is hormones...like my understanding is not medical because I'm not a doctor so I can't look in the mirror and go well my hormones are off because I'm getting my period which is why I feel the way I do about myself so I'm actually not fat but I feel fat and it is actually a medical thing it is not me. It is not fat for me. I just feel what I feel. But part of me knows that is very unhealthy and tomorrow I won't feel that way anymore. (Amrit, 26, Mental Health Coordinator / MSW)

Unquestioned social hierarchies also came up in the language of “light” and “dark” often used to describe healing. Two participants commented that for them white light or the movement from darkness into light expressed their feelings of health and healing. Khadija (22, Social Service Program coordinator / University Degree) comments, “Healing to me feels like a dark cloud is moving away.” Sarah (19, 1st year university student) says it feels like “something that's really soothing. I mean it has a smooth feeling to it. Like I picture white for some reason. I picture the colour white every time when I think of healing.”
**Process versus Product**

Amrit describes healing as an ongoing process because we continue to experience our present in relation to our past.

I guess the process of healing after something really traumatic it’s like possibly even lifelong. And I think what I’ve learned from having been divorced is that even though you think you've dealt with it, like you've not really dealt with it till you've gone through every possible experience that you could go through that would somehow link itself back. So you could technically go through your whole life. I don't anticipate that happening but for example, how was I to know that I healed completely from my relationship my ex-relationship when everything seemed all hunky dory and I was well healed but then I met somebody new? So until I've had every new experience like I got married again, if that's ever going to happen, or you know lived again with another person, how do I really know how I've been affected? So when I look at like being healed…understanding the limitation of using that term. (Amrit, 26, Mental Health Coordinator / MSW)

Amrit’s definition of healing indicates a limit to the concept of being healed. It is not an absolute state. She indicates that we can only know that we have healed through the process of contextualizing our new experiences with our past. Some experiences may show us that we have not in fact healed from previous experiences while others tell us that we have. According to Amrit, any definition of healing that supposes a finish line or that is based on a dichotomy between healed and not-healed, is a limited understanding of healing.

Similarly, Zainab discusses healing in relation to violence commenting on a “this is screwed up” and “this is healed” dichotomy.

I think that, like when patterns go really deep and they are totally unconscious and when one person starts trying to make sense of them then you get a lot of lashing back…So there is this lashing and as time goes on
I hope I can understand better and move out of that kind of dualism of 'this' is screwed up and 'this' is healed. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Amrit and Zainab suggest that health and healing is something to be done rather than something to have. In other words, it is something ongoing that we seek, but not without considerable challenges.

Fatima comments on the difficulty of finding affordable anti-racist therapy that would allow her to address the different pieces of her experience. In doing so she also critiques the idea that healing is a quick fix.

I couldn't pay for therapy when I was going to school so finding accessible therapy that is actually anti-racist and understands mixed race women and understands what it means to be living with a Muslim family and all those pieces is very difficult to find in Toronto. And there are pieces, economically you have to work two jobs, how are you working with healing into your overall job frame? Half the time I don't go to Yoga class because I'm busy with work…I find that the world is not really structured for people to heal it is structured for people to...it's very capitalistic. It's a capitalistic form of healing, get over it really quick, fast, easy quick. Look for band-aids or something. So I think there are a lot of deterrents. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima critiques dominant understandings of healing that stem from a biomedical approach of treat and cure rather than a process that is ongoing. She also identifies the economic underpinnings of this understanding of healing: “It’s a capitalistic form of healing, get over it really quick, fast, easy quick.”

Similarly, Rekha comments: “no one is going to be one hundred percent all the time. I think it is important to acknowledge that we need to be at balance. That can mean having a little bit of something…that it is not always going to be good and healthy.” Later on in her interview she expands on this by saying:
You have to be very strong in order to go through the process of healing. Sometimes when a person has faced violence or oppression, to be healed, because it becomes very scary, it becomes very scary to fall down more and have to come up again… I definitely think that sometimes when you have faced violence or oppression you need to take a longer route to reach a... not necessarily a more positive life... but just a positive openness to healing. (Rekha, 21, 3rd year BA student)

Rekha comments that healing may not mean “a more positive life” defined as a place to be reached. Instead, she addresses the process of healing and an openness to it that does not necessarily guarantee an improvement in material conditions. The distinction she makes between process and outcome differs from healing as a commodity in Western culture. Process is far less appealing in a product-oriented consumer culture especially if the process is difficult, time consuming, complex and a desired outcome is not guaranteed.

Fatima describes the terrible damage done when social relations of power and the problem of “quick fix” healing approaches are not understood.

I stopped going to therapy after grade twelve. I went for one year and the woman was “you just need to get over the incest,” she wanted me to write down all the details of it. She was the most fucked up counsellor ever and I wanted to talk about the race stuff and she was “no it's not racism.” She just kind of erased a lot of the pieces around that and it kind of warned me off of going to that. (Fatima, 24, Youth Coordinator / BES / BA)

In addition to this example in which her experiences of sexual abuse and racism are minimized and dismissed, Fatima also shares an experience of her attendance at a severely botched attempt to address incest in a workshop for young people.

And also I went to a hippie school and they are the ones that triggered me to dealing with that stuff because they brought in somebody, they brought in this group that did video and drama pieces with these survivors but didn't tell us this. So we watched all these videos… and we weren't
prepared for it and then they were “okay let's all get in a sharing circle.”  
….And people just starting bawling. Guys were bawling, girls were bawling everyone was bawling, people were running out of the room it was chaos and people were so upset…. I was just “fuck this, I'm not talking about this shit with anybody.” I was very against alternative programs for anti-violence stuff. I just didn't think it was important after that cause it was a really bad experience. And it was just, it hurt me….I've been to a lot of anti-violence programs where they expect people to open up and make it this Kumbaya\textsuperscript{50} kind of lets all hold hands and talk about our feelings. You know people don't do that. You have to really work with survivors and not exploit them. I think a lot of some of those programs are very exploitive cause it is all about funding right, it's about funding and being anthropologists almost into these young peoples lives and I think that's wrong. (Fatima, 24, Youth Coordinator / BES / BA)

In this example Fatima explains how young people can be exploited when social relations of power are effaced in healing discourses and practices. She remarks that expecting youth to disclose their feelings and experiences without seeking consent, assuming that the group was a safe space to disclose, and grossly underestimating the prevalence of incest, amounts to exploitation in the guise of alternative education. What Fatima describes as “anthropology into the lives of young people” includes cultural appropriation and reinterpretation of the Indigenous methodology of the sharing circle.

In addition to healing being difficult because of discourses that neglect to address social inequity and its damaging consequences, participants suggest that healing requires tremendous stamina, perseverance and determination.

What is healing? Healing is a long ongoing process that I'm always going to be doing. Sometimes when I was younger I though “when I'm 25 I'm going to be all healed from this stuff.” It's not something that is magically

\textsuperscript{50} Kumbaya my Lord is a spiritual song with Creole roots and later popularity in folk music, scouting culture and in the Civil Rights movement. Fatima sarcastically refers to this song in her critique of the workshop that assumed group unity but in fact failed to account for the experiences and differences among the youth.
going to go away. Especially sexual abuse stuff and especially stuff around race or internalized stuff that I have as a mixed race woman...a person who is dealing with two cultures at times with two families. So it is an ongoing process (of which isn't the only thing I have to do to take care of myself)…to work on my own healing and not let it be impeded by other people. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima emphasizes that healing is not a destination in which the consequences of her experiences of violence magically go away. She also mentions a range of experiences and issues that she must address in order for her healing process to continue. For example, in this passage she mentions sexual abuse and being mixed race in her perspective on healing and comments that healing is not the only thing she needs to attend to in order to take care of herself and make sure others do not impede her. She, along with other participants, comment repeatedly that healing is a process, not a product or destination.

**Ambivalent About Yoga: Aversion to New Age Discourses**

Healing from violence is effaced in mainstream culture. However, in New Age discourses healing is celebrated. Participants remark that while healing is important to them, it is a complex endeavor that sometimes produces ambivalence. Several participants in this study noted that they feel ambivalence and sometimes an aversion to Yoga as a healing resource. Rania replies to the question “Have you ever felt wary or hesitant about learning Yoga?”

Ya at certain studios or I feel wary to learn it from white people because I feel, this is a generalization, but I feel sometimes that it is commodified. And I don't feel comfortable paying $15 per hour for a lesson. I mean ya I'll pay for it that's not a problem but I just like pay for it more consciously. So ya I feel uncomfortable in a space where Yoga has been commodified and it's not taught as...like it's just something that's done as part of a lifestyle it's not seen as something for everybody and it's not seen as something that's accessible and un-discriminatory and as a form of healing. (Rania, 23, Community Worker / Consultant / BA)
Similarly Khadija describes her previous experiences studying Yoga.

I started practicing Yoga when I was in university, you know how they have those once a week sort of sessions. So I used to go with my roommate and I really enjoyed it…Then when I went to India I felt that everything else was aligned so well that it made a lot of sense for me to practice it. Where I was living was so quiet and so peaceful, most of the time, and it just seemed like a way better environment than in a gym. So I started practicing from a book that a friend had given me with lots of pictures in it. But it was like all white women dressed in really tight clothes and it was just like something about this doesn't seem right. (Khadija, 22, Social Service Program coordinator / University Degree)

She later discusses an experience of attending a Yoga class in Toronto after returning from working in India.

I walked in and there was this statue of Kali and Krishna collecting dust in the corner. And these books about Zen meditation, again collecting dust. And this dim lighting and everyone walking in their Yoga pants and like people expecting me to know certain things just because of the way that I looked. That was so oppressive for me….Cultural appropriation is oppression. It is power manifested in a really fucked up way and it shouldn't be. (Khadija, 22, Social Service Program coordinator / University Degree)

Her critique of the studio space combined with how she was racially constructed in that space is at odds with her understanding of Yoga.

Other participants also share Rania and Khadija’s aversion to Yoga because of New Age appropriations and the way they are racialized and gendered in that appropriation. Women comment on being expected to know and be proficient at Yoga because they are South Asian. Two participants also told me about experiences of exotification and racial sexual objectification when disclosing that they practice Yoga.
One participant commented that she never tells men about her Yoga practice for this reason.

Despite these experiences, many of the women were surprised by how they benefited from Yoga practice. In other words, even though at first they were sceptical and wary of New Age reinterpretations, they learned to trust their bodies and think about Yoga outside of New Age frameworks.

I learned that Yoga is not just for hippies and that you can do and not feel cheesy doing it so I think that was a big one for me. That's a big one. Also sometimes in the morning maybe I'll do some stretching and it doesn't feel that weird. Cause the whole gym culture...weirds me out but then I don't [like] the whole running through the woods naked kind of thing, so this is a middle ground I think. (Fatima, 24, Youth Coordinator / BES / BA)

Jasmine also comments on cultural appropriation describing Yoga as “stolen for cultural commodification purposes within North America.” This frames her first encounter with Yoga.

I think it was when the craze first started coming out. And it was a couple years back, I was in [west coast city] at the time, and it’s known to be, it's my home town, and it's known to be kind of a hippie sort of atmosphere either retired people or very you know "we are the world" kind of grounded [laughs] you know earth loving people which is great but the population is almost exclusively white. And I remember that at that time when it [Yoga] was first kind of being...in stores and such, people were giving me authority over it even though I knew nothing about it. And that was exclusively because of my South Asian origin. So like at that point I was like 'oh, well I should probably learn something about it' [laughs] and find out what's going on because clearly I'm an expert on the subject [laughs]. That's kind of how I became interested in it. (Jasmine, 23, MA Student)

When I asked Jasmine if she plans to continue Yoga study she replies,
Um, I would like to. It's just never been a priority purely for the reason of that I mentioned before like it's a fad and I can't go to a Yoga studio to be honest with you and, this is going to be so harsh [laughs] but, sit there as some pretentious white woman with her Yoga mat from, you know $50 dollar Yoga mat comes and sits in front of me. Like I just can't watch it, it makes me nauseous to even think of it to be honest with you. So unless I was in a scenario really separate from that, I wouldn't....which is unfortunate because I actually do enjoy the act of it. But just for my mental sanity I just can't, especially in Toronto, I find that it is much much worse. I live downtown so the few Yoga studios that I have been to downtown literally I've left with more self-esteem issues, with more like just issues in general of Toronto. Like I'm having a really hard time adjusting here. I just came back from recently from [African country], so a very different type of environment, and I return to Toronto and I'm just like literally disgusted by the things that people view as being important. I just can't get my head out of that and I think when people tell me that once you've seen things a certain way you just can't go back, and now I'm really at that point where I can't go back. (Jasmine, 23, MA Student)

Jasmine finds the experience of Yoga studios distressing because of the way that Yoga is commodified and how she is racialized in the production of it.

Like Jasmine and Fatima, Zainab also speaks to her experience of Yoga making specific reference to resentment towards white women who take up Yoga in a decontextualized form.

And previous to that I had friends who were not very close friends, like again part of that same crowd, a very white crowd of grad students who were really really really into Yoga. And it totally turned me off cause they were, there was something about it that pissed me off…. Cause it was like you know you have no clue. [Laughs]…. So to me it always felt like Yoga really, quite definitely, quite certainly has a very specific cultural context. And I was resentful of the ease and lack of baggage in which white
women could just come in and take it, whereas I have this whole lived history.

Interestingly, several women comment on being exoticized and essentialized in Yoga studios where they are expected to know and be proficient at Yoga on the basis of being South Asian. Resentment at the ease in which white women engage in the cultural appropriation Yoga, being constructed as exotic others, and the prohibitive costs of Yoga instruction, underpins the ambivalence and aversion that many participants express.

I thought it was a really hippie white thing and the commercialization of it really turned me off of it. I even feel weird even when we went to classes [workshops for this study] and I had the Yoga mat with me. I was “I'm one of those people” and you know how those things go through your head. So, and I don't want to be....I was telling everyone how great my Yoga class was and then I'm being one of “those people.” So that piece was something that was a definite deterrent. And just financially it is expensive to take classes and it is a luxury item. (Fatima, 24, Youth Coordinator / BES / BA)

Yoga studios in Toronto and elsewhere are described by Jasmine, Rekha, Zainab and Fatima in terms of economic and racial hierarchies. Each describes a sentient-social embodied reaction to their Yoga experiences. Even Rekha, who gained something valuable from the teacher she studied with, comments on exotification and the prohibitive cost of Yoga instruction.

She was a white woman and she was amazing. She was a great great teacher who brought me deeper into it. She had fun with it and she taught a lot about why we were doing the āsanas...not necessarily where Yoga has come from. So there was a little bit of exotifying and Orientalizing going on. But I did still want to practice with her because I thought she was good. And I did for a while although the classes are very expensive and that was an issue. I couldn't do it as often as I wanted to. (Rekha, 21, 3rd year BA student)
Women make choices about when and how to engage in healing practices. For some this involves weighing costs (not merely monetary) and benefits that Yoga practice offers.

Amrit explains that her introduction to Yoga occurred as internalized racism through cultural appropriation: the process by which Yoga is commodified and made accessible in the West.

I think I became interested in Yoga because it was cool. We're living in a society that has appropriated all sorts of things from all over the world and culturally, materially, imperially...in every way. So it was simply that, it was my own internalized, it's very much internalized racism if you think about it because it's like if the Western world didn't make it cool I wouldn't do it....so now I can get some power back if I practice this and I'm cool now. It's kinda like that whole thing around wearing bindis when that became in with the Madonna thing. Like, she says it and they say so so now I can. That's very much what it was for me. (Amrit, 26, Mental Health Coordinator / MSW)

At a later point in her life, just the opposite occurs. She avoids Yoga precisely because of cultural appropriation.

I think that prevented me from getting really involved because I kinda thought that that was racist. And.... that I was only interested because of my own internalized racism. And so it prevented me from really getting involved.

Amrit’s shift from practicing Yoga as a way of identifying with what is “cool” to avoiding it because of the ways that it is reinterpreted in Western contexts through cultural appropriation highlights racism as a central feature in her decision making. In addition to race being a central feature of identity formation, she indicates how it is also central to the ways that Yoga is reinterpreted for consumption in the West.

Three Yoga teachers were interviewed in this study: Candace, who is First Nations; Anne-Marie, who is Caribbean (African, South Asian and Indigenous ancestry); and Sonia, who is South Asian. They all have experiences working with subordinated
peoples and young South Asian women. In describing their experiences of practicing, training in and teaching Yoga, they also identify healing discourses and the ways in which social relations of power shape them.

Like I've gone …to those studios and the experience has been overall fine….I find it pretty trendy and …at first for me it was very intimidating. Before I was a Yoga teacher I would have never stepped foot in there, ever. After I became a Yoga teacher I think I was less intimidated and I went and I got a lot out of it. I mean I was able to learn stuff. Definitely I think you can learn something from everyone. I really believe that. Whether I would teach my classes like that? Probably not…when I'm teaching to Aboriginal students or at [the university] I could never use some of those things. But it is nice to get out there and feel a little bit more connected. I don't find that there is a real sense of community though. I don't feel connected to that community. But sometimes it is just nice to go out and see, oh you get flyers and you see what other workshops are available. It's expensive. I can't really afford it to be honest with you. Twenty dollars a session just, I haven't gone probably since last April was the last time I went to an actual class. I went to a workshop this summer but that is about it. (Candace, Yoga Teacher)

For teachers that are working in and are members of subordinated communities, teaching and studying are similar experiences. For example, Candace describes Yoga studios as trendy, intimidating, and expensive. She also mentions that for her there is no sense of community. I would argue that rather than there being no community, her description speaks to a community that is constructed in terms of dominant race, class and gender subjectivities. Her comment that she does not see a community may be in fact that she sees herself outside of it. Similarly, Anne-Marie remarks:

I used to teach at Yoga studios and I don't anymore. I find teaching in Yoga studios to be a bit of a dead end in a way. I know that the people that go there are going through transformations and they are having all kinds of experiences, I know that that's true and I'm not intending to take away
from that, but I find that the culture that's building up around Yoga in Yoga studios has a very limited perspective on things. And I don't know if it's still like this because I haven't been in a Yoga studio for a few months but the last time I taught in a Yoga studio there were no people of colour in the room and I have spent most of my life being the only person of colour in the room doing what I'm doing and I don't feel like having that experience anymore. So that's one of the reasons why I don't teach in Yoga studios. I don't find that there is that much there to attract people of colour to the practice who haven't already found something in themselves that makes them want to go. (Anne-Marie, Yoga Teacher)

Anne-Marie notes her students have similar concerns.

Some of them are concerned at first when they come in about the physical things. So “I'm not very flexible, I can't sit,” those basic things they are concerned about. I think that for the South Asian women there is a concern about whether it's going to be authentic or something else….I'd say often about half the class is South Asian women. It's interesting when some of them have come to the class because they meet me and they are not sure about me or what the Yoga is going to be like. I had one woman say she really wanted to not like it. (Anne-Marie, Yoga Teacher)

Candace and Anne-Marie echo the concerns and comments of the young women interviewed with respect to how Yoga is taught in studios. As teachers and practitioners they share feelings of hesitation and aversion by virtue of the ways that New Age discourses and practices frame Yoga in the West.

Speaking of the studio scene and teacher training, Sonia also comments that the classes are superficial and that there is little student teacher interaction or relationship development to take the teachings further than a demonstrator, observer, and emulator dynamic. Furthermore, she remarks that even if students wanted to develop that kind of relationship, few teachers have the training to go beyond being a demonstrator to a guide and guru.
For me that got tedious after a while….what inspires me about Yoga, I wasn't being able to share that….that's a studio setting. I think it is good for people who do teacher training for a couple of months or whatever because that's the level of teacher training that they've received and they can impart that and it's perfect. But anything beyond that I think you need individual groups or individuals or a workshop specifically designed to deal with this particular issue in order to go beyond the [yoga] mat. (Sonia, Yoga Teacher)

However, Sonia also mentions that students from her corporate classes would likely be “freaked out” if they attended other classes that she teaches in which she is able to more fully incorporate the spiritual teachings of Yoga.

Like some people get freaked out. I think one person asked me, what did they ask me about? I think they said something about Voodoo or something weird and I was like whoa, I was really thrown off. Or is this devil worship? Something like that. Ya I was like whoa because they get scared right, they get taught these things from grandparents, parents…because if you remember the history of Yoga in the West when it came in the 40s or 50s right at the beginning they would see these Saints do all these really weird things and they thought they were devil worshipers right? That was how they kind of tried to put the stigma into this practice that came from the outside that they are not Christians, they are devil worshipers. So there is that aspect to it which you forget because Yoga seems so mainstream but if you take it down that spiritual road that fear kind of taps in. (Sonia, Yoga Teacher)

Candace also comments on religious concerns and the hesitance of students when she is teaching Yoga. However, in the example she gives, this hesitance arises from the experience of colonialism and racism that evokes suspicion of about the imposition of religion and other world views.
I've had questions about are you going to be indoctrinating because it is a Hindu belief system and people are aware of that and I think there are a lot of sensitivities particularly with the Aboriginal community because of residential schools and you know assimilation policies and that sort of thing. There are those, you know people are, have their guards up in some cases so I think that's probably the biggest concern that I face presenting and offering this to Aboriginal communities. (Candace, Yoga Teacher)

Similarly Anne-Marie comments:

The Black community who I also work with, so the Afro-Caribbean community, as I'm creating this program called the Yoga Circle which is intended to just give basic leadership Yoga skills so that it can be taken out into the community. The circles are going to be in churches and there's a huge concern amongst some congregations that Indian gods are going to take over and subjugate and press down African gods. So there's a religious part where there is a perception for some people that there is going to be a conflict between the philosophy of what Yoga is and how it fits into Christianity.

Sheila: So they see African gods as Christian gods?

Anne-Marie: …So from what I understand in terms of African gods and the Christian church is that there is a real attempt among some Christian congregations where the white priest has worked in Africa for example to bring in African spirituality and try to integrate it into the Christian format….just like in the Caribbean the Christianity is really woven into the spirituality of the place and because it's black people, there's are real need to hold on to something and not have it be challenged because colonialism has only challenged that. So there's a distrust when I chant in Gurmukhi or in Sanskrit that I am bowing down to something that is different. (Anne-Marie, Yoga Teacher)
Sonia comments that some of her students fear Yoga as a form of devil worship; however, Anne-Marie explains that her students express an aversion to Yoga in terms of colonization and the complexity of the imposition of Christianity combined with attempts to retain Indigenous culture and knowledges. Similarly, Candace explains that her students are suspicious of Yoga because of the ways that their Indigenous knowledges have been subjugated through colonization and genocide carried out by policies of indoctrination and assimilation against Aboriginal peoples in Canada. Their explanations highlight that colonialism and racism are central issues that they deal with as teachers and furthermore, feature prominently in the construction and reception of Yoga in the West.

Sonia, who completed a four-year Yoga degree in India, comments on Yoga in India compared with North America.

[Here], I mean religion is big but spirituality doesn't play a part. I know what a lot of, when I meet South Asians who learn that I teach Yoga, they're extremely surprised but also almost like they know it's this big thing, I don't mean that in terms of how it's blown up in the West, but I mean it's revered even in the community even though South Asians don't practice it. It's revered because they know that it's been around for five thousand years and it's transformed many people’s lives and you know, so it's revered, it's seen as this incredible practice but there is no understanding or integration of it into their own particular lives. So I find that interesting especially here, in India it's a little different, but especially here. (Sonia, Yoga Teacher)

Discussion and Analysis

Who is Important?

Fatima suggests that when it comes to subordinated peoples, violence and its impacts are framed as tragic – “oh poor them” – prompting pity rather than attention to

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51 For more on genocidal policies towards Indigenous peoples in Canada and elsewhere in the world, see:
structural inequity. This occurs when people are objectified and their experiences are defined as isolated acts disconnected from social relations of power. In this construction of victim, (that is, having no agency and to be pitied), individualizing interventions take prominence over the need for social change. Sharon Lamb (1999) writes:

Feminism lost its power to suggest interpretations of abuse to the American public almost as soon as the media seized on victimization of women and girls as a popular subject. This loss of a political movement that saw abuse as primarily a gender issue became a gain for the public health and mental health professionals. Discussions of power and dominance yielded to discussions of symptomatology and long-term effects. It was as if the most effective way to stop the abuse or to make the public recognize the problem was to prove that abuse inevitably and overwhelmingly leads to psychological distress. (Lamb, 1999, p. 110)

Lamb cautions that while the harm caused by violence and oppression needs to be addressed, the remedy is social as much as individual. She argues that while documenting and publicizing the extent and effects of violence has certainly been important in challenging social indifference towards violence against women (p. 111), to only address the individual effects of violence ignores the need for social change. Furthermore, Lamb states that to dismiss women’s resilience by way of victimization discourses that define “credible victims” as pitiable, without agency and “eternally suffering” (p. 113), their acts of agency in terms of recovery and resistance are effaced along with the need for social change and solidarity among women who have widely varied experiences of violence and oppression (p. 133-34).

Fatima’s comments also point to the need to have the consequences of violence and oppression addressed both in terms of the damage done to individuals and the social inequities that give rise to and deny the pervasiveness of violence. Hegemonic healing discourses that construct victims as irreparably damaged, as well as those that would

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Neu & Therrien, 2003; Smith 2005; Smith 1999.

52 The idea of a credible victim relies on notions of hegemonic femininity that positions women as passive and in need of protection. That is, violence done to women who can make a claim on respectability are seen as credible victims while others who do not conform to hegemonic gender role criteria (white, heterosexual, middle-class, educated, able-bodied, etc.) have a harder time making a claim on respectability and thus having their experience of violence acknowledged as such. Sherene Razack complicates this analysis by arguing that racially subordinated women are expected to perform themselves as credible victims by acting in accordance to gendered racial stereotypes specific to the way that their culture is constructed to assure white societies of their cultural superiority (Razack, 1998).
deny healing resources to subordinated groups are challenged by Fatima, who states the importance of both individual healing and social change. In other words, politics should leave room for therapy but not be reduced to it (Ahmed, 2004, p. 200). This has been explored in writing about women’s health (Lewin & Olesen, 1985). However, as bell hooks (1993) comments, an additional complication for black women is that they are socialized to serve both within their families and communities as well as outside of them.

Now, living as we do in a racist/sexist society that has, from slavery on, perpetuated the belief that the primary role black women should play in this society is that of servant, it logically follows that many of us internalize the assumption that we/our bodies do not need care, not from ourselves and not from others. (p. 88) ….And those among us who have been socialized from childhood on to feel that black women’s “personal power” only comes through serving others may have the most difficult time learning to see that personal power really begins with care of the self. (hooks, 1993, p. 89)

New Age discourses that define healing as a form of individual absorption, and social hierarchies that construct subordinated groups as inferior and undeserving, dovetail to create a situation where participants are ambivalent about their needs. Fatima resists individualistic interpretations of healing that obscures social contexts while at the same time struggling with her doubts as to whether or not she deserves healing. When she expresses the worry that healing is a “white hippie” or “white therapist” thing she calls attention to the ways that healing discourses are racialized and framed as an individual quest (Hammer, 2001; Tumber, 2002). Some researchers have made this same critique by questioning whether or not therapy has helped or hindered social movements by encouraging women (mainly white middle class women) to focus on their individual healing at the expense of social change and activism (Becker, 2005; Lamb, 1999).

Fatima also mentions feeling selfish when she thinks about other people who presumably experience more violence and have less access to resources for health and healing. Her comments suggest an opposition between individual healing and working for social change that would benefit collectives. Rania and Niku also struggle to feel like they deserve to have their needs met. All have complicated responses to the idea of healing that include shame when healing is framed as a sign of weakness or dysfunction, a frivolous white bourgeois indulgence that erases social inequities, and an act of self-
indulgence that neglects their responsibilities to family and community. In addition, there is the issue of just not having the time or energy to attend to one’s health and healing.

Participants’ contributions speak to the way that sentient-social embodiment can be fractured, even in feminist anti-violence frameworks. Responses to socially constructed hierarchies would seem to only address social embodiment. On the other hand, the sentient consequences of violence and oppression are addressed primarily in terms of individual experience. Participants challenge this separation by highlighting the both components of embodiment. In other words, they attend to the social aspect of their sentient experiences and the sentient consequences of their social embodiment. In doing so, they refuse to abide by agency / structure divides that pervade health and healing discourses.

**Internalizing Oppression of Oneself and Others**

Individual behaviour modification and choice is a dominant feature within health promotion discourse (J. Naidoo & Wills, 2002; Townson, 1999). Similarly, New Age healing discourses emphasize personal agency. In this framework even money is no limitation as is often expressed in the affirmation “do what you love, the money will follow.” While I certainly acknowledge the agency of the participants in this project, it was not the only factor in the choices they made with regard to this project or their own health and healing. Many of the participants themselves made this same observation.

I think there would be two times in my life where I've experienced situational depression. … One of those times was when I was in high school and was sexually assaulted and one of those times was when I was married and going through an abusive relationship. So, those are times I think my mental health was affected by those experiences and it took me some time to get out of it. But because they were situational and the rest of my life has been so filled with privilege and well being and good people I was really able to come out of it. (Amrit, 26, Mental Health Coordinator / MSW)
While Amrit identifies how her experiences of violence impact her mental health, she is also aware of the supports that were available to her in order to heal. Interestingly she also makes a distinction between a medical model understanding of depression and what she describes as “situationally” based depression. Rather than depression defined solely as a biological condition, she stresses both the context that caused her depression as well as resources that helped her to come out of it. Individual choice and systemic determinants of health are inextricable, and as researchers that use intersectional approaches to health remind us that, responses to health inequity requires change beyond health fields (Laverack, 2004; Raeburn & Rootman, 1998; Raphael, 2004). However Candace Johnson Redden writes that in Canada this commitment is lacking (Johnson Redden, 2002, p. 94).

Shallini identifies socioeconomic oppression of the children she describes and while privileging personal responsibility in her own circumstances, she acknowledges that others may not have the same options as her. However, in both examples she distances herself from those who would either not have agency or fail to exercise it. For example, Shallini distances herself from those that let “something that happened to them just ruin their whole life.” She privileges personal agency in her own circumstances by distancing herself from her own experiences of violence and oppression, putting it at the back of her mind. In terms of those who cannot exercise agency due to social conditions, they are far removed from her environment in an American inner city – a comparison often evoked to celebrate multiculturalism and “exalt” Canada as more equitable than our neighbours to the south (Thobani, 2007). Her discussion suggests a dichotomy between having agency and not having it. This mirrors a divide in health promotion discourse between individual agency and structural determinants of health when in everyday life these are much more blurred (Laverack, 2004, p. 7).

In both examples that Shallini offers, addressing social relations of power is important. For example, by tracing the power relations at play in her own experience it is possible to frame her comments as a coping strategy that has benefits and costs. She describes repressing her memory of the incident and her feeling of having “never gotten over it” but it would be a mistake to assume that not repressing her memory of the incident is a simple choice that she could have made, or that it would have been a
beneficial choice for her in the past. In other words, it is important to acknowledge her agency within a context that limited it. In this respect, disembodiment can be seen as a coping strategy, despite the costs associated with it.

Thus, disembodiment, like self-objectification, can be considered a means of coping, however, this implies a state of poor health and/or emotional distress. Moreover, more effective means of coping are necessary, as disembodiment involves a significant toll and can lead to more serious consequences for health and well being (Piran & Teall, 2009, p. 4).

As Piran and Teall (2009) argue in their explanation of a developmental theory of embodiment: “positive/connected embodiment, as well as disrupted embodiment” are two sides of the same coin that help understand, “the body journey, namely: the process of change in embodiment over time (Piran et al., 2002; Piran et al., 2007)” (Piran & Teall, 2009, p. 9).53

The language of light and dark are often used as metaphors for good and bad, superior and inferior and as many have argued, is inextricable from skin colour racism. These messages are internalized from childhood (Yeoman, 1999, p. 438) and as bell hook explains, this produces particular challenges for racially subordinated children.

I made up this story because I wanted this little brown girl to grow up dreaming in the dark and its powerful blackness as a magic space she need never fear or dread. I made it up because I thought one day this little brown girl will hear all sorts of bad things about the darkness, about powerful blackness, and I wanted to give her another way to look at it. (hooks, 1993, p. 80)

Children are told stories about the goodness of whiteness and the evil of blackness early and repeatedly in life. This can be observed especially in terms of the consistency of this message in religion, culture and art in colonized and racially hierarchical societies. While participants such as Shallini, Sarah, Khadija and Amrit have complex understandings of systemic oppression they, like all of us involved in this study, are not immune to fat-

53 Vivienne Anderson (V. Anderson, 2000) writes about embodiment from the perspective of chronic illness. She challenges the idea that health and illness are controllable. She also remarks that the mind/body split is difficult to avoid in the experience of severe pain: “Celebrating the body as some feminists would have us do is an alien concept to the chronically sick. It is difficult not to develop an adversarial attitude toward the body” (p. 39). However she also remarks tha(Khadija, 22, Social Service Program coordinator /
phobia and healing discourses that reproduce a disdain for blackness and positive association with whiteness. The work of unpacking taken for granted notions is ongoing as we live in social contexts that are deeply hierarchical with respect to a myriad of social differences. Furthermore, this is a lifelong project for anyone considering that racial and gendered inequalities are constantly being reproduced in new and insidious ways.

Research confirms body size and skin colour preoccupation among South Asian women (Sahay & Piran, 1997). Furthermore, participants also demonstrate that it is entirely possible to see some forms of violence and oppression and not others (Dei et al., 2004, p. 156). Gender centric health research approaches or ethno-racial studies that fail to account for gender, provide many examples of how social inequities can be effaced despite an effort to address an aspect of social hierarchy and disadvantage (Bair & Cayleff, 1993; Bayne-Smith, 1996; Schulz & Mullings, 2006). In this study, healing discourses were critiqued in terms of individual agency and the social determinants of health; however, some aspects of social inequity slipped under the radar, and at times the women expressed hierarchical beliefs.

**Quick Fix Healing**

A binary between healthy and sick, healed and not healed obscure the social contexts that people live in. Much of what sells as New Age healing is precisely based on the idea that one can achieve, or arrive at, a state of being healed. Furthermore, the “inner quest” promoted in New Age discourse (Hammer, 2001; Tumber, 2002) suggests that healing can be achieved independent of, or despite, social context. Amrit and Zainab as well as the other women in this project say otherwise.

In their article “Educating Bodies for Self-determination: A Decolonizing Strategy,” authors Denise Nadeau and Alannah Young (2006) write:

The colonial framing of the “healed” and “not-healed” position has often distracted people instead of focusing on individual and communities’ self-determination that is so essential to our understanding of wholistic health practices. (Nadeau & Young, 2006, p. 89)

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University Degree)t chronically ill persons do not only experience the body negatively when, for example, pain recedes and one has “an unexpectedly good day” (p. 40).
For this reason they avoid using the word healing opting instead for wellbeing and self-determination in their work with urban Aboriginal women in Vancouver. Nadeau and Young (2006) argue the importance of this approach.

We do not have dreams of “fixing” people, but rather we want to share what has helped us and the people with whom we have worked. In this article, we suggest that the process of restoring a lived awareness of sacredness in the body and of recovering one’s connection to identity, community and earth is a form of decolonization. The approach we have developed, which we call educating bodies for self-determination, involves both the individual and the collective, that is, the self in community. It combines spiritual teachings, bodywork, movement, and performance in a group education program for those recovering from colonialism and racism. (p. 88)

Their approach contrasts sharply with New Age healing discourses that are individualistic, utopian and concerned with “fixing” people and societies in absolute terms that rarely consider violence and oppression as primary determinants of health.

The painful results for the young people at the workshop that Fatima describes testifies to the harm that comes from dominant healing discourses – “Kumbaya kind of lets all hold hands and talk about our feelings” – that neglect to address social inequities in a respectful and ethical manner. While healing is described as a process in terms of being ongoing, it is also a process in terms of building respectful relationships and engaging social difference in a productive enabling way. As Linda Tuhiwai Smith (1999) explains, process is more important than the outcome.

In all community approaches process - that is, methodology and method - is highly important. In many projects the process is far more important than the outcome. Processes are expected to be respectful, to enable people, to heal and to educate. They are expected to lead one small step further towards self-determination. (Tuhiwai Smith, 1999, p. 127)

Hearing about Fatima’s experience at the alternative program she attended confirmed my concerns when designing this study. I, too, have attended programs similar to the one she describes. I interpret her and other participant’s decision to do an interview with me as a sign that the kind of exploitation Fatima describes, did not occur in the workshops for my study.
Avoiding Appropriation

In her article describing a community based arts program that she coordinated, Samina Zahir (2003) discusses the complex theorizations on identity and representation among South Asian women who consider what it means to exhibit their work to a white audience.

The consumption of ‘Asian’ products does not preclude racism, as consumption may be simply based on reified static notions of South Asian culture and sites of consumption may themselves become sites for racist practices. (Zahir, 2003, p. 208)

This parallels what many of the participants in my study have to say about their experiences studying Yoga in North America. They identify that much of the ado about Yoga is enmeshed with notions of an exotic and timeless India and they object to the ways they are objectified in this construction.

While the ways that Yoga has been commodified has been critiqued (Budhos, 2002a, 2002b; Ermachild Chavis, 1998; Fish, 2006; Neilson, 2004; Vazirani, 2001), many participants also comment on how their bodies are constructed as exotic in the process. Jasmine comments on the economic and racial aspects of Yoga studios in Toronto, and makes decisions to avoid these spaces despite the fact that she enjoys the practice. One only needs to open any Yoga magazine to see that Yoga practice in the West is represented by thin, white, young, middle class mostly female bodies. Men have increasingly become visible in Yoga practice especially as the practice has become more of a fitness industry enterprise. However, by and large the appeal of Yoga is marketed through the white female body and this is not lost to the women in this study.

Common elements of contemporary New Age philosophy, as well as Theosophy in the early 20th century include individualism and withdrawal from political life in favor of an internal quest. The performance of religious experience as a form of cultural capital is common to both movements (Tumber, 2002, p. 39). The preoccupation with charm, manners and gentility in Theosophy (p. 59) can also be observed in New Age reinterpretations of Indigenous knowledges. Yoga, for example, is represented by thin, white, athletic bodies as the manifestation of spiritual development. Although the practice
of Yoga may produce physical effects associated with good health and vitality, equating a normative notion of beauty in physical appearance with spiritual advancement is a trend common to both Theosophical and New Age reinterpretations of Yoga.

Several participants convey well substantiated in critiques of New Age culture in terms of cultural appropriation (Hammer, 2001; Kadi, 1996; A. Smith, 2005; Tuhiiwai Smith, 1999; Tumber, 2002). In the article Personal, Political Everyday Yoga: Tawanna Kane Reflects on Diversity Access and Yoga as a Grassroots Movement, Lesley Marian Neilson (2004) writes:

As the executive director of the Lineage Project in New York, Tawanna is making Yoga and meditation accessible to people who fall outside of the target market of the mainstream Yoga industry. She is part of a growing movement to bring Yoga into communities that lack easy access to what has become the domain of stylish and expensive urban studios…Even in New York City, Tawanna rarely sees her physical likeness reflected in the studios around town. This lack of cultural diversity is one of the pressing issues of North American Yoga, says Tawanna, because if the Yoga community fails to reach out to people of colour, or the poor, or the physically challenged, Yoga could become simply another expensive pastime of the privileged. (Neilson, 2004, p. 12)

When Candace says “I don't find that there is a real sense of community though. I don't feel connected to that community,” I would argue that she is sensitive to the fact the sense of community promoted in Yoga studios is structured by race and class privilege. Not feeling connected to that community is not because it does not exist; rather, it is because she is not reflected in it. As Neilson comments, mainstream urban Yoga studios tend to be expensive and lacking cultural diversity. Toronto, like New York and other major urban centres, or “yoga cities,”⁵⁴ is home to many of these “stylish and expensive urban studios” (Neilson, 2004, p. 12). And like Candace, many of the young women comment on the class and race aspects of how these spaces are structured and how Yoga is discoursed in the mainstream.

Sonia’s comments suggest that the reinterpretation of Yoga in mainstream settings involves removing cultural references as a means of acquiescing to the religious

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⁵⁴ Toronto was described as a “yoga city” at an annual Yoga Show held in Toronto 2006.
prejudices of students – prejudices that are deeply racist as well. I had a very similar experience while teaching Yoga classes at a Catholic church that I later realized was the church where my parents were married! The priest was very concerned about the possibility of satanic possession for my students, who were also his parishioners, in my Yoga classes. Another priest suggested that rather than reciting “OM” from the Sanskrit prayers, I should sing “One” instead. Although Sonia mentions that when Yoga first came to the West it was held in suspicion, racial and religious hierarchies persist as is evidenced by the concerns of students and religious leaders.

Others have commented on the lack of participation of South Asians in mainstream Yoga studios. Marina Budhos (2002b) writes:

Do South Asians have an aversion to taking Yoga classes in the United States? Are they embarrassed? Do they feel the West has appropriated their culture? Is Yoga even an important part of their lives?...I asked David Life, cofounder of Jivamukti Yoga, if Indians come to his fashionable Yoga centre in downtown New York City. “Very few,” he answered. “Those I’ve met have a certain naïveté about their own tradition. They have some vague idea of their roots. These kids didn’t have a traditional upbringing, and they’ve suffered a bit of separation.” I must confess I was taken aback by this observation. It did not jibe with the droves of young people who show up for any Indian cultural event, who began South Asian cultural groups in college, and who have grown up visiting their relatives in India during the holidays. (Budhos, 2002b, p. 92)

The participants, most of whom had little to no experience studying Yoga prior to participation in this study, indicate that their ambivalence and aversion to Yoga is rooted in their experiences of social inequity, particularly racism. The fact that Yoga is widely practiced in Toronto does not mean that it is accessible to them. Participants comment that they avoid New Age reinterpretations of Yoga and healing discourses that neglect to address social inequities. Later in her interview, Sonia (Yoga Teacher) notes that first generation settlement struggles and family expectations regarding success for second generation children, who are groomed to surpass the achievements of their parents,

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55 While recognizing diversity and counter hegemonic subversion within the tradition of Christianity, it is important to note that as an organized religion it claims to be the only true understanding of God and has been central in the discursive and material operation of white supremacy and colonialism. When Sonia’s students’ equate Yoga and Voodoo (African spiritual practices) with Satan worship, they evoke racial hierarchies perpetuated by Christian supremacy.
cannot be dismissed when considering South Asians absence in Yoga studios. The suggestion by David Life that South Asians are ignorant about their traditions coincides with Orientalist discourses that assert the loss of a golden past in which ancient spiritual knowledges have escaped present day descendants, but luckily are preserved by Europeans who can truly appreciate this precious ancient lore (Hammer, 2001, 170). However, as Budhos responds “It was a remark that for me underscored the danger of the Yoga boom and the narrow lens through which Westerners have come to regard India and Indians. For many Westerners, Yoga is India. For Indians, Yoga is only part of the story” (Budhos, 2002b, p. 92).

**Summary**

Social inequity shapes experiences of health and healing; however, the reverse is also true. This chapter attends to how participants experience and engage with health and healing discourses. Participants’ contributions highlight the problem of opposing agency with structure in experiences and responses to violence and oppression. Doubts about healing are expressed as feeling ashamed, self-indulgent or not entitled to healing by virtue of more important responsibilities, such as family or, more important work to be done regarding social justice issues. They also resist the idea that healing is a product or destination to be arrived at. Instead, they stress the often painful and ongoing process-oriented aspect of healing that, while an important pursuit, will not necessarily result in improvement to one’s material circumstances. They explain that the dismissal of their sentient-social embodied experiences in biomedical care, as well as New Age celebrations of healing that efface social relations of power produce, an ambivalence towards healing. They provide many examples specific to Yoga as a healing resource and thus, articulate the complex co-constitution of sentient-social components of embodiment.

Participants seek resources that address the sentient-social aspects of their embodied experience. In the case of Yoga study, they comment that exposure to New Age discourses entails costs to their health that sometimes exceeds any benefit the practice itself offers. So, while women find relief and healing from Yoga as an embodied
learning practice, they also describe ambivalence and aversion to accessing it in New Age contexts such as Yoga studios. The paradox in this situation is that even when women are looking for “behaviour modification” options (to use the health promotion term for individual health seeking choices), social inequity limits their options because they avoid spaces where they are likely to experience racism and sexism. Ironically, this act of avoiding and reacting against hegemonic healing discourses is in fact a way of safeguarding their mental, emotional and spiritual health.
Chapter Seven:

Appreciation of Life in a Body:

Embodied Learning as a Counter Hegemonic Healing Strategy

Introduction

In the previous two chapters I address participants’ contributions pertaining to the embodied consequences of violence and oppression, healing as an important response, as well as aversion and ambivalence towards healing in relation to hegemonic health and healing discourses. Participants indicate that violence and oppression are pervasive; manifest in multiple ways; and have many damaging consequences. Healing is identified as an important response to the effects and experience of social inequity. However, healing is difficult not only because of the relentless and corrosive experience of violence and oppression, but also because of the ways that dominant healing discourses efface social inequities. In other words, participants express feelings of ambivalence and aversion to healing as an effect of the powerlessness that violence and oppression generate, as well as resistance to New Age and biomedical healing discourses that efface social relations of power.

In this final chapter I present participants’ considerations of sentient-social embodiment in their strategies for healing. Some of the topics raised in previous chapters are revisited this time, to concentrate on sentient-social embodied resistance and strategies for healing from the consequences of social inequity. Interviewees indicate that because violence and oppression affect a person mentally, physically, emotionally and spiritually, healing must address all of these aspects. However, they also insist that social relations of power are inextricable from healing. I argue that participants’ attunement to sentient-social embodiment; that is, embodied learning is a counter hegemonic healing strategy.
Interviews Findings

Sentient-Social Embodied Attunement

Participants describe healing as a process rather than a destination that involves deepening one’s awareness of sentient-social embodiment. This emphasis on doing embodiment highlights their ongoing negotiation and agency in relation to material and discursive contexts shaped by social inequities.

Embodiment, as the interdependence of mind, body, breath, emotions and spirit is inextricable from the social relations of power that contextualize these sentient experiences. As indicated in previous chapters, this is forcefully demonstrated in the women’s expressions about the effect of social inequity on health and healing.

I think that racism is a huge contributing factor in health. I think that feeling not grounded, I think being put in a position where there is a lack of trust in your own cultural experience contributes. I think gender is a huge contributing thing, and I think that just the general lack of appreciation for what it means to have a life in a body and lack of awareness of how extraordinary these things that we walk around in are. How every single experience we have has an affect on us. (Anne-Marie, Yoga Teacher)

As a survivor I feel uncomfortable with my body and anything that helps me, which it [Yoga] did, it really did…And just to be aware of my body in general to remember that I have a body. Sometimes I forget… Cause it isn't easy for me to appreciate my body. (Fatima, 24, Youth Coordinator / BES / BA)

Lisa Blackman’s (2008) survey of embodiment studies conveys that the idea of attunement implies an increasing awareness of subtle perceptual nuances as well as a deepening awareness of connection and affect among human and non-human phenomena. I use the term attunement in both ways simultaneously in order to explore participants’ experiences of sentient-social embodiment.

Although Anne-Marie’s reference to walking does not take into consideration being in a body that does not walk, I understand read her comment to mean that we often take forgranted the extraordinary experience of being in a body at all.
Breathing into different parts of your body going into your muscles but it was also connected to like feeling your breath, also connected to your mindfulness. And that was so cool and such a fantastic shock to think of it that way….Which is such an interconnected way of healing. We have a really segmented, fragmented bureaucratized society where things are categorically separate so there is mind and then there is body. You have therapists that work on your mind and you go to the gym and you work on your body but it's really that they are so fundamentally connected. And to me Yoga, it seems to me, I hope has this potential for doing that kind of healing work. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Anne-Marie and Fatima remark that subordination diminishes awareness and comfort with embodiment. In response to this consequence of violence and oppression, Zainab comments on how feeling connected to her breath and body contrasts with living in a “segmented, fragmented bureaucratized society” and feelings of disembodiment. Similarly, Fatima indicates that remedying the sense of fracture and alienation is surprisingly helpful.

Even my breathing, I have a hard time being comfortable in silence because thoughts will come into your head and if you get triggered from abuse stuff or you start actually thinking….it freaks me out a little bit to be alone. And then the second part, the healing part of that would be being comfortable with your body and being comfortable stretching it in front of other people and being able to manoeuvre your body, twist it and turn it and feel comfortable with that in a non- sexual sense. I know that will maybe sound weird but I don't think there are many times you get to connect with your body outside of a sexual, well besides dancing and that gets sexualized. I think that especially for women… And breathing too, I find breathing the weirdest thing cause I have to think about things that I would normally just skip over, cause it's frivolous to think about this or I have to start the revolution or something ridiculous. So giving that time to
that… I think physical therapy is just as important just as much as talking therapy. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima remarks that sexual objectification and violence that women are subjected to affects their embodied experiences. Exploring her breath and body provide a respite from the consequences of violence and oppression that, for her, include feeling uncomfortable with silence.

Amrit comments on silence as a way to recover from an abusive relationship; however, she makes the important point that healing is a process that involves prioritizing needs in moments of crisis.

For me it's like a process right? So the first thing was there was that stage of crisis initially where it was all of a sudden I'm leaving what am I going to do. Things that come to mind are things that are not related to my emotional well being, that's secondary. What's primary is getting my actual life circumstances figured out. So like, where am I going to live? Where do I go? Who do I tell? How do I get my stuff out? How do I organize this? Once that was all done and over, and the healing in the more traditional sense…like embarking on a process of making myself feel well and whole in myself again, which was not possible when I'm trying to sort out where I'm going to live, right? I think that things that helped me were privacy, solitude, I know it's bizarre but that's just for me, peace and quiet, meditation, Yoga, swimming. I tell people like it's bizarre but during the year of my separation I think I swam six days a week. I literally was swimming every single day. People [were] like that's so awesome you were getting fit. And ya, okay that's true too but it wasn't even that. It's like for me swimming has the same effect as Yoga which is that it is quiet. I swam because I liked the sound when my head was submerged. I would just swim for hours because it's just quiet. (Amrit, 26, Mental Health Coordinator / MSW)
Fatima and Amrit’s comments highlight that attunement to sentient-social embodiment in response to the damages of violence and oppression is not solely a matter of mind, body, spirit, or an issue of utopian quests for healing as a path to personal advancement. They describe healing strategies by referencing their social contexts at the same time that they draw strength from a deeper attunement to sentient experiences.

In their theorizations of becoming attuned to sentient-social embodiment as a strategy for healing, many women use the word rational to describe their experiences. Contrary to rational as defined in opposition to emotions and spirituality, characteristic to Western knowledge production, women talk about rationality as increased awareness of embodiment in all its aspects. For example, they discuss rationality in terms of observing thoughts and emotions and being able to respond from a place of calm reflection. Rania gives an example of how she handled an argument with her partner:

I'm not going to let myself get down every time this happens. And I think that showed her I'm not going to take her shit. And she has changed since then. So for me, like that was a really positive experience. Because of the Yoga I didn't get down when she didn't show up at home. Instead it allowed me to be more rational about it and actually address what was going on as opposed to being really anxious and emotional…I think that's the point in our relationship where things started to change for the better. (Rania, 23, Community Worker / Consultant / BA)

Khadija and Maya also speak about rationality as a way to witness their emotions and experiences, and thus, decide how to respond to them.

I think that your health affects every part of who you are and the way you are, sometimes positive experiences of health bring clarity in some way or restore that balance. When you're in that state, maybe for example, you're able to think rationally or able to identify violence in a better way than you were able to before. Things become clearer and with that identification you're able to fight whatever is oppressing you. (Khadija, 22, Social Service Program coordinator / University Degree)
So when my family is trying to put me in a box and tell me this is how I'm supposed to behave and this is what I'm supposed to do I've found that I'm able to stand up to them for myself and say this is how I feel, this is what I want and this is what I think whereas before I wasn't able to do that. I would just be overwhelmed by what they would say and then I would just sit in that box or sit in that, whatever place they put me in and be what they wanted… I would be just kinda bewildered, not bewildered, stupefied maybe or something because I don't know what I want. I don't know what I need and I'm not in tune with myself so I can't stand up for myself so I just do what they say for instance, but with Yoga I'm actively taking care of myself, I'm thinking about myself first. I'm thinking about how my body moves, I'm thinking about what I want, thinking about how I'm feeling so because I'm thinking about how I'm feeling I figure out what I want and I'm able to express it. I'm also able to do it in a more rational way because I'm thinking rationally. I'm not thinking so stressed and I'm not thinking in so an upset manner. (Maya, 24, Nursing Student / BSc)

Their reference to rationality is interesting in the way that it contrasts with its meaning in Western philosophy and science. Amrit’s comments also disrupt rational / non-rational dichotomies.

I think I see Yoga as this magical thing, this magical art where there is so much that we don't know about it…it's like this super do-able but almost unfathomable science for me. It's like I can do it but I just feel like it's so grand and there's so much that I don't know… It's just so bizarre to me and yet I trust it. (Amrit, 26, Mental Health Coordinator / MSW)

She describes her Yoga practice as simultaneously magical, scientific, unfathomable, bizarre and trusted. These characteristics are compatible rather than irreconcilable as is the case in Western sciences that privilege objective and absolute certainty.

Participants articulate embodiment in terms of observing process and change. Sonia and Anne-Marie explain their understandings of a Yogic perspective on
embodiment. They emphasize that the material world and perception of it constitute the core of Yoga teachings.

It seems, and rightly so I guess, that when we get away from institutional like religious practices and all that kind of stuff that everybody has kind of come to similar conclusions about things. And that those conclusions are very simple. Everything is made of the same stuff. We have these two components in our experience that relate to this stuff. One is our awareness, and the other is the stuff; the contents. In order to live harmoniously we have to figure out how to occupy both places at the same time: to be material and to be awareness at the same time. When we are able to do those things there's a natural honouring of each other and a natural honouring of the planet and a natural ease of being that's still requires immense vigilance but is the essence of our flow, ya flow, just flow as a verb and a noun and a state and an adjective and all those things all at the same time. (Anne-Marie, Yoga Teacher)

At the end of the day spirituality is very very simple. It's not complicated it is Oneness. It's nothing more than that and honouring the different manifestations of all that is. So I feel that when you really break down a lot of these cultures, when you break down cultures that come from a place of tolerance and come from a place of accepting and honouring, what are they honouring? They are honouring something that is physically outside of themselves but they see how it has a direct reflection of their own sense of being…Indigenous cultures, talking about the earth, the earth is so much a reflection of who you are. Like, if you treat the earth badly then you, you can only treat the earth badly if you are treating yourself badly….I guess the link to me or the connection is the idea of Oneness and is the idea of nothing is separate. And that is what Yoga teaches and that is what a lot of other cultures that honour the environment and honour individuals and the earth, they also believe that same thing. (Sonia, Yoga Teacher)
Anne-Marie and Sonia suggest that Yoga teachings address the co-constitution of material lived experiences and awareness of these experiences. Anne-Marie explains the importance of being attentive to what is happening around us while simultaneously attending to our own responses, especially in terms of violence.

I think that the first place that Yoga can help to address those things is on a really personal level in the sense of how we are in a room full of people doing anything we compare ourselves to other people. And we compare ourselves to an ideal of something and generally speaking the language that we use with ourselves when we make those comparisons is not very kind. I think that violence begins in that moment when we make a judgement about our shape, our ability all of those things that is not opening, that doesn't begin a process. So once we've already made that statement we've initiated some kind of self loathing and once we've initiated any level of self loathing, if we hate ourselves then we hate everybody. So it's the natural next step is to move that out….it makes perfectly good sense the two things go absolutely hand in hand with each other. So in a Yoga practice and in that moment when you recognize that you are dealing with yourself with less than kindness and you deal with that recognition with kindness you are starting to unravel some of that internal stuff…I think that we can do all the work out in the community that we want to do but if the internal community isn't functioning with love then nothing will function with love…And I've seen it in spiritual teachers….I get disappointed in a spiritual teacher not because they got angry but because it seemed to me, wrong or right, in that moment that they lost their connection to themselves. Cause it's okay to be angry, it's okay to be, like all these emotions that get associated with violence, like in the spark moment, those are given to us for discernment like to really make a decision about what is just for our experience and it's only when it's used as something other than that and it's not embedded in the context of openness and facilitating a process with yourself and all those things that we start to get a lot of other stuff. I just think we need to keep coming
back and back and back to how we deal with ourselves in every single moment, that's the place and that's what Yoga is about, it's about having to deal with your self. (Anne-Marie, Yoga Teacher)

Participants echo Anne-Marie’s theorization of Yoga in terms of attunement to one self and others. For example, Khadija comments on the workshops for this study:

I liked that the class, it was a pretty small class but we all got to know each other at a really comfortable level. We didn't have to associate outside of class but the moment that we walked in we just kinda felt a certain level of comfort that I never felt in another class before where I know that she's not going to look at how I'm doing it or I'm not going to look at her. And also just like respect. There was a certain level of respect that I felt in that class that I've never felt anywhere else. (Khadija, 22, Social Service Program coordinator / University Degree)

Khadija remarks that not comparing herself with others, and knowing that other women are not going to scrutinize her, resulted in mutual feelings of respect. It would seem that not judging each other is an important requirement of being able to hold transcendent connection to one another and finding a sense of peace. As noted throughout participants’ interviews, this does not necessitate a forgetting or effacing of difference, but suggests a determination not to be self deprecating and by extension disparaging of others.

Finding a Window of Opportunity: Agency and Social Context

Participants’ descriptions about becoming attuned to sentient-social embodiment as a healing strategy in response to social inequity are never simply a matter of agency. However, agency is a crucial consideration and aspect of their negotiation with experiences of violence and oppression. Sonia describes how Yoga can be used to address individual or collective experiences of violence.

A lot of experiences of violence happened or are going to happen but they are not happening in this moment. And when we practice Yoga or we teach the practice of Yoga what we are doing is we are encouraging
people to be in the moment and in the moment there is only one thing. There is only stillness, there is only peace and there's only love. That's the only thing that exists in this present moment. And I think with an entire group, can tap into that. Even if they tap into that for a brief moment if they know it's possible so it gives them options. It gives them options to be able to say oh I have choice. I have a choice in this matter. I can be, I can freak out and I'm sure when you are dealing with groups who have experienced violence or commit violence a lot of the times they say I'm out of control right? A lot of the times they say well it just happened whatever choices did I have? And then Yoga is an opportunity to give them another choice and say wow I can choose to be still or I can chose to be quiet or I can chose to function from a place of peace or whatever and that's very empowering. I think that when you empower somebody you're giving them the option to chose and therefore you are helping them work through their own healing and working through, cause I mean we are talking about peace right. I mean the opposite of violence is peace and Yoga is about peace. And so when somebody builds up their peace they find out about space in our lives and we build up peace and then there is no other choice but to deplete the violence whether you are committing it or whether you are experiencing it. And it's not about disassociation. It's not about repressing things. It's about going deeper than those things. So ya, it's a tremendous healing tool. (Sonia, Yoga Teacher)

In her description of the options that Yoga practice offers Sonia touches on several issues mentioned by the young women that I discussed in Chapters Four and Five, such as; finding options; feeling empowered to take control and make decisions; healing as the anti-thesis of violence; and importantly, healing as a resource to deal with the material context of one’s life that is about deeper awareness not escape, or as Sonia puts it, not about disassociation and repression.

Similarly, Anne-Marie describes the importance of directly addressing and deepening one’s attunement to sentient-social embodiment.
When we are in an atmosphere where we don't have sweetness, we don't have pleasure and we don't have esteem then we try to compensate for those things in some way. And the compensation is never as healthful as getting the actual thing directly….There is an understanding with my students that when we come to Yoga we are trying to find another way and trying to create a place where each person, one at a time, starts to become more comfortable with recognizing those lacks and labelling them and then little by little experimenting with what it feels like to make those statements in the present, in the body, and to see how it is we can address them more directly. And it's important to do that in a group. It's important to be an individual working on that in a group because there is more support that way. Because it's in a group that we've had that taken away.

(Anne-Marie, Yoga Teacher)

The potential of Yoga teachings and practice for both Sonia and Anne-Marie involves a sustained and detailed examination of the social-sentient aspects of embodiment, not a retreat from one or both as is sometimes suggested in Vedic perspectives, in which the material world is an illusion to be escaped (Fields, 2001, p. 33). Anne-Marie adds that practice in a group is important because of the shared experience of oppression. In doing so she highlights that social experiences and context are an important aspect of embodied learning.

Embodied learning as a counter hegemonic healing strategy requires attention to social relations of power in the practice as well as theory. Acknowledging how social determinants of health hamper healing is an important way to account for how the choices people make are often constrained by violence and oppression. In Chapter Six many of those interviewed indicate that engaging in embodied learning practices that are yet another site were they experience social inequities is not an option they accept. Instead, the young women develop strategies that account for violence and oppression in the pursuit of healing.

What I believe to be sort of true understanding and healing, you have to sort of take that [oppression] as being incorporated into the path that you
take for your healing...having a greater knowledge of systemic issues and being able to place myself at that level and remove...okay like these experiences are not because of me but because of these other forces in my life that have shaped them....like okay I'm dealing with these very oppressive painful things but I know I have some tools that can help me reach a place where I can try to maintain some level of sanity and health. It's like a source of strength I guess. (Mina, 25, MSW Student)

I think that racism is an aspect of life and I don't think that anything I can do or say within my life time is going to eradicate that. So the best way that I can live, and instead of having that be a constant barrier in my success, you know in my livelihood, is to incorporate that knowledge...And knowing that I'm going to take an anti-racist stance so everything I do so...every time I go for a job interview, anytime I leave the house, anytime I know that people are going to view me as a South Asian woman first. So I'm going to live within that framework, meaning I'm going to recognize that and I'm going to do everything that I can to not allow that to create a barrier to me. (Jasmine, 23, MA Student)

The approach that Mina and Jasmine take contrast with hegemonic healing discourses focused on self improvement and spiritual development for the sake of individual gain or vague notions of utopian human evolution as is found in New Age culture and philosophy. Similarly, Fatima expresses a pragmatic approach to healing.

It is more about recognizing that there is all this systemic oppression that I can't control in a lot of ways but there are certain things that I can heal from that those systemic oppressions have created in my life, big large wounds. So I can work on some of them and ones that I can't, I can get together with other people and work on them and feel I have some sort of control. (Fatima, 24, Youth Coordinator / BES / BA)

She links the individual and community noting that both are integral to how she understands healing. Rather than looking for escape, the young women look squarely at
the context of their lives. They also seek resources that will aid them in the ongoing process of healing rather than quick fix solutions. In doing so healing is conceptualized as a process rather than a destination. In other words, the point is not to escape, but to better deal with their lived contexts. They struggle with empowerment as a way to be self-determining rather than as a distraction or denial of their material contexts.

Many of the women interviewed are cautious when discussing individual agency. They comment that failing to consider social determinants of health and relations of power risks victim blaming. Sonia discusses how she reconciles the relationship between individual agency and social contexts.

I think I personally, and this is probably not...well I'm just going to say it. I believe fundamentally in personal responsibility and I am in no way suggesting that people ask for violent situations or anything like that, I mean no way am I even going there…I mean there is no denying that the options are ultimately limited but I do feel, I guess this is my spiritual belief that each person has a tiny window of opportunity to find a sense of peace and a sense of happiness in whatever situation that they are in. I personally can't believe that God or a supreme power cannot give someone a tiny little window, whatever it is and it may not be to get out of that situation, I'm not talking about rags to riches here, or I'm not talking about you know you are born into an incestuous abusive family and just come on get out at five [years old], I'm not even going there but I feel that we all have skills and we all have something innate inside of us that is a tiny little window and if we are given guidance and we are given opportunities, whether it's a book we read or whether it's a person that we speak to kind of slowly to get on that path, I think that we all have an ability to somehow better our lives in whatever way that we can…I know it's not very politically correct but it's...I believe that. But I'm extremely compassionate and sympathetic and I would in no way ever suggest…I just feel ultimately I don't want people to feel disempowered. That's where I'm coming from in my heart is that I don't want anyone to feel like they have no options. And that's why agencies like this exist because these are
the options right? There are many many options available and it requires an individual’s bravery and faith, I guess to just say you know what I have to find my window. I have to find whatever that tiny window is and go on that path and the moment you start to help yourself all of a sudden these options come to you. (Sonia, Yoga Teacher)

Furthermore, Zainab comments that taking responsibility for healing may be difficult, but it helps her return to her body.

So sometimes healing feels like taking on responsibility for your here and now in a way that's kind of nauseating. Meaning I don't want to. But when you do, this is another part of what healing feels like, when you do take it on there is this immense sense of like this rush of feeling like oh I'm back in my body. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

At another point in her interview Zainab remarks that making changes to patterns of behaviour is painful and that being in our bodies is so important precisely because it is a way of countering fragmentation and alienation resulting from violence and oppression. She along with other participants, suggest that while change is painful, it brings important insights. Tina offers her perspective of helping women become more attuned to their emotions and comments that it helps women develop strategies that have fewer costs for them.

I'm thinking in particular about a couple of clients who had a very difficult time with feelings and containing those feelings so they were either numbed or they were overwhelmed. When mindfulness helped them was with the grounding with learning to sit with the difficult feelings and to kind of go in and out where they're with the feeling and they can pull away from the feeling and they can move outward and they can come back to that feeling again. Regulating emotions, learning to be with emotions and feelings. I think that's where I found mindfulness is very helpful and I think mindfulness also connects you back to your body and Yoga does the same thing….Maybe this will also allow the body to do things that it
hasn't been able to do for a while... But it's around feelings about learning to sit with the feelings and the body and to reconnect with the body using the breath as an anchor to come into themselves. One of the women that I worked with, she had a really hard time with feelings so how it was for her is that she felt that she had created a cage around her like barbed wires and she felt that it was through those wires that she was able to communicate with people. Using mindfulness, one of the things that she was able to do was to let go of that barrier that she'd created around herself. It was a barrier of protection for herself from her fears but also from other people too and learning to breathe, learning to be mindful when she was using the breath to come back each time that things became overwhelming for her, there was a way that she was able to let go of that strategy for one that had fewer costs for her. (Tina, Counsellor)

**Identity: Situated, Strategic and Transcendent**

Identity emerged as a theme in the interviews as a resource and strength but participants also remark on the need for a fuller understanding of identity that is not limited solely to social identity. Spirituality figures as an important concern in terms of restoring a sense of identity in terms of both individuality and connectedness with others. Participants speak to identity in terms of self-determination, relationships and being attuned to their physical, mental, emotional and spiritual being. All of which, hinge on social justice and equity. ⁵⁸

The Yoga teachers and social workers interviewed discussed gender and racial subordination in their own experience and for the people they work with. Their lived experiences and identities are an important aspect of the work they do with marginalized women.

I think the Yoga instructing, I mean with my work as a recruitment officer again I'm working with the [Aboriginal] community so I have that experience that I can bring with me and I think that that serves me well
when I bring Yoga to the community. People already know who I am and there is a certain level of trust in most cases. So I think that that helps… I think people can relate to me and maybe that's often why they may come and explore it. And I think that I'm able to make those links that we were talking about between Indigenous knowledge systems and Yoga. So I think you know being of Aboriginal ancestry and knowing my roots and growing up the traditional way, you know those experiences, I'm able to make some of those links. (Candace, Yoga Teacher)

I think I do pretty good work with South Asian women and one of the reasons I do that is because I am South Asian and I am an immigrant woman. I have experienced different forms of oppression that informs me and helps me to understand those women's experiences and to be able to support them through that process. And because of the sensitivity and because I speak different languages like some women, some young women will say certain things in, certain experiences will be said in one language and another will be done in English. (Tina, Counsellor)

Well I think being a young South Asian woman whose been born in Canada, who has various experiences. One because of her identity as well as going through this immigrant experience with my parents and kind of understanding what it means to be you know, [live] below the poverty line and you know going through the various obstacles that a big family goes through….So having that sort of connection with some of the women….I'm still trying to figure out who I am [laughs]… It changes all the time, you know. (Niku, Youth Worker & Coordinator)

The participants use strategies to access spaces and resources that acknowledge their lived experiences and identities. Many of the young women in this study indicate that they came to the workshops for this reason. Amrit, Farah, Zainab, Mina, and Maya commented that it was the linking of Yoga instruction with discussion about social issues, 58 Nadeau and Young strongly argue this in their work with Indigenous women (2006, p.92 ).
and the fact that the class was for young South Asian women, that they decided to participate. After the workshops some also commented that discussions about the experience of being South Asian were particularly engaging. For example, when asked what stood out for her in the workshop topics, Sarah replied it was the discussion about violence in which the murder of Reena Virk and the suicide of Hamed Nastoh were contextualized in terms of how South Asian youth are gendered and racialized.59

The young women remark that they came to the workshops because of the focus on young South Asian women’s experiences.

I think on a very small scale like just the act of us coming together every Wednesday as South Asian women and sharing, like we're not friends but that's the space that we need and then doing Yoga and the session afterwards just kinda allows us to open up and talk about experiences that we have on a daily basis and how being South Asian women, how that affects us. And how those situations are played out. So even if it's like an instance on the TTC or somebody was abusive or violent or said something racist, it kinda brings that community and it also brings support and strength to the individual I think. (Rania, 23, Community Worker / Consultant / BA)

Rania describes the experience of being with other young South Asian women as a means of support. She identifies this as a benefit but does not attribute this to a homogenous identity or even friendship. Shared identity is significant for the participants not because it is something homogeneous, but because of the potential to have a conversation about how it is experienced knowing that there will be commonalities and differences. Jasmine, Maya and Shanthine comment:

One of the reasons that I was very excited to be part of the project is because it is rare that you get to be, at least for me, in a room with a lot of young South Asian women and you know I recognize that. That position is

59 Reena Virk was a 14 year old South Asian girl who was murdered on November 14, 1997 by two white youth, a young man and woman who had never met her before the night she was killed (Jiwani 2006,
very different from other positions out there and I would have been really interested to sort of see what other women in a similar position to mine, how they view the world and how they deal with some of the issues that you mentioned. (Jasmine, 23, MA Student)

Ya and like I just wanted to add that I think because it was South Asian women like all of us together it did make you feel, like it was a warm environment to come into and it made an environment where you can grow and heal because you have something in common with all these other ladies. You don't know their stories, you don't know even if they have a story but you know that we are all living in this world together and we've probably all encountered some sort of situations being South Asian women so it's kind of nice to have that solidarity and you just feel warm in that environment. You feel safe, that's what it was too. So that was really nice. (Maya, 24, Nursing Student / BSc)

And the girls who came I want to mention that they were...I must mention those girls. I was really able to see because going to university even though there was a lot of South Asians I mean I met a few nice people once in a while. But I noticed that some people weren't very nice like they are too down or too cool or whatever. But I was able to meet these really nice very who are clearly oriented you know very caring kind of people, peaceful kind of people which I haven't seen especially among young people who I hang out with at least. (Shanthine, 23, Youth Settlement Worker / BA)

Meeting with women who are caring is important to Shanthine and contrasted with other experiences in university. Her comments are a reminder that although it is important to create spaces for young women (especially racialized young women), this alone does not ensure an affinity among them nor does it automatically produce an engagement with social difference.
For example, Tina comments that the women she sees in her counseling practice seek remedies despite the many barriers they contend with. One resource is family and friends; however, this can be risky and sometimes women avoid spaces where they are likely to meet other South Asian women.

I think very often women have used their own families very often or they've used their friends as a resource. And sometimes that backfires right. So they come to counselling here due to the fact that it's confidential and all of that…. It's harder to get them into a group setting. But if the group is where there is none or few South Asians of other women they are more likely to go there for some reason.

Sheila: Why do you think that is?

I think it's about confidentiality. I think it's about shame, about the stigma in society that surrounds abuse. So ya, I think at [a university] actually somebody contacted me there and they were talking about the same thing that they get lot's of people coming in for individual counselling but soon as they introduce groups nobody shows up. So I think in our community when there are abuse issues it is harder to do groups but if we are talking about settlement issues it's easier to get women. But I think they are open to things like now that we provide Yoga they are open to going and exploring that. Or the mindfulness, generally they are. Because they are looking for remedies. (Tina, Counsellor)

Wanting to be with other young South Asian women is expressed primarily as a desire to talk to each other. Not simply to be together as South Asian women, but to engage around the workshop topics and find out about others experiences and thoughts. Rekha comments on her identity as well as her decision to participate in this research:

I've never felt like oh okay I'm South Asian so I need to practice Yoga although I feel that sometimes that's the way other people may look at me in Yoga situations. But I have reflected on it a lot. I don't think you have experienced homophobic torments from his school peers (Walton, 2005b).
to be from South Asian descent to practice but I do sometimes feel closer to the spirituality of it because I'm Hindu and I grew up in a Hindu environment and because I've been practicing the spiritual form of Yoga throughout my whole life through meditation and budgens [hymns], joythi meditation ...all kinds of meditation... and I think that's brought me closer to it and made me reflect on it because I've always experienced it…It interested me because first Yoga is a big part of my life and second because I am of South Asian descent and I wanted to experience being with all brown women and doing Yoga. Second all these topics have such an importance to me and now just learning more has drawn me in even further. I knew that I wanted to be educated more about certain things and I still do want to explore more. (Rekha, 21, 3rd year BA student)

Rekha wants to learn more about Yoga practice but she also indicates that the context for this learning is an important consideration. Similarly, Khadija talks about her interest in Yoga in terms of being Muslim and visiting her family’s village in India. When I asked her how she became interested in Yoga, she replies:

It was probably in university but I don't think I really became interested till I came to India. A lot of it was tied to....like going back to India for me at the beginning was just a chance to live in a village and do a watershed management project. But once I got there I realized this is so much more profound than I'd thought it was. And by chance or not I ended up going back to the district where my family is from originally like three generations ago where we still speak the language. So it became for me an exploration of my history. And it was a weird thing like I'm a Muslim woman and the people that I lived with are Hindu and Muslim. The people that I came on the fellowship with were all primarily Indian. So Yoga was a big part of their life even in their families. So it kinda rubbed off on me. I felt that the time was right for me to learn… I wanted to learn more

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60 See Appendix K for a list of the topics addressed in the workshops.
about Yoga historically and theoretically not just the practice. (Khadija, 22, Social Service Program coordinator / University Degree)

Rekha, Rania and Khadija indicate that studying Yoga is not only a matter of learning postures and breathing practices; rather, it touches on their experiences of culture, history and social location. Fatima also discusses engaging in Yoga practice in terms of her cultural identity.

I took out a couple books on the history of India after I took this class because I felt a little more comfortable doing it. I feel really insecure about taking those things out as a mixed race person cause I'm always…what will people think? Do they think that I'm just this kid that wants to appropriate this stuff? So I felt a little more ownership, or not ownership, or well maybe ownership, or maybe just a little more comfortable entering into spaces…reading things to understand it….The thing that excites me about it is that knowing…how the interpretations of Yoga…how it becomes patriarchal or how all these pieces get packed in and then unpacking those pieces and understanding that maybe it is not always this [one way]. That understanding is really important to me because, the understanding that it's not this stagnant thing and not this holy perfect thing…I do sometimes uphold things that are from the Middle East or India as very stagnant things because that's that culture, it is moulded and it's done. But seeing that culture shifts but also understanding that cultural appropriation piece that comes through in North America. (Fatima, 24, Youth Coordinator / BES / BA)

Participants offer a nuanced understanding of culture as fluid and an important resource in knowledge production and identity making. For example, Amrit addresses cultural stereotypes to comment on how her Yoga practice is interpreted by those around her.

In terms of like, ya like I think that probably in the Western world there is absolutely that 'oh cool, she's like that new wave artsy fartsy type and she's
in the helping profession and she does Yoga' there is that whole image and stereotype. So I think absolutely I fit into that stereotype somewhat on paper probably. I'm probably viewed that way so that probably does impact or change my relationships with people. But I also think that there is that substantive quality of like, I'm nicer, I'm much more mellow, I have a spiritual understanding of things and so I'm a lot less cruel to people. Or... I'm less openly argumentative about things because I understand that there is this mysticism in this world that I wasn't open to before. (Amrit, 26, Mental Health Coordinator / MSW)

Despite interpretations of Yoga as “new wave artsy fartsy,” Amrit values the substantive benefit of her practice. She makes a distinction between how her Yoga practice may position her as a certain kind of person who fits the helping profession stereotype of respectable citizen and New Age consumer; however her interest in the practice pertains to how it shapes her choices about how to engage with others.

Participating in a group for young South Asian women run by a South Asian woman within an anti-racist feminist, anti-colonial and decolonization framework was an important factor for some participants. Yoga instruction was also identified as a reason why women wanted to participate. However, women had different perspectives on Yoga and different relationships to the history of its production. Participants suggest that it is inaccurate to assume that Yoga is a culturally appropriate teaching and practice for all South Asians. The cultural and historical aspect of Yoga teachings is important; however, given the diversity of their social locations and identities, participants challenge the idea that young South Asian women necessarily have familiarity or affinity to Yoga teachings. Rania comments on whether Yoga teachings cause her to reflect on her identity:

No, and I say no because there is this whole thing of oh you're Indian you must know how to do Yoga. When I think of Yoga, like I said before, I think of something Hindu and I'm not Hindu. So that's like a false assumption that all Indians practice Yoga. And I think Yoga practiced here is very different from the way it is practiced in India. So I mean I don't see
it as something specific to my identity at all. (Rania, 23, Community Worker / Consultant / BA)

Yoga is not part of her identity but the Yoga workshops are an opportunity to explore it. She refuses to be essentialized and insists on acknowledgment of Yoga as part of Hinduism, and having differing social meaning in India as compared to Toronto.

Zainab and Fatima also discuss Yoga as a South Asian practice which they locate as South Asian, but not part of their cultural context. Fatima comments:

This is the only time I've ever taken Yoga so reflecting on it was just I said before, I think I was able to, one it was interesting to take a part of South Asian culture and it not be from my parents. Something my dad gave to me because my family is not Hindu and things that are Hindu we just don't participate in because he is very Muslim, Muslim, Muslim…we are Muslim before we are Indian. Which I think is very common so it's interesting to be part of a South Asian piece and not be it based on religion. So that's a big one for me and made me more comfortable with doing that exploring and looking at India outside of just where my family puts the marker to be okay look at this. (Fatima, 24, Youth Coordinator / BES / BA)

Rania and Fatima discuss their identity in relation to the Yoga workshops and the practice itself. Contrary to the stereotype that all South Asians have an affinity to Yoga, participants, discuss the reasons why and how they approach it. Similarly, Amrit has a complex understanding of her Yoga practice in relation to identity.

But I think that one of the things that really hit me was I was watching this interview with this meditation dude on TV, a Sikh man, a guru, and he was talking and it kinda peaked my interest…So my initial interest in it came from a place of finding, realizing that okay the only reason why you have access to Yoga right now is because white people say it's cool. Fine, that's not okay but fine. But it's still something that you will enjoy if you open your mind to it because it's aligned with the way that you live your
life which is very quiet, very peaceful, very calm, not rushing to loose weight. You know what I mean? It's just bringing in a spiritual component, an intellectual component. (Amrit, 26, Mental Health Coordinator / MSW)

Amrit identifies that she was both drawn to Yoga because of its popularity in Western culture and at the same time repelled from it because she did not want to participate in a fad premised on cultural appropriation. Yet, when she was able to link Yoga to Sikhism, she found a point of reference that allowed for reconciliation of her personal preferences regarding health and political views. Making sense of her Yoga practice now, she acknowledges the paradox of having access to it because of its popularity in the West, and how it is also part of her cultural context.

While some of the women in the project critically engaged Yoga as culturally situated, others saw it very much in the context of a health practice and one of many options available to them. Shallini describes her interest in Yoga in relation to her cultural identity in ancestral and commercial terms.

I have West Indian background, there are few people that are Hindu and there is a majority that are Christian and their ancestors were Hindu. I know my great grandparent were. I think also that makes me want to learn about my culture, my background…Well ya, I do think about Hinduism and also because my mom in the last few years she has been very interested in it. And so I just wanted to, it makes me think you know there must be something about it that's interesting and I'd like to learn too because it's, although I'm not Hindu, it's still part of my heritage and that's how it connects you know a kind of, in a way I think that Yoga is kind of a reflection of Hinduism. I don't know how accurate that may be but it seems that way. (Shallini, 21, H/R Payroll Assistant / BA commerce)

However, she also views Yoga as a fitness commodity.

Well yes, it kind of, well in all the magazines you see that so and so is practicing Yoga, Madonna, Sting and they have excellent form, excellent
shape. And you know it seems like Yoga is being tied into pop culture and it is the new trendy thing to do. And then when you think of pop culture you think of people with perfect bodies and their shaped and they just have a really perfect body and that, in some ways Yoga kind of makes you think about that. If you practice Yoga you can be like them. You can look like them because they practice Yoga and they are celebrities and they are stars. (Shallini, 21, H/R Payroll Assistant / BA commerce)

Similarly, Zahra comments,

I didn't have so much exposure to Yoga but I had an idea that it was becoming more popular. In the place I come from I would hear about it and people wanting to do it. For different reasons though, mostly people would do it for flexibility or even some of them would do it like an exercise or just to lose weight or something. A friend of mine wanted to do that. I didn't know at that time, but as I kinda got more ideas like poses and I see...when I was going for counselling she told me about this class that...a Yoga class, and I got really interested and I wanted to try it. It was exotic in its own way and I decided I would give it a try [laughs]. And I started. (Zahra, 23, High School Graduate)

Later when asked if she reflected on her experience as a South Asian woman while learning Yoga, Zhara answered unequivocally “no.” She was referred to the Yoga workshops by her counsellor and her understanding of Yoga is in relation to health and healing rather than culture. She laughingly describes Yoga as exotic thereby implying its otherness; however, it is important to note that she selected to participate in a workshop for young South Asian women. It would seem that her motivation is more so about access to resources that would be helpful in her healing work rather than a desire to fetishize Yoga (a desire that would be unfulfilled in a class that explicitly challenged New Age approaches to Yoga). Both Shallini and Zahra described Yoga as a practice akin to other lifestyle and fitness commodities in the dominant culture, however, they also mention additional meanings it has with regard to identity and culture or healing from violence.
In this project many of the women looked at their own location and identity in relation to larger community or communities which they belong to or show solidarity with (e.g., Indigenous peoples, Black diasporic communities, and LGBTQ). While being with other young South Asian women in this project was important, none of the women expressed a desire to remain exclusively in this social group. Rather, participating in the Yoga classes was more often linked to an interest in discussing social relations of power and how this shapes community, culture and identity rather than any presumed sense of sameness.

While all of the participants in this project speak to the importance of a strong identity as an important resource that helps counter racist sexist inferiorization, they also comment on strategic transcendence of socially constructed identities. Yoga teaches that our reason for being is spiritual and realization of this has material as well as spiritual benefits. Tina explains the importance of spirituality for some of the women she counsels

So trauma is about disconnection and one of the areas that I see disconnection is the area of spiritual life. So when this happens it is one of the things that women give up is their relationship to a higher power or their concept of spirituality. That's something that they let go of and I found for some women the mindfulness has helped them to reconnect with that part of themselves. They've tried this and they like this, it's making them feel peaceful, it's done something good for them. So they want to reconnect, or they are willing to look at that, explore that in ways that they weren't willing to do before. So I've seen that in a number of women and even women who are not South Asian. And I think that is a very good thing and I'm noticing more and more so Yoga and mindfulness could be a good way of connecting to spirituality as well. Not just to our body which is what we often think about. As a result of this a [I worked with] woman got deeper into Buddhism, like she learned more about it and she's exploring that more fully. And for others it's that they just got to look at the relationship once again to see is there other ways of being with their spiritualities rather than saying okay this part of me is dead, I'm not going to deal with that anymore. If there was a higher power why would this
happen to me?...I think it's different for each woman and I think with some women it's about finding out about what else is available instead of whatever religion that they were raised in or spirituality that they were raised in. For other women it's really connecting to what was familiar to them. So that's what I've seen in this. (Tina, Counsellor)

Developing a healthy understanding of oneself, when violence and oppression erode this very aspect of our being, is central to healing work. Claiming a counter hegemonic identity can be empowering and healing, however, Fatima suggest that identities can be specific to needs that then expire as the healing process unfolds.

Healing sometimes feels letting go, you let go of your blankey when you are a kid. Cause sometimes I, sometimes I feel I have to heal from hurts, hurts that people have inflicted on you and it's letting go of being angry at them to not carry that big backpack around. It's, people have all this luggage and I don't know, I was reading today that people have all this luggage and sometimes you have to carry it all by yourself. And other [times] people help you carry it. So sometimes I feel big rocks taken off my back or I'm feeling a lot lighter. But also healing too sometimes it is really scary to let go of being in a state of crisis and I think it is really easy to be in a crisis mode, not really easy but because if that's all you know, that's all you do for a long time then it's hard to feel as comfortable with healing. Sometimes you just want to be in a state of crisis because that's what you are used to. I think it can feel really really good and really healthy but, ya, who are you if you are not a survivor? What is your identity if you are not a survivor? What's your identity if you are not in trauma all the time? So it can be really scary too. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima raises the issue of identity as a resource but also as an attachment that needs to shift during her healing process. Zainab also describes her healing process as an experience of coming to terms with identity and behaviour that she recognizes as
unhealthy at the same time as she is able to see that it is a learned response to the violence she has experienced

I think violence and oppression are these static and inhuman things that are just imposed, and people that have been really traumatized sometimes you can sense they are very fragile and very rigid. Therapy for me has been like blowing wind through a system and suddenly seeing how it is dynamic and when you see how it is dynamic you start seeing what causes what and what affects what and you start seeing how things can change. But when you haven't started seeing that yet, when someone points out to you something you are doing, it can be the most threatening thing in the world because you re-interpret it as you are behaving the way you are for a reason, it's not like you ought to be blamed because you are frozen in this rigid stasis, it's like you've got a history that's made it that way… And if you point that out to somebody they can have this huge scary response which is total anger and you are a bad person. I think that if you have one of those experiences it makes it less likely to question yourself because every time you question yourself it just becomes a huge threat. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Zainab suggests that healing involves questioning oneself and accepting challenges by others. This aspect of healing carries with it a fear of being bad, rejected, demeaned, blamed, and not understood. Being able to think through these dynamics, then, becomes central to challenging these consequences of violence and oppression. It requires both a willingness to see how violence and oppression have impacted a person, as well as how responses to it sometimes perpetuate the very things that need to change in order for healing to occur.

And I think remembering moments of, like positive experiences away from those destructive situations when you had moments of insight when you felt peace flooding your body, when you've been sensitive and flexible and open, help keep you human when you are faced with that violence and oppression. Cause I'm not reducible to this, I'm not reducible
to this situation or my response to it. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Participants comment on observing their thoughts and behaviours and how this prompts them to change how they perceive and engage with others. They describe feeling more compassionate and suggest that feeling connected to others, results in being “less mean.”

So Yoga always challenges me and keeps me on my toes about who I am and the way I am. Recently my best friend said something to me and I said “you know that's not very nice to say about so and so” ...and she's like "God, it's the Yoga! What is happening to you? Like oh god [sigh]!"

Cause she herself practiced Yoga and she's like "God, I've been a lot meaner since I stopped Yoga.” And it's just really funny right but it's like true. So I just think I learned a lot about myself. I learn a lot about myself as I go. You know, my analysis of I guess, my analysis of Yoga encompasses, obviously is based on my location as a South Asian woman who's a critical South Asian woman. (Amrit, 26, Mental Health Coordinator / MSW)

Ya I think I became a bit more emotional. Like ya, emotional and spiritual. My friends noticed it too. I think it made me a mature person. Like before I used to laugh at people. I know this is kind of rude but before I used to laugh at people like say suppose somebody tripped. I'd laugh at them but I don't do things like that no more. When I see somebody tripping I don't laugh at them no more. So actually it made me a more mature person now. (Sarah, 19, 1st year university student)

I probably was happier the weeks that I took Yoga. I know [friend’s name] was “you’re not as mean” and I was “good, thanks.” [Smiles] (Fatima, 24, Youth Coordinator / BES / BA)
Amrit, Sarah and Fatima are candid without presenting themselves as righteous. Rather, they observe changes in their perception and relationships that seem to hinge on embodied attunement experienced through their Yoga practice.

In my discussion with Mina we explore Yoga practice as a resource that facilitates a strategic transcendence of identity that may help foster a sense of connection with others.

I think Yoga can be a very humbling experience so in that sense in terms of... You are all sort of on the floor doing the same movements at the same time so in that sense it might have some really powerful affects in addressing oppression particularly with people who haven't had that level of ....who are very conscious of a hierarchy maybe? I think it could have some really powerful effects in that way....If you ask me who I am I'll say I'm a South Asian woman, I'm Punjabi Sikh and I'm a student and this is who I am. And I guess Yoga would be more sort of removing yourself from that and looking at yourself as I am a whole person...like I don't know how you would describe that. But it is another way of approaching how we look at who we are ourselves and how we build that notion of that….And it humbles you and it sort of remove yourself from that and are maybe able to look at yourself just for your own spiritual, emotional and physical self as opposed to all these other trappings that we are. And physical in a very sort of these are my legs sort of way not just in an appearance sort of way. Like a very internal physical self…I've sort of been struggling with the identity game in a lot of ways. I do take a lot of power and I do think there are a lot of positive things that can come out of your identity but I also think that even intellectually I've reached a point where I'm finding that a bit limiting. And it seems the politics in this sort of area like the lefty politics and in academia is based solely around the identity games and using those to sort of state your case....and then there's the horrible tokenism that comes out of that. So I guess I'm just personally trying to struggle with that. How to remove myself from that in a certain way. It's not that I don't draw very positive things out of who I am and
how I would fall into certain categories but in some ways I find them limiting. Yoga provides a space where you can remove yourself from that but still be an individual in a lot of ways. It is quite interesting. I've never thought of Yoga in this way. This class really…it's been...I can't explain to you how great it is. It's really sort of opened my eyes. And even being able to theorize...theoretically think about these things in a different way.

(Mina, 25, MSW Student)

Mina addresses the need for a strong identity attachment as well as its limits. Violence and oppression impact individuals in every way including, mind, body, emotions, spirit as well as self perception and identity. While acknowledging the need to address this in, for example, workshops for young South Asian women or other marginalized groups, Mina suggests that it is important to understand ourselves as more than socially constructed categories and identities. Without privileging one over the other, or seeing these concerns in conflict, Mina struggles to acknowledge both. Given that binaries and dichotomies underpin many problems arising from social inequity and hierarchy, this acknowledgement could be useful in asserting the perspective that one need not be forced to choose between healing and social engagement or between social identities and practices that allow for strategically transcending the artifice social divisions despite their very real consequences.

Speaking to the transcendent teachings of Yoga, Anne-Marie and Sonia explain how they integrate the material reality of lived experiences with spiritual experiences. I asked them how they address issues such as racism, sexism, ageism, ableism and other forms of oppression in their teaching practices.

Well my answer to that as a teacher is a little bit different because I know that all of those things are going on but in my classes I don't really address them because all of those descriptions, people are a certain age, people are a certain gender, people are a particular culture and as a teacher I try to make all those differences just really normal because that's what they are. They are just really normal…. I think that as much as it's really important to shine the light on all of those things I think when you shine too much
light on all of those things then people can find themselves in a situation where they actually get goodies from those things and they don't want to let them go. Like they don't want to move [to] that transcendent, transpersonal space that we are really wanting to entertain in our Yoga practice. So as much as I carry an awareness about how huge an impact all of those things have on peoples health, I feel that in a Yoga class that's our place to put them into perspective and to understand that those things are part of what's transitory in our lives and to work with that paradox all the time. (Anne-Marie, Yoga Teacher)

However, even though Anne-Marie comments that she does not address experiences of oppression directly, she comments on how she incorporates her understanding of social inequity into her teaching practices.

When I'm teaching Brown Girls Yoga [classes] I never use the word light, never, on purpose...because the implication [that] the guru...leads us from the darkness to the light is not good language at all when there is a room of people who are all there because the darkness of their skin is something that they need to be comfortable in and be with as their identity… And it's in giving myself the challenge of not using the word light, it's really made me think a lot about what it is that we are courting in Yoga class in terms of that other state, that connected state. Because it is very convenient to say light and it's convenient and in some ways I think it is really cheap. I think it let's people think that they are somewhere that they are really not …so much of this darkness to light is based on that polarity and that whole set of dualities, so in my own practice I tend to use the sense of connectedness vs. the sense of being disconnected. Or I tend to use the experience that I have when I have when I ask the question “why?” As opposed to the experience I have when I ask the question “how?” Or the experience that I feel internally when I think about new ideas or people or anything with the word “but.” Or how I feel when I use the word “and.” That's how I address those things for myself. (Anne-Marie, Yoga Teacher)
Sonia also describes her understanding of the importance of identity as well as its limitations in terms of Yoga teachings.

So I think I focus less on the external differences and focus more on the internal uniqueness. So in fact my homeopath…. [says] that most people say we are the same on the inside and we are different on the outside. What he actually says is that we are different on the inside and the same on the outside, meaning that the soul is unique, each individual manifestation of the spirit is unique…. What that means to me is that we have to go beyond the externals like go beyond the gender, go beyond the race, go beyond, I mean that's part of who we are and it's important to embrace it but understand that's not who we are. Like I mean it's great, I love being a woman, I love being South Asian but that's not all who I am. Those are choices that I have made it's part of what I've been born into. It's also choices that I've made that I'm going to say I'm going to embrace that. But the individual unique soul that is within all of us that is so vibrant and individualized is I guess more of what I try to focus on and that as, when I talk to people it's like go beyond that. Don't get stuck in that. Identify, it's fun, that's the world, I mean Yoga teaches us about that, you know experience the world but don't be stuck to the world…. And the challenge is and I think what spiritual teachers teach us all the time is that unique individual core quality actually we can, we should connect with that in every human being. (Sonia, Yoga Teacher)

However, Tina comments that connecting with every human being and the practice of transcendent identity needs to be adapted to material realities and specific experiences of violence and oppression.

And I find that that concept of boundaries the ways it is in Buddhism, Hinduism, the sense of that all connected, that we are all related in one, I think it helps those who if someone is having some relationship problems, it's okay I can work with that in that way but when there is trauma and ongoing trauma issues that go way back to childhood with many
perpetrators I think you can't bring that concept up till much later in the healing process. I think it gets very confusing. Just like saying that if you think you are okay you're going to be okay. Affirmations are, ya affirmations are great but if you have this wound inside that needs to be attended to. Saying I'm getting better, I'm getting better isn't going to make it better. You have to attend to it. You have to deal with it right? (Tina, Counsellor)

Sentient-social embodied attunement involves consideration of how identity is both an important aspect of how we hold ourselves together, especially in response to the consequences of social inequity, and how transcending socially constructed identities can be beneficial in terms of a healing as spiritual recovery and feelings of intra-connection. Participants reflect on social inequity repeatedly acknowledging the ways that they experience violence and oppression from privileged and subordinated positions. Some engage in Yoga as cultural esteem while others do not see it as part of their identity at all. However, not seeing it as a part of their identity does not preclude critiques of cultural appropriation and they way they are exotified as young South Asian women. Others, for whom yoga is not part of their religious and cultural background, take up yoga as something they identify with as South Asians while resisting the assumption that they must identify with Yoga by virtue of being South Asian.

**Respect and Responsibility**

Participants in this study convey a concern with the contexts and frameworks healing resources are offered in. They attest to the importance of attending to their sentient experiences of mind, body, breath, emotions and spirits, however, learning how to deepen this awareness hinges on an acknowledgement of their social locations and lived experiences. Participants complicate the idea that yoga is inherently culturally appropriate for them noting that not all South Asian women consider Yoga part of their cultural and religious background. However, their interest in equity issues combined with understanding Yoga as an Indigenous knowledge, generates a critique of New Age reinterpretations. In other words, participants claim Yoga as part of their cultural and
religious experience, and / or through a critique of cultural appropriation. They theorize what it means to be exotified and assumed to know Yoga, as well as the meaning of ethical cultural connections with respect to Yoga study. Their consideration of embodied learning and Yoga practice as attunement to sentient-social embodiment revolves around power relations and figures centrally in their recommendations for using Yoga as a counter hegemonic healing strategy.

Candace gives an example of why it is important to be mindful of social as well as sentient experiences. She describes an experience teaching Yoga to Indigenous students.

I always do the initial and final relaxation and in one situation, one situation comes to mind where it was at the Native Centre and I used a bell at the end which I've seen different teachers use, it didn't go over well with one particular student in the class and the student was actually was very like it really jolted them. And I remember talking to that student after and they said oh it reminded me of residential school; I didn't like that at all. It really affected them and I really, obviously that wasn't my intention but that was something that ended up coming out through that experience….experiences of trauma have come up in the class. Whether I knew how to deal with them is another issue. You know I think just being there and able to be an ear for them to kind of bounce that off of and just listen. I mean it is a really tough one. (Candace, Yoga Teacher)

Candace describes how sentient-social embodied experiences are co-constituted, as well as how a teacher, she is called upon to respond to the lived experiences her students bring to class. This is something she does not always feel equipped to deal with. However, she listens and her acknowledgement of experiences of violence and oppression is an important part of her teaching practice.

Anne-Marie also elaborates on why she feels that addressing the social experiences her students bring to class are important and need to be acknowledged.

I approach Yoga; I'm very respectful of where it comes from. I am trying to use it as a way to allow South Asian women when they come to the
class to really feel that they are somewhere where they are really respected as opposed to going to another Yoga class where everybody in the room is white and in very expensive clothing and just doing all these things that are trappings of Western culture and don't feed back into where Yoga came from. I have some South Asian-ness in my own background and a lot of my interest in Yoga is trying to plug back into that. (Anne-Marie, Yoga Teacher)

In addition to responding to the impacts of violence and oppression, both Candace and Anne-Marie are concerned with making sure their classes are not another place where social inequities are reproduced. For Candace this involves acknowledging colonialism and residential school violence that her students have experienced. Anne-Marie attends to social relations of power by presenting Yoga as a historically and socially situated knowledge. Both teachers indicate that addressing community history and social relations of power is an important feature of embodied learning.

When discussing her experiences of studying Yoga, Rekha concludes: “It depends on the teachers; it always depends on the teachers.”

A teacher that I felt really close to was in Malaysia and she was just very inspiring. She was an Indian woman who wanted to give Yoga to everybody. She built a house and taught Yoga to women and it grew and grew and grew. She has tonnes of classes for men, women, children, everything and this is how she survives. She is also a single mum. She broke out of a bad marriage and her perception of Yoga was something that was very great to me and I learned a lot about where it came from from her as well. (Rekha, 21, 3rd year BA student)

Participants seek health promoting and healing resources but not without consideration of social relations of power, their identities and politics.

Sheila: Do you plan to continue to study Yoga? Why or why not?

Rania: I do as long as I have a teacher like you...[laughter]
Sheila: I'll have to bold that in the thesis. [Laughter]

Rania: No as long as I'm learning from somebody that's conscious and looks at Yoga as a form of holistic healing and not just as a …trendy thing to do...you know what I mean? So that somebody is looking at it as part of emotional, physical, mental everything well being. So that it's looked at in that way. (Rania, 23, Community Worker / Consultant / BA)

I'd say that one of the things that has most struck me about this is the concept or the idea of linking Yoga the practice of Yoga with understanding violence and oppression which I see as being so linked but was never really able to, I've never articulated that before and never had someone articulate that for me. For me it actually makes sense now that it's been brought up, but it's not something that I myself ever would have considered formally, as you put it together as the way it was brought together by you. And so, that's definitely something that's opened my eyes and I guess it's made me feel better about the fact that I practice Yoga and makes me feel better because…on a person level creates a connection between one part of my life and another part of my life….What interested me about the project was the connection that you made between violence and anti-oppression and the practice of Yoga and that it was for women, specifically South Asian women. And put on by a South Asian woman and I though that was very appropriate and I respected that. It was something that I would really be able to do. And I know that didn't really work out. Ya, it really peaked my interest. I thought it would really help me. Ya. (Amrit, 26, Mental Health Coordinator / MSW)

So also I think on your poster it said something about it was for women and that was a huge thing for me because I didn't want to be in a, I didn't want to start Yoga in a [co-ed] kind of thing with men in the room. So that was good. It made me very comfortable coming in. Ya I think that was it. And just because the person that had the poster, she knew about it, she
knew you so I felt really more comfortable…Because I think if I saw that sign like in a subway or a poster somewhere I wouldn't trust it kind of thing, like I wouldn't want to do it because so many people say they are Yoga instructors or that they teach Yoga so I wouldn't trust it. (Maya, 24, Nursing Student / BSc)

Although my study suggests that young South Asian women are interested in Indigenous healing practices such as Yoga,61 my research also indicates that this is not without complex considerations. In addition to expressing their aversion to New Age yoga studios, some also comment that Indigenous healing resources offered in their communities may also present problems for them.

Because I'm not really down with organized religion and because I don't feel that our temples are places that are really inclusive and equitable. And so I can't really feel comfortable there because it's not aligned with the way that I really view the world and my belief system whereas when I'm doing yoga I feel like those principles are really brought into what I'm doing. (Amrit, 26, Mental Health Coordinator / MSW)

We used to pray five times a day which was a deeply rooted practice of spiritual physical meditation and then I left it behind because of not liking praying behind men. Not liking having to have to cover. Aspects of the ritual corrupted it for me so that I could no longer engage in it. And I’ve missed that for the years and years and years since I’ve stopped praying. I haven’t found something that could be similarly a practice that connects all those different aspects that you were just describing: the cognitive and the spiritual and the physical. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

I went through a period of time where I said no I don’t want to go to this religious place. But I grew out of that and spirituality has been such an

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61 Aanchal Rai (2009) finds that South Asians in Toronto turn to Indigenous healing practices when they have mental health needs that are often not met by Western counseling practices.
important part of my life that I knew that I was drawn to yoga a lot before I actually tried it. Probably when I was twelve or thirteen. (Rekha, 21, 3rd year BA student)

Amrit, Zainab and Rekha remark that South Asian teachers and healers are sometimes not accessible because they avoid religious institutions and presumably, teachings that neglect their lived experiences and efface social relations of power as a component of embodied existence.62

Fatima comments on why she decided to participate in this research. She notes that access is an important consideration when engaging in group activities especially with respect to affordability.

And then when I found out yours was free and that it was combining this whole [social issues] piece around it I thought it would be a safe space to enter into Yoga where as before I didn't feel as safe going into it. Which maybe I don't know, maybe it was just me being paranoid but I just get nervous about taking classes and things. The whole body stuff. (Fatima, 24, Youth Coordinator / BES / BA)

Fatima is among ten of the young women in this study who comment that income and jobs significantly affected their health and access to healing resources.63 Candace comments that the cost of Yoga classes can be prohibitive and for her this is an issue of access and equity.

When I first started at the Native Centre when I worked with the director there he was very eager to get it started and he really wanted to see it grow like the Taekwando program that they have geared towards youth. And they charge for the Taekwando program so he suggested that we charge $5

62 Aanchal Rai explains that within South Asian healing traditions ideas such as karma (the result of past actions), God’s curse resulting from wrong deeds or lack of devotion, and the idea of destiny are prevalent. These teachings may result in the effacement of social inequities and the ways that hardship and illness are often socially manufactured. While Amrit, Zainab and Rekha are referring to religious institutions, I would argue that their comments are also applicable to Yoga ashrams and schools that are often institutional, hierarchical in structure and didactic in such a way that preempts critical engagement with Yoga teachings.

63 Khadija, Fatima, Shallini, Shanthine, Amrit, Rania, Mina, Sarah, Lina, and Maya all speak to the affect of income and employment on health and healing.
per class. When we started people would come but they didn't have money and I would say come on in. You know I'm not going to turn you away because you don't have five dollars. I refused to do it because I wasn't getting paid for it and I didn't want to get paid for it. I felt very strongly about that. That was my selfless service and that was part of my practice as a Yoga practitioner and I really do feel comfortable with that whole thing…because students don't have the money to pay for even a five dollar class as far as I'm concerned. You know I'd rather them fill their bellies with warm food than pay for the class. So ya issues of class for sure.

(Candace, Yoga Teacher)

I asked women about participating in healing traditions and knowledges other than Yoga. Their critique of how Yoga has been culturally appropriated is reflected in their considerations about participating in practices from Indigenous knowledges that they are visitors to.

I guess I find safety in practicing yoga because it does come from a place where I identify with and a culture that I can connect with. And I think I'm very wary of and I'm very conscious of cultural appropriation. Particularly with Indigenous knowledge within North America and how that's been taken and ripped apart and mainstreamed in the same sort of way that parts of Yoga have. So I guess it would peak my interest in terms of getting a deeper understanding than the one that we are fed on the surface of various knowledges. But I think I'm at the place right now where I would like to focus more on looking and really sort of trying to understand Yoga first before branching out. I think that is something I can do and feel more comfortable when I have a better understanding of what yoga is and what it means to me and how I want to practice it before I would start to reach out to explore other …[inaudible]. (Mina, 25, MSW Student)

For others, Yoga is a practice that is not part of their cultural or religious history but offers a way to consider traditions they grew up with.
I know that it made me rethink a kind of Indigenous knowledge that I had had before and had left behind…And so yoga has been powerful in that sense. I have been thinking of doing drumming as something similar but I have a lot of reservations and worries about cultural appropriation and appropriateness and how things can get captured. I stopped praying because it was too boundary focused: if you are 'in' you can pray and if you are 'out' you can't and if you are 'in' you pray in this way and it is a very specific ritual and it wasn't flexible and open enough for me. But I was wary about coming into some other cultures practice that is like that and saying like okay this seems to be more flexible and open so I can get in on it. So ya I want to but I have a lot of concerns. (Zainab, 27, Youth Counsellor / BA / Graduate Student)

Yet, another participant explains how her Yoga practice provides a foundation for understanding and participating in other healing traditions.

I think through practicing Yoga which has come from India I've felt a desire to learn about other Indigenous cultures in Canada and in South Asia…I feel very interested and drawn towards natural healing throughout all cultures…..I think it also has to do with Yoga and the way I've been brought up. Being able to respect other people’s cultures and wanting to learn about them as well. The idea of the sweat lodge is that you have to challenge your body a lot in order to allow yourself to be healed and release all the negativity in you and be open to accepting balance again. So, Yoga had a great part in me being able to challenge myself in this situation because I could have easily just crawled out but I really maintained. I think that Yoga has taught me to be able to stay in the moment and challenge myself…to breathe and focus on not just the physical body and what you're experiencing because it’s so much more than that. (Rekha, 21, 3rd year BA student)

I asked Rekha about how the sweat lodge was conducted and by whom.
It was conducted in the traditional way, however, the woman that owned the sweat lodge was a Croatian woman. It was interesting to be around her and the way that she treats this culture with so much love and it is her own culture...she feels so much more connected to this culture and she has so much knowledge about it. She is the fire keeper and she has been blessed with this energy and power. There was another male there who was the only Native person. He was teaching us a lot and he kept telling us that this woman knows so much about this culture. That was really important and really refreshing to see as well. I also appreciated the fact that the Native man was there to bring us through his own perspective and to sing prayers in his own language. And allow us to experience the actual roots of what we were doing.

Sheila: When you say she has been blessed, has she been blessed by the community?

Rekha: Yes, an elder gave her the right to be able to conduct these ceremonies. (Rekha, 21, 3rd year BA student)

Rekha suggests that community permission is important when engaging in the practice and teaching of Indigenous knowledges. Similarly, Candace discusses teaching and practicing Yoga as an Aboriginal woman concerned about not disrespecting or appropriating it. She refers to an exchange between herself and a yoga practitioner visiting Toronto from India.

She was really encouraging cause I felt somewhat, like I know how it is being an Aboriginal woman and dealing with appropriation and I felt very very, I'm aware of that and I try not to pretend like I'm original to these instructions. I think that's a really important thing that us in the West we tend to forget and not acknowledge and it's really important to acknowledge. So [she] really kind of made me feel at peace with just being here. She said something really, I can't remember exactly the words but just she reminded me, you're teaching here on Turtle Island and you
are teaching to your people and you know it is okay. [Laughs] And I felt really at peace with that after and even with bringing and mixing the traditions like mixing the smudge with the Yoga, you know she thought it was really beautiful. It meant a lot to me that she approved in a sense or felt at least that I was not tainting anything and I was respecting it. (Rekha, 21, 3rd year BA student)

Rekha and Candace both comment on the importance of having their experiences of a tradition that they are not original to, validated by someone who is. This raises the issue of tokenism and looking to “native informants” for validation. However, it also speaks to a politics of acknowledging the importance of where traditions come from and whose ancestors carried them.

While Rekha and Candace grapple with practicing Indigenous knowledges as cultural visitors, Anne-Marie comments on her frustration when subordinated peoples are denied, or deny themselves, knowledges that could benefit them.

You know if there is anything that gets my back up against a wall it's when people can't even choose something. They must be able to make that choice. And then there's a place where the part of me that had access to privilege just feels, like I feel really badly in the sense that there's all these people, these Caribbean people suffering and when other groups of people who have more privilege suffer they feel fine about going here, getting this kind of healing, going over there and getting that kind of healing and all that didn't work, I'll go do acupuncture or I'll go...like they think about all of the things, as long as they can get to know about them, they just include all of these modalities as like a big buffet and that it is their right to go and try them and see how it works. Then you have this group who are suffering and they are allowed by their religious leaders only one thing. That to me is the saddest thing. It is just so sad because what it

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64 The idea and problem of the idea of “native informants” highlights the importance of examining social relations of power (Minh-ha, 1989).
65 Candace published an article in which she explores her lived experience in relationship to Yoga and Indigenous knowledges in great depth (Brunette, 2009).
actually does, and it's really opposite to what they want it to do, what it actually does is reinforces the slave mentality of being regulated and confined and not allowed to try these things. It's actually so reinforcing of the mindset, the cultural mindset of slavery that I actually find it scary that it's not understood that way. But they can't see what it's actually doing to that group of people what has always been done to them. I sit with that knowing that I know this and knowing that if I try to say it, it is not necessarily that it will be able to be heard at the moment. Ya and I don't know what to do with that, with that piece of information but it's an important piece of information. (Anne-Marie, Yoga Teacher)

As mentioned before, Anne-Marie feels it is important to acknowledge where Yoga comes from especially when teaching South Asian women. However, she also feels that everyone should be able to access knowledges that will help them, especially those who have suffered oppression. In the work she does in the Caribbean community, she sees that Christian prayer is prescribed as the only option for healing. By prohibiting other knowledges, Anne-Marie claims that the community is denied options and subordination is perpetuated. Attempting to work around this she tries to find ways to adapt to this situation.

I talk about Yoga coming from people being interested in why are we here and what we're doing and at that time and place if you wanted to investigate that there was room for you to investigate that. And that Yoga is the sum of many peoples investigation of why things are. So often that's as much of it as I'll say. Then I'll talk about the idea of Kundalini and that the literal translation as I received it is the lock of the hair of the beloved and that is for the Caribbean person coming from Christianity who can't hear about snakes and women without having alarm bells going off, to have a coil of love at the base of the spine seems to be okay. I also sometimes will talk a little bit about how in Egyptian pyramids in papyruses those kind of things there were also images of shoulder stands and energy wheels for the body and all of those things to try to bring Yoga
through India back to Africa if I feel that it's going to help. (Anne-Marie, Yoga Teacher)

Candace’s understanding of Yoga is very much connected to her own traditional knowledge. In the work that she does in her community this is an important offering to her students.

I find that there is a strong connection to the land with Yoga and even if you go to Ayurveda which is an extension of Yoga I mean, you know the elements and I mean there are many connections. Well obviously with the fasting, fasting is a ritual or a practice among Indigenous people so it's a practice and it's one of the, I don't know if it is considered a kriya - is it considered a kriya? Anyways it's a practice in Yoga so those things spoke to me as well. I could definitely see the links there. And meditation, I mean vision quests are meditative whether they have a certain technique, it is a little bit different but it's experiential basically. When it gets right down to it that's the fundamental similarity I think between Indigenous ways, First Nations or North America and Eastern philosophy and Yoga is experiential learning. (Candace, Yoga Teacher)

Awareness of why and how one studies and teaches Yoga is important. Candace’s decision to study Yoga was for the personal health benefits. Deciding to teach was about sharing what she learned. However, she also reflects on how being a teacher is a position of power in that people see you differently.

Okay well, so the beneficial aspects were the reason and also I was really into spirituality I mean I had read a book and started to understand a little bit more about the philosophy of Yoga and I started to realize that it was very much linked to Indigenous spirituality and I was really interested in exploring that a little bit further. So that was one of the reasons. And also you know being healthier, being a healthier person were the reasons why I studied and why I taught was I benefited from it so much. I wanted to share that with other people. I don't think I was, I mean there are probably
moments in time where I catch myself, I have to confess, you know people are impressed by that sometimes. So I have caught myself, throw it around, I'm a Yoga teacher, I'll confess. People are impressed by that but I try not to go there and that was not my intention initially but after being into it you realize how people see you differently if you do teach. So it's hard not to abuse that if you will. You know you have to be always aware of that some people do see you differently when they find out that you are a Yoga teacher. I mean they don't put you on a pedestal but maybe some do you know to a certain extent. (Candace, Yoga Teacher)

The pedestalization of yoga teachers is evidenced by New Age celebrity culture of that has a longstanding history. However Sonia emphasizes that Yoga knowledge in is constantly being produced. It is an exegetic knowledge meaning it is produced through contribution, commentary and innovation. Sonia discusses her teacher training explain how Yogic knowledge is not static and singular in interpretation.

They bring in the people who are experts in that particular area or PhDs in those particular areas. So I kind of got a really wide spectrum and my teaching was pretty much left up to me to design it so ya, it's great I really enjoy it because your not, I wasn't taught that this is the way one should teach. It was like this is what an ānsana is, this is what prānāyāma is, this is how it originated, how it's beneficial anatomically, physiologically, spiritually, how it can deal with stress and then you are left to go okay this is what it serves so how do I create a program? And then of course my teacher who was an MA in Yoga she studied with Iyengar but she doesn't teach strict Iyengar style either. So I kind of, so my teaching was also very much like this is how she feels the students will benefit and so I kind of teach that way. (Sonia, Yoga Teacher)

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Candace acknowledges the celebrity culture surrounding Yoga teachers; however, Sonia points out that in her experience, the Yoga knowledge is produced through collective engagements.

**Discussion and Analysis**

**Rationality and Relationality**

Anne-Marie and Fatima remark that subordination diminishes awareness and comfort with embodiment. They suggest that violence “drives many women out of their bodies” (Rice & Russell, 1995a, p. 33). Furthermore, Fatima conveys that by engaging with the physicality of her body in a way that promotes a sense of comfort, competence and non-sexualized movement, she experiences a kind of “physical freedom” (Piran & Teall, 2009, p. 12) that facilitates attunement to sentient-social embodiment.

Some participants describe their experiences of attunement to sentient-social embodiment as being “rational.” Writing about Traditional Chinese Medicine, Roxana Ng (2000b) makes the following statement that helps contextualize participants’ references to rationality.

> By rational I mean it is a systematic medicine whose logic, diagnostic procedures, and treatment modalities are internally coherent and consistent - albeit radically different from Western notions of diseases and treatments. (2000b, p. 169)

Amrit, Maya, Khadija and Rania make sense of their embodied experiences from a perspective that is coherent, consistent but different from Western biomedicine and science. Their understandings of rational do not preclude phenomena that are unfathomable and relative to individual and social factors – an approach that Ng notes often troubles those who are uncomfortable when confronted with more than one absolute way of knowing and experiencing the world (Ng, 2000b, p. 177). Participants refer to rationality, relationality and lucidity in their observations of the nuances of sentient-social embodiment. They also imply that rationality is akin to a sense of “mental freedom” that allows them to resist social expectations that are subordinating (Piran, Carter, Thompson, & Pajouhandeh, 2002, p. 8).
Attending to their sentient-social embodiment helps participants build awareness of subjective experiences, but it also facilitates a deeper attunement to interpersonal engagements. Anne-Marie theorizes sentient-social embodiment in terms of self-other relations commenting that

I think that violence begins in that moment when we make a judgement about our shape, our ability all of those things that is not opening, that doesn't begin a process. So once we've already made that statement we've initiated some kind of self loathing and once we've initiated any level of self loathing, if we hate ourselves then we hate everybody. (Anne-Marie, Yoga Teacher)

Her suggestion that dealing with oneself is a key component of dealing with others is discussed by Roxana Ng (2009) who writes:

My work on embodied learning asks a basic question: “How do the oppressor and oppressed co-participate in acts of oppression?”...It is based on the recognition that even though many of us attempt to do anti-oppression education and work toward change, we reproduce patterns of behaviour that perpetuate oppression and marginality. (Ng, 2009, n.p.)

Ng also remarks that, embodied learning, as a strategy for stemming violence and oppression, involves sustained and careful attention to sentient-social embodiment. She explains her approach to embodied learning as an

“integrative embodied anti-racist feminist approach”…that helps us develop the capacity not only for critical reasoning, but also for dispassionate observation, in order to alter actions and patterns of behaviour that contribute to the reproduction of dominant-subordinate relations. (Ng, 2009, n.p.)

Anne-Marie and Ng suggest that dealing with ourselves, that is, altering actions and patterns of behaviour, is a key component of anti-violence and anti-oppression work. It is a strategy that requires attentiveness that can be achieved through attunement to sentient-social embodiment by way of embodied learning.

Speaking about Yoga philosophy, Anne-Marie and Sonia explain their understanding of sentient-social embodiment as an effort to be simultaneously aware of
the material world and our perceptions about it. For example, Anne-Marie remarks: “In order to live harmoniously we have to figure out how to occupy both places at the same time: to be material and to be awareness at the same time” (Anne-Marie, Yoga Teacher). Similarly, Sonia summarizes her understanding about the commonality between Indigenous knowledges:

They are honouring something that is physically outside of themselves but they see how it has a direct reflection of their own sense of being….Indigenous cultures, talking about the earth, the earth is so much a reflection of who you are. Like, if you treat the earth badly then you, you can only treat the earth badly if you are treating yourself badly. (Sonia, Yoga Teacher)

Gregory Fields (2001) comments on the relational aspect of Yogic knowledge found in Tantric teachings such as Hatha Yoga and Āyurveda:

Inquiry into the body in Hinduism reveals not a Cartesian material body, but a range of concepts of body and a conscious locus of activity, a system of subsystems participating in active relation within a web of other systems – biophysical, social and spiritual….Each of these concepts of the human being counters not only the Cartesian view of body, but counters the stereotype that the Indian traditions assume a dualistic view of body and Self. (Fields, 2001, p. 173)

In the exegetic spirit of Yoga knowledge production, Fields embellishes upon these teachings to develop an understanding of community that “embodies meanings of relationality between person and the sacred, among persons, and among aspects of creation” (Fields, 2001, p. 168). Similarly, participants in this study reach for an understanding of embodiment capable of accounting for how mind, body, breath, emotions and spirit are always in “intra-action” with their social environment (Barad, 2008, p. 133).

**Agency, Identity and Resistance**

In *Making Face, Making Soul*, Gloria Anzaldúa (1990) writes:
In our self-reflectivity and in our active participation with the issues that confront us, whether it be through writing, front-line activism, or individual self-development, we are also uncovering the inter-faces, the very spaces and places where our multiple-surfaced, colored, racially gendered bodies intersect and interconnect. This book aims to make accessible to others our struggle with all our identities, our linkage-making strategies and our healing of broken limbs. (1990, p. xvi)

Anzaldua makes it clear that while healing can take place on an individual level, it is not separate from social relations of power. By making racism, sexism, classism, and heterosexism salient, she voices an approach to health and healing taken by many other anti-racist feminist and anti-colonial and scholars (G. Bhattacharyya, 1998; Dua et al., 1994; Graveline, 1998; Lorde, 1994; Monture-Angus, 1999; Nadeau & Young, 2006; Schulz & Mullings, 2006). As Patricia Monture-Angus (1999) explains, “Self-determination is principally, that is first and foremost, about our relationships” (p. 8).

Participants repeatedly comment on individual agency in relation to social context. This is evident in the ways that they problematize the idea of individual empowerment. For example, Sonia’s hesitation to emphasize agency and responsibility acknowledges the binary between individual choice and the limitations imposed by social inequities. This is a struggle for many of the young women in this study. However, as Sonia states, she will not let go of the importance of personal responsibility, not because she underestimates the consequences of violence and oppression, but rather she sees individual agency as a crucial resource for overcoming victimization. Although her belief in personal responsibility could be taken to resonate with New Age and behaviour modification health promotion discourses, I would argue that her acknowledgement of the potential misunderstanding of how she takes up individual agency constitutes a counter hegemonic approach to healing. Patricia Hill Collins (1990) has similarly theorized that

The existence of Afrocentric feminist thought suggests that there is always choice, and power to act, no matter how bleak the situation may be. Viewing the world as one in the making raises the issue of individual responsibility for bringing about change. It also shows that while individual empowerment is key, only collective action can effectively generate lasting social transformation of political and economic institutions. (1990, p. 237)
The struggle to reconcile individual agency with the need for social transformation is complicated by the ways that agency and systemic determinants are dichotomized. For example, to regard individual agency as important coincides with New Age and health promotion discourses that efface social inequities. On the other hand, to deny the importance of individual agency is to deny the importance of that window of opportunity so crucial to healing as a form of resistance. Participants suggest that acknowledging and challenging the structures of social inequity need not dismiss the importance of individual agency, resistance, and the creative ways that people take action.

Anti-violence and theological scholar Traci West (1999) highlights the importance of individual resistance in the face of violence and oppression:

> It is important to describe the possible, potent destructive impact upon victim-survivors of heterosexist, sexist, and racist cultural norms, any such analysis needs to be nuanced with consideration of the range of tactics available to women for coping with and stymieing this impact. (1999, p. 153)

She also comments on the significance of approaches that attend to how “how the lived body experience and social structures are intimately connected” (p. 412). Finding a window of opportunity does not dismiss the reality that some windows are very small and difficult if not impossible to access. However, women’s survival often depends on their agency and this should not be discounted or effaced. Sara Ahmed (2004) writes:

> For those whose lives have been torn apart by violence, or those for whom the tiredness of repetition in everyday life becomes too much to bear, feeling better does and should matter. Feeling better is not a sign that justice has been done, and nor should it be reified as the goal of political struggle. But feeling better does still matter, as it is about learning to live with the injuries that threaten to make life impossible. (p. 201)

Attunement to sentient-social embodiment becomes a counter hegemonic healing strategy when women use their agency to feel better by “making sense” of their experience, “not covering over” the wounds they have incurred living through violence and oppression (Ahmed, 2004, p. 197).

The link between agency and identity is theorized by participants especially in terms of resistance. For example, several participants discuss identity as a key aspect of
how they resist the consequences of violence and oppression. Furthermore, they comment on agency and identity as an expression of their sentient-social embodiment. Roxana Ng explains that observing ourselves, what we do and who we present ourselves as, involves recognizing deeply ingrained patterns that may go unnoticed.

Once hegemonic ideas become common sense...they are condensed in our emotional and physical beings, for example in how we relate to women and minority groups, and how we see and relate to ourselves. In short, they become patterns of behaviour. (Ng, forthcoming, p. 7)

Countering hegemonic ideas involves attention to perceptions about who we are in relation to others and what we do in our interpersonal interactions. Furthermore, as Ng explains, change is not only a matter of thinking differently but also involves emotional and physical transformation. In her description of how Qi Gong assists her students in questioning taken for granted understandings and responses, Roxana Ng remarks:

It draws our attention to how the body, emotion and spirit are involved in the learning process: what we embrace and resist, and why. Moreover, in many eastern traditions, meditation is used as a discipline that focuses the mind, enhancing our capacity to reflect on our thought and action without judgement – what Buddhism refers to as non-attachment (rather than detachment). Detachment is the absences of emotion when presented or confronted with something. Non-attachment, on the other hand, is to not pass judgement on something in the first instance. It enables one to consider, objectively, how to interpret or act on something, and to do so with understanding and compassion. (Ng, forthcoming, p. 8)

Identity is as much who we see ourselves to be as what we do. Sentient-social embodiment is inextricable from identity, how we perform our social selves and how our sentient experiences are co-constituted by these interactions.

Throughout this study, participants comment on the importance and difficulty of pursuing healing. However, they do not only speak of the experience of victimization. They also address being implicated in violence and oppression of others. For example, many candidly remark on how attunement to sentient-social embodiment challenges them to be compassionate and mindful of their interpersonal engagements. This is often describes as being able to change longstanding coping patterns and confront fears about
what that change may entail. Theorizing the learning that is possible when people “tune into” sentient-social embodiment, Roxana Ng’s students remark that

What is important to underscore is that insight and change occur when we “tune into” and embrace, rather than resist and reject, these moments of tension and discomfort. It is at these junctures that mindfulness – being aware of what the moment has to offer – finds its truest meaning and expression. A mindful state of being enables us to stay with the moment, rather than to turn away and become defensive, so that we can come through that moment with new thoughts and hopeful clarity. (Mathew et al., 2008, p. 61)

When Fatima explains how it is scary to consider what it means to let go of identity attachments (so as not to be exclusively defined by them), such as being a survivor, or, Mina discusses the limitations of identity categories even though she notes how very important these are in terms of resisting violence and oppression, they struggle towards a strategic understanding of identity that is not simply a reaction to social inequity.

In Denise Noble’s (2005) discussion about the Sacred Woman programme, a self-help Afro-centric healing program for women of African ancestry (p. 135), she argues that “critiques of essentialism must be historicised and contextualised, for there are no identities devoid of essentialist elements and moments” (p. 151). While Noble analyses the content of the program and the teachings that aim to empower Black women by contextualizing the historically rooted violence they have experienced, she also pays attention to how these teachings are interpreted differently depending on the social location of the women who participate in the program. She writes:

In the context of Britain, for some women oppositional Black-self assertiveness, as the day-to-day re-enactment and re-creation of Black identities, can involve the capacity to hold your ground against coercive racialisation’s seductive liberal manifestations, and so avoid being alienated from one’s embodied experiences and knowledge. This means refusing the invitation to enter into an invisibly racialised (therefore white) gendered, and classed middle-class conformity as the condition of being recognised and accepted. On the other hand, for many of the women interviewed, Black embodiment (as an ethical or aesthetic performativity) was often strategically deployed in refusing or even mocking hegemonic assumptions by other Black people of what Black Britishness could signify. (Noble, 2005, p. 151)
Similarly, in my research women engage with Yoga as a knowledge and practice in terms of theorizing agency and identity. As with Noble’s research participants, the young women in my study convey an “engaged cultural criticism.”

Engaged cultural criticism involves a critical reflexivity on the conditions of possibility in which some essentialism are rendered visible and others invisible and their rejection possible or impossible...[and] to find out whether there may paradoxically be emancipatory elements in moments of essentialism, which can be brought to give voice to criticism from within. (Noble, 2005, p. 151)

The young South Asian women in my study have a complex and strategic understanding and use of identity. They claim a racialized and gendered location in opposition to racism and sexism; however, they also resist essentializing definitions of South Asian experiences. Furthermore, Mina and several others remark that transcendent intra-connection with others requires an ability to see social identities as constructed but not the last word about our lived experience.

The limiting aspects of identity categories must be addressed, including the ways that

People reify binaristically constructed concepts of self, gender, race, and a host of other categories with which they identify and to which they become deeply attached at the same time that they assign the oppositional terms to others. (Orr, 2002, p. 491)

However, this can only be accomplished through a sophisticated engagement with identity rather than renouncing or dismissing it as essentialist. Additionally, the idea of transcendence is not a place to be reached and then permanently resided in. The experience of transcendence allows for the development of non-judgement and the opportunity to observe more deeply the contours of our sentient-social embodiment. Putting this awareness to use in everyday life is an important aspect of agency, identity formation and resisting violence and oppression.
“Ethical Cultural Connections”67: Considerations and Recommendations for Using Yoga and Indigenous Knowledges as a Counter Hegemonic Healing Strategy

My dialogue with Rekha about Indigenous knowledges raises several important issues. First, she comments on how her Yoga practice provides her with a framework for learning about and respecting other Indigenous traditions. Second, she comments on the presence of a Native man at a sweat lodge she attended who provided teachings about the ceremony. Another crucial and many would argue controversial issue, is that the ceremony was conducted by a Croatian woman who, Rekha says, has been entrusted with this responsibility by an elder from the community. I mention this last point as controversial because of the intensity of cultural appropriation experienced by Indigenous communities in the Americas and around the world. Many Indigenous people assert that given the past and current levels of colonialism and genocide, ceremonies should not be performed by non-Indigenous peoples (A. Smith, 2005).

While there are certainly many examples of people (Europeans and others) appropriating and commercializing Indigenous knowledges, there are also people who are adopted into a culture and held accountable for the privilege and responsibility of membership. The spread of Yoga is a good example of this in that certainly there are reinterpretations aimed at commercial and ideological adaptations to Western individualism. However, there are also examples of Yoga used in activist community development strategies as a response to the consequences of social inequities; initiatives that may or may not be led by South Asians. For example, people of African descent, many of whom see the roots of yoga as African as well as South Asian (Shola Arewa, 1998), and other racially marginalized communities have integrated Yoga teaching with their protocols and needs (Ermachild Chavis, 1998).

Reinterpreting Yoga knowledge as a way to challenge social inequities and redress its consequences is a very different project than adapting Yoga teachings to New Age consumption and individualism. The latter effaces social relations of power while the former takes aim at addressing the material and discursive manifestations of race,

gender and class hierarchies. Joanna Kadi (1996) defines “ethical cultural connections” as:

Comprised of respect for the community involved, a desire to learn and take action, openness to being challenged and criticized, a willingness to think critically about personal behavior, and a commitment to actively fighting racism. (1996, p. 125)

Similarly, Gloria Anzaldua (1990) writes: “The difference between appropriation and proliferating information is that the first steals and harms; the second helps and breaches knowledge” (p. xxi). Whether this was in fact part of the practice of the Croatian woman who conducted the sweat lodge that Rekha attended is an important consideration.

Candace addresses the privileged status that teachers have in relation to their students. This is especially true in communities where teaching is respected as a gift and calling. Fyre Jean Graveline (1998) describes teaching as inextricable with learning about self in relation, and with respect to social context and relations of power.

The embodied experience of myself and others is used both as a teaching/learning tool to develop “content” for this work. I am aware of articulating my personal and collective consciousness throughout this analysis. To declare “what I know to be true” is a complex undertaking, particularly as my own consciousness is influenced by my Aboriginal Ancestors’ mimetic consciousness and our interactions with Western colonial consciousness. (Graveline, 1998, p. 71)

Candace comments about how people see her differently when they find out that she is a yoga teacher (i.e., being pedestalized) signal a concern about acknowledging one’s privilege and positions of power. She also remarks on how her lived experience is an important resource in her work as a teacher. Attention to her position of power and the ways that her lived experience informs her work are topics that are intricately addressed in feminist, anti-racist and anti-colonial scholarship (Calliste & Dei, 2000; Graveline, 1998; Hill Collins, 1998; Kirby & McKenna, 1989; Ng, 1995; Razack, 1998; D. E. Smith, 1990a; Tuhiwai Smith, 1999). And, as Candace, notes both are important considerations in “declaring” (Graveline, 1998, p. 71) what one knows for the purpose of teaching and learning.
There is a tendency in some Yoga schools is to make claim to an original authentic Yoga; however as Sonia indicates in her description of her Yoga teacher training experiences, the diversity of teachings defy this assertion. This is not to say that Yoga teachings are, in the post-modern sense, open to any and all interpretations, devoid of history, context and a tradition. Rather Sonia’s comments indicate that it is a knowledge that is created in the context of practice and communion, rather than the domain of any one individual or group. Yoga knowledge is subject to exegetic debate and contestation, ideological tensions and practical applications. I would argue that talking about what Yoga is may be less productive than theorizing “how we live our Yoga” (Jeremijenko, 2001). This would include how to practice Yoga in counter hegemonic ways that defy cultural appropriation but also engages with what it means to teach Yoga as a First Nations person or, what it means to participate in a sweat lodge ceremony as a South Asian woman.

In their work with Indigenous women Denise Nadeau and Alannah Young (2006) address the issue of cultural appropriation to make the point that negotiation and attention to power relations are crucial considerations.

Alannah’s intention has been to maintain the integrity of the teachings of oral traditions. This means to share them in a context that reflects connection to appropriate conditions, people, places and times. She recognizes that one site of struggle is cultural appropriation, where knowledge is decontextualized from the land and community relationships. When the sources of knowledge are not credited or acknowledged, profit and power are appropriated from Native people. Negotiating ceremonies and protocols is a co-creative process that reflects and maintains equitable power dynamics. The appropriate protocol is to acknowledge historical relationships and identify how to demonstrate power-sharing and enhance community vitality in accordance with the traditional teachings. (Nadeau & Young, 2006, p. 97)

Similarly, participants in my study struggle with the issue of cultural appropriation in their embodied learning and pursuit of healing as an effort to address the individual and community consequences of violence and oppression.
Summary

In this chapter I discuss how participants theorize sentient-social embodiment and embodied learning as a counter hegemonic healing strategy. The women repeatedly comment on the co-constitution of sentient-social embodied experience and give importance on how social inequities shape their resistance to violence and oppression. Identity is an important resource and many of the women discuss how they use identity for the purpose of coping with and resisting social inequities; however, they also express interest in practices that allow them to recognize the socially constructed aspects of identities. As a healing strategy – not as an escape, recognizing the social construction of race and gender, for example, provides a way to develop resources in order to better contend with their social contexts. They assert a need to theorize and claim social identities, as well as the need to experience a self that is not reduced to their social identities. They suggest that sentient-social embodied attunement is an important strategy for contending with social inequity and the impacts this has on their health and healing.
Chapter Eight:
Conclusion:
Doing Embodiment

Health, healing, violence and oppression have figured centrally in my own experience of embodiment; however, one may ask: Is there another basis for asking participants about health, healing, violence and oppression as a way to investigate embodiment and embodied learning? Drew Leader (1990) argues that Descartes’ theorization of the separation of mind and body can be traced to the ways that the body is forgotten and taken for granted in times of health, through the external orientation of bodily senses (especially vision), and how the body is perceived as debased and an obstacle to be transcended in Western philosophy and religion (Leder, 1990). This illness paradigm, and interestingly Descartes suffered from poor health himself (Blackman, 2008, p. 58), suggests that the body comes into relief when illness forces us to reckon with sentient experience. This argument would seem to support the claim that for those who are the targets of violence and oppression, the body is called into relief through the lived experience of subordination as well as greater incidence of morbidity and mortality in subjugated populations (Wilkinson, 2005). In other words, embodiment is not something that subordinated people can easily forget because the hierarchical context that we live produces greater incidences of poor health along with constant reminders of discursive and material inferiorization.

However, as participants indicate, they are both reminded of embodiment and experience fragmentation and disassociation with regard to their sentient-social embodied experiences. The experience of disembodiment is described as a damaging consequence of violence and oppression as well as a coping mechanism. For to feel and be present with one’s experiences of violence and oppression is painful and overwhelming at best, and at worst, crushing. Sometimes, disembodiment is an important strategy in contexts where a way out is not apparent or possible.

68 Others have commented that it is only when we experience illness and disability that we are reminded of our embodiment (Friedman & Moon, 1997) and that Cartesian privileging of the mind over body eclipses our awareness of embodiment (Fields, 2001, p. 14).
That said embodiment is not exclusively experienced as pain and subordination. This study also investigates how the body can be a site of recovery, resistance and pleasure despite the damages of violence and oppression. The World Health Organization definition of health as more than the absence of illness (Shah, 1998, p. 2) parallels the suggestion made by participants that a positive definition of embodiment entails more than the absence of violence and oppression. For example, the participants in this study discuss how violence and oppression have consequences for embodiment, as well as how consideration of sentient-social embodiment can be a resource in responding to material and discursive experience of social inequity. This response entails deepening one’s understanding of the structure and consequences of social inequity and furthering one’s attunement to the subtle experiences associated with mind, body, breath, emotions and spirit. Experiences of peace, vitality and “intra-connection” (Barad, 2008, p. 133) figure prominently in their positive definitions of sentient-social embodiment and embodied learning. Furthermore, while sentience is co-constituted by social relations of power, embodiment cannot be reduced only to social formations and discourse.

Karen Barad’s (2008) consideration of how “matter comes to matter” addresses the “Cartesian habit of mind” in Western representationalism in which access to material reality can only occur through the mind and mental constructs (2008, p. 126). She cites research that examines the similarities between a realist position that asserts things can be accurately and absolutely represented through language and the social constructionist position that privileges discourse to the point where matter is considered primarily as text. These forms of representation insist that matter either pre-exists or is constituted by language and reinforces the idea that matter is inert and acted upon (Barad, 2008, p. 126). Barad draws on the work of physicist Neils Bohr who proposes that matter has agency and challenges the matter / discourse dichotomy along with other oppositions such as nature / culture, biology / society, mind / body and self / other.

Crucially, in a stunning reversal of this intellectual forefather’s schema, Bohr rejects the atomistic metaphysics that takes “things” as ontologically basic entities. For Bohr, things do not have inherently determinate boundaries or properties, and words do not have inherently determinate meanings. Bohr also calls into question the related Cartesian belief in the inherent distinction between subject and object, knower and known. (Barad, 2008, p. 131)
In her explanation of how Bohr’s work informs her own, Barad articulates an “agential realist” theory based on the idea that all matter has agency and is “intra-acting” (p. 133). She situates her work within feminist science studies and challenges the “discursive turn” that privileges language and representation over all other ways of knowing. Her research suggests a reformulation of objectivity; one that attends to the material processes and consequences of oppression and allows for a material-discursive engagement with nature and biology rather than a rejection of these as nothing more than social constructs used to oppress women and other Others.

Barad explains that discourse is not a synonym for language, rather it is “that which constrains and enables what can be said” (p. 137). In this respect she theorizes material-discursive forces as “practices/doings/actions” (p. 122) that acknowledges the agency and intra-connection of all human and “more than human” phenomena (Alaimo, 2008, p. 238). Not at all trained in philosophy or physics, I read Barad’s work through a sociological lens, and indeed her work appears in a collection with this audience in mind. However, my interest in her discussion of a material world that is not static, pre-existing language or solely constituted by it, is because of how it helps me theorize sentient-social embodiment and embodied learning.

Taking Leder’s (1990) idea to argue that subordinated people are reminded of embodiment (often because of poor health and the subjective experience of inferiorization) and Barad’s (2008) theorizing on the agency and intra-connection of all phenomena that considers other ways of knowing not limited to cognition, I consider health, healing, violence and oppression as material-discursive components of embodiment and entry points that present the opportunity to articulate the ways that we are reminded of and do sentient-social embodiment. In other words, while violence and oppression may indeed be reminders of embodiment owing to the consequences they have for health and healing; health and healing are also processes through which people demonstrate agency and resistance. This study is concerned with how participants struggle, resist and negotiate violence and oppression and how they do sentient-social embodiment more so than just what strategies they employ to offset the consequences of social inequity.
The women theorize embodiment as sentient experience (mind, body, breath, emotions, and spirit) when describing their experiences of violence and oppression in relation to health and healing. They also address social relations (e.g., representation, inequity, family, community, work and public spaces). In other words, embodiment understood as a co-constituting process of subjective sentient experience and social relations of power. In terms of healing from and coping with violence and oppression, women suggest that investigating sentient-social embodiment provides physical, mental, emotional, and spiritual relief as well as a way to deconstruct binaries that underlie the social inequities and disembodiment that they experience (e.g., mind / body, self / other, material / spiritual). The appeal to direct experience in relation to the experiences of others is central to experiential and embodied learning. Thus, many remark on the importance of meeting with other young women in order to engage in Yoga practice and discussion about social issues. In short, the women in this project explore their experiences of body, mind, breath, emotions, spirituality, and social context as symbiotic and interlocking (mutually productive and affective).

I designed this study based on what I would have liked to participate in as a young woman and as an educator interested in sentient-social embodied learning informed by Yoga teachings, anti-racist feminism, anti-colonialism and decolonization theories and methods. I have, and continue to search for spaces, where consideration of social relations of power is interwoven with teachings that attend to the mental, physical, emotional and spiritual consequences of violence and oppression. The women who participated in this study are also interested in such spaces. Their contributions speak to the prevalence of violence and oppression in society in terms of what they witness and experience, and they elaborate on healing as an important resource and response to social inequity. However, they also comment on the difficulty of healing because of the pervasiveness of violence and oppression, the disdain towards those who refuse to stay silent about their experiences and need for healing, and the ambivalence and aversion that lifestyle health promotion or New Age definitions of healing produce.

Participants critique New Age reinterpretations of Yoga with respect to their lived experiences as young South Asian women. The exotification and individual consumerism associated with Yoga in North America evokes ambivalence and aversion among them.
Although many find Yoga practice enjoyable and a resource they find helpful in dealing with the consequences of social inequity, they comment that they would rather go without this resource than be subjected to New Age healing discourses that exotify and objectify them. Additionally, given their limited economic resources, many also object to the exorbitant cost of learning and practicing yoga in New Age studios.

This study raises some interesting practical considerations regarding cultural appropriation and what constitutes culturally appropriate services. Embodied learning, often part of alternative programming in schools, hospitals and community agencies, draws on Indigenous knowledges for teachings that address sentient embodied experience (knowing that is mental, physical, emotional and spiritual, for example). Participants comment that cultural appropriation, that is, taking knowledges without respecting the histories and communities that those knowledges have emerged from, and the power relations between takers and the taken from, is rooted in racism and colonialism.

Aanchal Rai’s (2009) research on Western counselling and South Asian mental health needs support Tina’s experiences counselling South Asian women. Rai also finds evidence of both preference and avoidance of counselling offered by South Asians (or groups for South Asians) that result from shame as well as different views of mental illness and its remedy. Additionally, Rai finds that many South Asians very often seek Indigenous healing practices. However, participants suggest that culturally appropriate services must address how cultural appropriation shapes Indigenous knowledges and how Indigenous histories and relations of power are also elements at play, even when those knowledges are being offered within a community to which those teachings are ancestral. For example, participants in this study are interested in investigating social relations of power, such as New Age, that shape Yoga, as well as consideration of the many different interpretations within its Indigenous context. As participants remark, not all South Asians practice yoga, and as young South Asian women they do not feel that they must know Yoga. However, they also claim it as a knowledge that has a history and context that they identify with to greater and lesser degrees. These reflections indicate that it is not sufficient to assume that Yoga is an appropriate programming option for young South Asian women without considering how these teachings are framed. Women indicate that the discussion component addressing social issues was an important factor in their
decision to participate in this study. For many, acknowledgement of social context is a factor upon which participating in embodied learning depends.

This study presents paths that women take in attempt to address the consequences of social inequity. In response to issues of agency, they seek resources such as Yoga because it offers teachings that address embodiment in terms of mind, body, breath, emotions and spirit. They also seek contexts that are respectful of the social dimension of their lived experience. The past several decades have seen a growing interest in the benefits of embodied learning, such as Yoga, on health especially in terms of recovery and resistance to experiences of violence and oppression (Brunette, 2009; Ermachild Chavis, 1998; Murphy, 2008; Neilson, 2004; Orr, 2002; Spaeth, 2002; Vazirani, 2001). While participants offer further testament to the benefits of embodied learning, this study makes the important point that engaging in a practice such as Yoga is not simply a matter of individual agency and lifestyle choice. Sentient-social embodiment, along with careful consideration of agency and social determinants of health, are central to participants’ experiences and understandings of health, healing, violence and oppression – lived experiences that are sentient-social and in which they value and sometimes pursue healing as a response to social inequity.

It should be noted that New Age manifestations of Yoga should not be separated from other spiritual appropriations in the New Age movement. To focus only on Yoga maintains an ahistorical approach that obscures the underlying Western traditions that shape American reinterpretations of it. Olav Hammer (2001) writes:

In the New Age, exotic cultures are used in a variety of ways. At times, elements are disembedded from their original contexts and used in new ways. At the other end of the spectrum are entirely spurious attributions, in which the significant Others are little more than interchangeable tokens. (Hammer, 2001, p. 141)

Approaching Yoga in the West as part of a specifically Western historical, intellectual and religious continuum makes for a very different understanding than current discourses within New Age concerned only with the ancient Eastern past, a troubled modern present and a universal utopian future (Hammer, 2001, p. 92). Furthermore, understanding Western reinterpretations of Yoga clarifies how spirituality is understood within New
Age thought. For example, reinterpretations of Yoga in the West are only one example of how spiritual individualism and the positive exotic Other are used to bolster notions of universalistic spirituality.

A typical trait of much New Age religiosity is its combination of eclecticism and pattern recognition. On the one hand, doctrinal and ritual elements are taken from the most diverse sources. On the other, considerable effort is spent on showing that these diverse seemingly disparate elements in fact point to the same underlying reality. (Hammer, 2001, p. 161)

This universalizing approach to Indigenous knowledges obscures history, culture and relations of power. It is a methodological approach that underlies New Age philosophy and its antecedents in Western thought.

In addition to contesting New Age understandings of healing and embodiment, participants also challenge definitions of health common to biomedical frameworks. Similarly, Naomi Adleson’s (2000) research on the Whapmagoostui Cree concept of health departs from normative definitions found in “dominant health paradigm[s]” that constructs individuals “either as passive or active” (p. 9). She argues that health is political: “By this I mean that health takes on a particular, and particularly charged, meaning when understood within its historical, cultural, and social context” (p. 9). Her investigation illustrates that land, not disease, is at the centre of health discourses for the Eastern Cree peoples. As such, she writes: “it is not surprising that struggles are played out through interpretations of health” (p. 114).

As I have shown, strategies of health can be strategies of dissent, or at the very least the means by which a person, through his or her body, can become involved in the negotiation of power between the State, the disenfranchised group, and the individual. For the Whapmagoostui people, strategies of health – miyupimaatisiun – connect individual bodies to that larger political process; in this way links are formed between health, cultural assertion, and dissent within both individual bodies and the body politic. (Adleson, 2000, p. 114)

The young South Asian women communicated definitions of health that departed from biomedical perspectives focusing instead on relationships. Given their diasporic location, community relationships appear to be more salient compared with the Whapmagoostui
Cree who reside in their ancestral territories and derive well-being and identity from relationship to land and community. Adelson’s work is interesting in that she frames health not as something to be measured but rather “mediated by context, by history, and by culture; it is, in other words, deeply embedded within the language, practices and processes of dissent” (p. 116). This understanding, that she learns from the Whapmagoostui Cree, is of particular interest in relation to the responses from participants in this study. For they also discuss health as a way of theorizing social inequity for the purposes of challenging it.

Although my work as a Yoga teacher has occurred primarily in the area of social service provision, I see several parallels with embodiment studies situated in adult education classrooms. One such commonality is the importance of acknowledging the co-constitution of sentient-social embodiment: how mind, body, breath, emotions, spirit, social location and relations of power intra-act. Roxana Ng (2009) explains her embodied learning pedagogy:

> Embodied learning consists of at least three core presuppositions…These are, first, an explicit acknowledgement that we are all gendered, racialized and differently constructed subjects who do not participate as equals in interactional settings….the second presupposition of my approach to embodied learning is that, in addition to developing critical analysis intellectually, we need to disrupt common sense ideas and practices, and reflect on how we ourselves participate in social encounters by adopting dominant normalized ways of being….I suggest that….Qi Gong, which involves the body, mind and spirit simultaneously, are tools that lend themselves to this reflection….The third presupposition…is that eliminating sexism, racism and other forms of oppression requires that we reflect on how we unwittingly participate in courses of action that implicate us in the perpetuation of acts of oppression. (Ng, 2009, n.p.)

Participants in this study speak to how they are implicated in systems of oppression in terms of the experience of subordination and dominance. And similar to the classroom context that Ng speaks of, participants in my study elaborate on how embodied learning, as a counter hegemonic healing strategy, can help deal with the consequences of violence and oppression. However, my participants also express ambivalence, and in some cases

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69 Ng’s students, Si Transken and Carrie Butcher, engaged with embodied learning in terms of healing from violence and oppression (Ng, forthcoming; Transken, 1995).
an aversion, to entering spaces where they risk further subordination, such as New Age Yoga studios. This is despite the benefits they attest to in terms of learning how to attune themselves to their mind, body, breath, emotions and spirit as a means of ameliorating the consequences of violence and oppression – and in some cases using this attunement as a form of resistance to social inequity.

Participants suggest that resistance to social inequity involves awareness of social relations of power and the ability to observe without judgement and self-deprecation. It would seem that this allows for change in behaviours and patterns of thinking and feeling that support systems of oppression (Mathew et al., 2008).

Understanding and analysing the development of consciousness thus necessitates an interrogation of our being as sensuous living individuals, the material conditions that enable and limit our bodily existence, and hence knowledge construction itself (which is accomplished by embodied subjects). Thus, similar to the call for starting with people’s lived experience proposed by critical feminist pedagogy, it is mode of learning that grounds the knower in time and space, and provides an anchor for seeing that thought processes are inevitably historically and spatially specific. This allows us to see that indeed consciousness can be changed, as we confront it and understand how it comes about. (Ng, forthcoming)

In other words, the participants in this study suggest that embodied learning is a counter hegemonic healing strategy – one that involves “reclaiming our bodies.”

Reclaiming our bodies means that we risk thinking, living, feeling and knowing through our bodies, that we risk using embodiment as the means through which we experience and apprehend the world. (Rice & Russell, 1995b, p. 53)

In the field of adult education, some argue that this reclamation is a key aspect of anti-oppression education.

These techniques can be used to address oppressive ideologies and practices in the lives of students and thereby foster change not only on the intellectual level of a student’s learning but also on the levels of body, emotion, and spirit, the levels where the most insidious and resistant formations of oppression are often lodged. (Orr, 2005, p. 480)

However, my participants indicate that adoption of Yoga as a technique must also acknowledge the social context in which this adoption takes place by way of attention to
“ethical cultural connections” (Kadi, 1996) and social relations of power. For example, contrary to Deborah Orr’s claim that Yoga is an inexpensive accessible tool for anti-oppression education (Orr, 2002, p. 494), the participants in my study repeatedly comment on the high cost of Yoga instruction and teacher training as well as the inaccessibility of these teachings when offered in New Age frameworks and spaces where they experience racism, sexism, ableism and other social inequitabilities. It is important to acknowledge that Yoga is more accessible to visitors from dominant racial and class groups precisely because that is the target market; something that even critical pedagogues should pay attention to.\(^{70}\)

In closing, my study contributes to health promotion research concerned with the damages of social inequity, particularly but not exclusively, for subordinated peoples. The young South Asian women, yoga teachers and social workers who participated in this study indicate that violence and oppression are key determinants of health that profoundly shape contexts for embodiment. They assert that recovery and resistance to social inequity involves challenging the discursive construction of subordinated bodies as inferior, deviant and / or exotic. However, they also indicate that bodies are not solely discursively experienced. In this study, participants’ contributions suggest that attunement to sentient-social embodiment (embodied learning), constitutes a counter hegemonic healing strategy. Furthermore, through their interest and participation in my study, they indicate the importance of health and healing strategies grounded in anti-racist feminist, anti-colonial, and decolonizing approaches.

\(^{70}\) Deborah Orr (2002) writes about Yoga techniques used in classrooms:

> It is also inherently low-tech and low-cost, a major consideration in these times of underfunding. As with all yogic disciplines, teachers must train to become teachers themselves but, while this training demands dedication, it is not itself expensive to obtain. It can then be passed on to students with virtually no outlay for materials. (494)

This runs contrary to what the yoga teachers and young women said in my study. I also find this incorrect based on my own experiences studying and training to teach yoga. While I agree that teaching Yoga requires dedication, the ability to practice regularly (not to mention participate in training) requires considerable resources. Furthermore, Yoga teachings are interdisciplinary. For example, a teacher is responsible for having in-depth knowledge of philosophy, anatomy, physiology, psychology, meditation and postures, the nervous system, and endocrine systems. Becoming a skilled Yoga teacher requires many years of study and dedication. Yoga teacher training programs that take a weekend to complete are available but this kind of training is superficial and it is worrisome. That an easily obtained Yoga teacher certification such as this could be used to work with vulnerable populations in education settings raises the issue of safety and the potential for abuse or ineptitude. Fatima’s contribution in Chapter Five regarding alternative programs for youth that exploit them is such a case for deep concern.
Sentient-social embodiment is increasingly being theorized and practiced as a key consideration in counter hegemonic education, activism and community development. Just as violence and oppression affect one’s experience of health and healing, the reverse is also true. The pursuit of health and healing does matter. Healing is a resource that subordinated peoples use in resistance to violence and oppression as they endeavour to recover from the many damaging consequences they have experienced. The nuanced expressions of resistance and highly sophisticated theorizations of the participants in this study further our understanding of embodiment and embodied learning with respect to health, healing, violence and oppression, and in doing so, make an important contribution to intersectional health research and critical studies in adult education.
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Appendix A
Recruitment Poster

YOGA WORKSHOPS FOR YOUNG SOUTH ASIAN WOMEN

Are you a South Asian woman between the ages 18 – 25?

South Asian refers to having ancestry through one or both parents in the area of the world where countries such as Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and Tibet are located. South Asian also refers to people with South Asian ancestry who live (or lived) outside of South Asia, for example, in the Caribbean, Africa, South East Asia, North America, Europe or anywhere else in the world.

Would you like to learn yoga and discuss health and social issues?

My name is Sheila Batacharya and I am conducting a Ph.D. research project at the University of Toronto. This project combines yoga practice with discussions about your experiences and/or understandings of health, healing, violence and oppression. The topics discussed may address sensitive issues however you will not be required to share personal information or participate in discussions that you are not comfortable with.

This project will take place once per week for twelve weeks during the months of February, March and April. Each workshop will be 2 ½ hours. Time and location is to be announced.

There is no financial compensation for participating in this project; however, participants will receive yoga instruction and a yoga mat to keep.

If you are interested in participating in this project and would like more information please contact me by phone at XXX-XXXX or by email at XXXXXXXXXX
Appendix B

Letter of Informed Consent for Young South Asian Women

Research project title: Yoga and Embodied Learning: Young South Asian Women’s Experiences and Understandings of Health, Healing, Violence and Oppression

Dear Participant:

My name is Sheila Batacharya and I am a doctoral student in the Department of Adult Education, Counselling Psychology and Community Development at the Ontario Institute for Studies in Education of the University of Toronto. I am working under the supervision of Dr. Roxana Ng. I am conducting research about young South Asian women by teaching yoga and facilitating discussions addressing experiences and/or understandings of health, healing, violence and oppression. Yoga is a form of knowledge that addresses physical, mental and spiritual ways of understanding our experiences. Yoga is a knowledge that originated in South Asia and is part of many philosophical and spiritual traditions - e.g. Hinduism and Buddhism. Yoga has been used for individual health and healing as well as a way of addressing social problems. Gandhi is perhaps the most well known person to use yoga as a form of anti-colonial activism. Yoga has also been used in communities to help women and youth, for example, to develop self-confidence, stress management and problem solving skills. In this project yoga will be discussed as a resource for personal health and healing as well as a way to talk about social issues and strategies for change.

In this project I am interested in learning about:

i. how young South Asian women experience and/or understand health, healing, violence and oppression
ii. why young South Asian women experience high rates of violence and why they are underrepresented in terms of access to health and social services
iii. how the body, mind and spirit are impacted by violence and oppression
iv. how the body, mind and spirit may be an important site for healing and learning.

In twelve consecutive workshops that take approximately 2.5 hours each, during the months of February, March and April 2004, I hope to work with 10 to 12 young South Asian women between the ages of 18-25 years old. I will teach yoga and facilitate group discussions. Each participant will be interviewed in the final month of the project.

The project will also involve drawing, photography and journal keeping exercises for the purpose of self reflection and for your personal record of your experiences throughout the project. The drawing exercise will be used to understand physiology and anatomy from a...
yogic perspective. The photography exercises will be used to talk about self image and popular media images of yoga practice in the West. I will not analyze the drawings, photography or journals. These are for your own reflection and may be helpful in our individual interview at the end of the project.

Community partners in this project include the South Asian Women’s Centre and the Barbra Schlifer Commemorative Clinic. I will interview members from each of these organizations as well as yoga teachers who work in community settings.

I would like to include you in this project. Participation in this project is completely voluntary and you should only participate if you want to. There is no financial compensation for participating in this project; however, you will receive yoga instruction and a yoga mat that is yours to keep.

All yoga instruction is taught at a beginner level that accommodates participants with diverse abilities and body sizes. I have the skills and experience to ensure that the instruction is safe and appropriate to your level of physical ability and comfort level. If you have any health concerns I encourage you to consult your doctor. The health benefits of yoga are widely accepted and the instruction I am offering will give you the basics of a balanced yoga practice.

With your permission, I would like to interview you individually in the last month of this project (April 2004). I would like to tape record and transcribe this interview. I will turn off the tape recorder at your request at any time during the interview and will not turn it on again unless you agree to it. I am aware that the interview questions may be personal and I will take precautions to ensure your anonymity and confidentiality. Your interview will be transcribed and referred to in writing using a pseudonym instead of your real name. I will also communicate to the group that any information shared within group discussions should remain confidential. I will ask all participants to sign a confidentiality agreement; however; you should know that my ability to ensure that this is upheld is ultimately beyond my control and depends on the individuals who participate in the project. I would encourage you to only share information that you are comfortable with. I guarantee that anything you share with me in the individual interview will remain confidential; however, I also encourage you to share with me only information you feel comfortable telling me. You can decide not to answer any questions in group discussions, individual interview or in the biographical information form.

The audio tapes will only be heard by myself and possibly my supervisor Dr. Roxana Ng. The transcripts of the individual interview will only be viewed by myself and possibly my thesis committee. After I finish the transcripts each participant will have the opportunity to review her own interview to provide me with feedback (i.e. deletions and corrections). In the event that a participant wants to withdraw from the project at any point she can do so without negative consequences. I will keep the interview transcripts in a locked file cabinet in my home office during and for up to ten years after the research is completed. After this time I will destroy the transcripts and tapes.
Research indicates high rates of violence against young women of colour as well as insufficient access to health and social services. My hope is that this research makes an important contribution to understanding this situation and will be used in programming and policy making that acknowledges the experiences and needs of young South Asian women. My hope is that by participating in this project you will gain information about yourself as well as the resources available to young South Asian women. I will share a summary of the research findings with you in the form of a written report by September 2004. I will use the research findings in my Ph.D. thesis and may publish and make presentations based on this work. I will ensure your anonymity in any presentations or publications that I do based on this research.

To include you in this study I will need your permission. Attached to this letter is the permission form, that when signed allows you to be part of this research. You will keep a copy of this letter and the permission form for your reference. If you have any questions regarding this project or the permission form please contact me at XXX-XXXX or by email at XXXXXXXX.

Sincerely,

Sheila Batacharya
Adult Education and Counselling Psychology
Ontario Institute for Studies in Education, University of Toronto
252 Bloor St. West. 7th Floor, Toronto, ON, M5S 1V6
Appendix C
Letter of Permission for Young South Asian Women Participants

U of T Letterhead

Research Project: Yoga and Embodied Learning: Young South Asian Women’s Experiences and Understandings of Health, Healing, Violence and Oppression

I ……………………………………………………… (please print name) have read the attached letter describing the research project you, Sheila Batacharya, plan to undertake, and I agree to be a participant in this study. I understand that this project involves participation in twelve 2.5 hour yoga classes and group discussions once per week during the months Feb.-April, 2004. I understand that in April 2004 I will be interviewed by you at a location that is mutually convenient for approximately 1 hour. I also understand that our conversation will be tape recorded with my consent, and that I may request that the tape recorder be turned off at any time during the interview until I indicate that it may be turned on again. I understand that my contributions will remain confidential, that my participation is voluntary, that my identity will remain anonymous, and that I am not required to share any information that is not comfortable for me to do so. I also understand that a decision not to participate in the study or the withdrawal form it will not in anyway result in negative consequences from the researcher or any of the organizations affiliated with this project. I understand that the information collected during our interview will only be used for the purposes of this study and will never be used for anything else. I understand that the findings of this study will be communicated to me in writing.

I understand that this project involves yoga instruction and I am interested in the study and practice of yoga. I understand that you are a certified yoga instructor with the Federation of Ontario Yoga Teachers. By signing this permission form I agree to voluntarily participate in yoga classes and release Sheila Batacharya from any and all claims or liabilities for injuries or damages to my property, including those arising out of or connected with my participation in any yoga activities, or the practice of yoga at various sites, including home. I take full responsibility for consulting with my physician regarding my participation in yoga classes if I have any health concerns. I will inform and advise you of pregnancy and any and all physical disabilities and/or limitations before beginning yoga classes.

Date: _____________________________________

………………………………………………………
Signature of participant:
Appendix D
Biographical Information Form for Young South Asian Women

U of T Letterhead

Participant No.: ………………

If you have any questions about this form please let me know. You do not have to answer any questions that you are uncomfortable with.

1. What is your age? ………………

2. Where were you born? If not in Canada, how long have you been here and what was the reason for leaving the place you were born?
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

3. Have you lived in places other than Canada and where you were born? When and for how long? …………………

4. Where was your mother born? ………………………………………………………..

5. Where was your father born? ………………………………………………………

6. What languages do you speak and what was the first language you learned?
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

7. What is your mother’s occupation and highest level of education received?
   ……………………………………………………………………………………………

8. What is your father’s occupation and highest level of education received?
   ……………………………………………………………………………………………
9. What is your occupation and highest level of education received?

10. Who do you live with? (one or two parents, siblings, extended family, partner, friends, roommates etc.)

11. Do you have children? If so, how many sons or daughters?

12. Do you have siblings? If so, how many brothers and sisters?

13. Do you have any health problems? If so, please describe.

14. Do you have a disability? If so, please describe.

15. Are aspects of your experience an important part of your identity? If so please describe (e.g. ethnicity, culture, place of birth, gender, class, ability, sexual orientation, immigration status, religion and/or race etc. – please include any other aspects of identity not included in this list).

16. Have you studied yoga before? If so, please give examples of your experience(s) studying yoga?

17. Has anyone in your family studied yoga? If so, who?
18. Why do you want to study yoga?

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..
Appendix E

Interview Guide for Young South Asian Women

Understandings and experiences of health and healing

1. What does health mean to you?
2. Are there times when you feel healthy? Please give examples.
3. What do you do to feel healthy?
4. Are there times when you feel unhealthy? Please give examples.
5. What do you do when you feel unhealthy?
6. Have you had any health problems in your life? If yes, please discuss what caused these health problems.
7. What does healing mean to you?
8. What does healing feel like? Please give examples.
9. Are there specific situations, activities, resources or people that help with healing? Please give examples.
10. Are there specific situations that make healing difficult? Please give examples.
11. What did you do to heal during your health problem? (Discussed earlier)

Experience and understandings of yoga

12. In your own words, what is your understanding of yoga as a healing art?
13. What do you know about the origins, history and development of yogic knowledge?
14. Have you studied yoga before? If so, please describe your previous experiences studying yoga?
15. When did you first become interested in yoga and why?
16. Have you ever felt wary or hesitant about learning yoga? If so, why?
17. How do you feel during and after practicing yoga? Please give examples.
18. Have you experienced any physical, emotional, mental, cognitive, or spiritual changes since you started attending the yoga classes and workshops? If so, please give examples.
19. Do you feel that there is a connection between physical, emotional, mental, cognitive, or spiritual experiences? If so, please give examples.
20. Has practicing yoga affected your relationships with family, friends, co-workers, teachers etc.? If so, please give examples.
21. Do you think yoga can be used to address individual or collective experiences of violence and injustice? If so, how? Please give examples.

22. Are there thesings or aspects of yoga that help you understand or make you want to learn more about other Indigenous knowledges?

Experience and understandings of violence and oppression

Responses to the following questions may include personal experiences and/or your understandings and observations.

23. In your own words, what is violence? Please give examples.

24. In your own words, what is oppression? Please give examples.


27. Does oppression impact health? If so, how? Please give examples.

28. Does oppression impact healing? If so, how? Please give examples for each.

29. How do you think positive experiences regarding health and healing affect a person’s ability to address experiences of violence and/or oppression? Please give examples.

30. How do you think negative experiences regarding health and healing affect a person’s ability to address experiences of violence and/or oppression? Please give examples.

Experiences participating in this project

31. Have you learned anything new by participating in this project? If so, what did you learn? Please give examples.

32. While approaching the study of yoga have you reflected on your experiences as a young South Asian woman or in terms of any other aspect of your lived experience? If so, how? Please give examples.

33. Is there anything that you learned in this project that you will use in your life or share with your family and community? If so, please give examples.

34. What do you feel or think about the topics covered in the workshops? Are there any topics that grabbed your attention? Are there any discussions that you remember more than others? Examples: breathing, postures, anatomy, history of yoga as an indigenous knowledge, self-esteem (photography), stress and disease, meditation, healing from violence and oppression, cultural appropriation vs. ethical cultural connections, community work and education, relatedness and interconnection.

35. Was there anything that you wanted to discuss that was not addressed in the workshops?

36. Do you plan to continue to study yoga? Why or why not?

37. Have you ever participated in a research project before?
38. What interested you about this project and why did you decide to participate?
39. Is there anything else that you would like to say?

Thank you for participating in this project.
Appendix F
Letter of Informed Consent for Yoga Teachers
and Counsellor / Social Workers

U of T letterhead

Research Project: Yoga and Embodied Learning: young South Asian Women’s Experiences and Understandings of Health, Healing, Violence and Oppression

Dear Participant:

My name is Sheila Batacharya and I am a doctoral student in the Department of Adult Education, Counselling Psychology and Community Development at the Ontario Institute for Studies in Education of the University of Toronto. I am working under the supervision of Dr. Roxana Ng. I am conducting research about young South Asian women by teaching yoga classes and facilitating discussions addressing experiences and understandings of health, healing, violence and oppression.

I am interested in learning about:

v. how young South Asian women experience and understand health, healing, violence and oppression
vi. why young South Asian women experience high rates of violence and why they are underrepresented in terms of access to health and social services
vii. how the body, mind and spirit are impacted by violence and oppression
viii. how the body, mind and spirit may be an important site for healing and learning.

In yoga classes and group discussion that take approximately 2.5 hours each, during the months of Feb-April 2004, I hope to work with 10 to 12 young South Asian women between the ages of 18-25 years old. I will teach the yoga classes as well as facilitate the group discussions. Each participant will be interviewed in the final month of the project. Community partners in this project include the South Asian Women’s Centre and the Barbra Schlifer Commemorative Clinic. I will interview one member from each of these organizations as well as two yoga teachers.

I would like to interview you for this project. Participation in this project is completely voluntary and you should only participate if you want to. There is no financial compensation for participating in this project.
With your permission the individual interview will be taped and transcribed. I will turn off the tape recorder at your request at any time during the interview and will not turn it on again until you agree that I do so. I am aware that the interview questions may be personal and I will take precautions to ensure your anonymity and confidentiality. I guarantee that anything you share with me in the individual interview will remain confidential; however, I also encourage you to only share with me what you feel comfortable with.

The transcripts of the individual interview will only be viewed by myself and possibly my thesis committee. After I finish the transcripts you will have the opportunity to review your interview transcript to provide me with feedback (i.e. deletions and corrections). In the event that you want to withdraw from the project you may do so without negative consequences.

I will keep the interview transcripts in a locked file cabinet in my home office during and for up to ten years after the research is completed. After this time I will destroy the transcripts and tapes.

Research indicates high rates of violence against young women of colour as well as insufficient access to health and social services. My hope is that this research makes a contribution to understanding this situation and will be used in programming and policy making that acknowledges the experiences and needs of young South Asian women. I will share a summary of the research findings with you in the form of a written report by September 2004. I will use the research findings in my Ph.D. thesis and may publish and make presentations based on this work. I will ensure your anonymity in any presentations or publications that I do based on this research.

To include you in this study I will need your permission. Attached to this letter is the permission form, that when signed allows you to be part of this research. You will keep a copy of this letter and the permission form for your reference. If you have any questions regarding this project or the permission form please contact me at the university at 416.923.6641 at ext. XXXX or by email at XXXXXX.

Sincerely,

Sheila Batacharya
Adult Education, Counselling Psychology, Community Development
Ontario Institute for Studies in Education, University of Toronto
252 Bloor St. West. 7th Floor
Toronto, ON,
M5S 1V6
Appendix G

Letter of Permission for Yoga Teachers and Counsellor / Social Workers

U of T Letterhead

Research Project: Yoga and Embodied Learning: young South Asian Women’s Experiences and Understandings of Health, Healing, Violence and Oppression

I ………………………………………………………… (please print name) have read the attached letter describing the research project you, Sheila Batacharya, plan to undertake, and I agree to be a participant in this study. I understand that in Oct.-Dec. 2004 I will be interviewed by you at a location that is mutually convenient for approximately 1 hour. I also understand that our conversation will be tape recorded with my consent, and that I may request that the tape recorder be turned off at any time during the interview until I indicate that it may be turned on again. I understand that my contributions will remain confidential, that my participation is voluntary, that my identity will remain anonymous, and that I am not required to share any information that is not comfortable for me to do so. I also understand that a decision not to participate in the study or the withdrawal form it will not in anyway result in negative consequences. I understand that the information collected during our interview will only be used for the purposes of this study and will never be used for anything else. I understand that the findings of this study will be communicated to me in writing.

Date: ________________________________

………………………………………………………
Signature of participant:
Appendix H

Interview Guide for Yoga Teachers

Young South Asian Women’s experiences and understandings of health, healing, violence and oppression

1. When did you start studying and teaching yoga?
2. Why did you study and then go on to teach yoga?
3. Where and when did you do your teacher training?
4. What is your style/school/lineage of yoga instruction?
5. Do you have other educational and employment experiences in addition to teaching yoga? If so, please explain. Are these other experiences relevant to your work as a yoga teacher? If so, please explain.
6. Have you worked with groups and/or individuals from marginalized communities? Who?
7. Have you worked with young South Asian women? If so, please describe.
8. What are the most important issues/concerns your students have about learning yoga?
9. What are the major causes of health problems for your students?
10. Do you think that violence and oppression have an impact on health and healing? If so, how?
11. From your perspective do your students view health, healing, violence and oppression as interconnected? Please describe.
12. Do you address issues such as racism, sexism, ageism, ableism and other forms of oppression in your teaching practices? If so, how? Are these issues a concern for your students? If so, please explain.
13. Do you teach your students about the history of yoga? If so, what do you teach?
14. Do you study or teach in yoga studios in Toronto? Please describe your experiences.
15. What is your understanding of yoga as a healing art?
16. Do you feel that there is a connection between physical, emotional, mental, cognitive and spiritual experiences? If so, please give examples.
17. Do you think yoga can be used to address individual or collective experiences of violence and injustice? If so, how? Please give examples.
18. Do you see connections between yoga and indigenous knowledges in Africa, Turtle Island, East Asia or other South Asian knowledge systems. If so, please explain.

Biographical Questions
1. Where are your ancestors from? (parents, grandparents, great grandparents)
2. How old are you?
3. Are there aspects of your experience or identity that are important to you? (e.g. ethnicity, race, sexuality, gender, ability etc.). Please describe.
4. Does your personal experience inform your work as a yoga teacher? If so, please describe.
5. Is there anything you would like to include in this interview that I have not asked you about?

Thank you for your participation in this project.
Appendix I

Interview Guide for Counsellor / Social Workers

Young South Asian Women’s experiences and understandings of health, healing, violence and oppression

1. What is your position/title or profession?
2. How many years have you been practicing in your field?
3. Please describe your educational and work experiences.
4. Do young South Asian women access services at your agency? If so, why do young South Asian women come to your agency for services?
5. Are there any reasons why young South Asian women would not be able to access services at your agency?
6. Approximately how many young South Asian women do you serve annually?
7. Are there specific issues that young South Asian women address by using your services?
8. Have you ever had trouble finding adequate resources that you can refer young South Asian women to? Why, why not?
9. Do young South Asian women request culturally specific information and referrals? Please explain.
10. What are some of the strategies that young South Asian women use in the pursuit of health and wellness? Please give examples.
11. Yoga can be understood as a form of embodied learning and a healing art. Do you think that yoga could be a resource for young South Asian women who are experiencing violence and oppression? How? Please explain.
12. Do you think that oppression, for example racism, sexism, ageism, heterosexism, ableism etc. have an impact on health and healing for young South Asian women? If so, how? Please explain.
13. How does your agency/organization address issues such as racism, sexism, ageism, heterosexism, ableism and other forms of oppression in terms, of policy, programs and services?
14. What are the research priorities at your agency/organization?
15. How does this project link with the research priorities at your organization? Why do you think your agency/organization decide to participate in this project?
16. Are there aspects of your experience that you feel directly inform your work? E.g. ethnicity, culture, language, place of birth, age, gender, class, ability, sexual orientation, immigration status, religion and/or race etc.? (Please include any other aspects of your experience not included in this list).
17. Is there anything you would like to include in this interview that I have not asked you about?

Thank you for your participation in this project.
Appendix J
Partnership Agreement with Community Agencies

Partnership Agreement between:

South Asian Women’s Centre
[contact information]

Barbara Schlifer Commemorative Clinic
[contact information]

And

Sheila Batacharya, Ph.D. candidate, Adult Education, OISE/UT
[contact information]

The South Asian Women’s Centre (SAWC) and the Barbra Schlifer Commemorative Clinic (BSCC) agree to participate as community partners in the Ph.D. research of Sheila Batacharya on the condition that all parties accept the goals and objectives of this project and the roles and responsibilities outlined in this Partnership Agreement.

This partnership is based on a collaboration regarding the project proposal titled “Yoga and Embodied Learning: young South Asian women’s experiences and understandings of health, healing, violence and oppression” referred to hereafter as the “Yoga and Embodied Learning Project.”

This agreement is pursuant to the proposal submitted to SAWC, BSCC and Sheila Batacharya’s thesis committee at the Ontario Institute for Studies in Education, University of Toronto (OISE). This agreement is also pursuant to approval from the Ethical Review Committee at the University of Toronto. The thesis committee members for this research project are Dr. Roxana Ng (supervisor), Dr. George Dei, and Dr. Niva Piran.

Objectives
The purpose of this collaboration will be to ensure that the Yoga and Embodied Learning Project:

- contributes to the programming and research interests of SAWC and BSCC
- provides resources to the young women who participate in the project
integrates the academic requirements and interests of the researcher with the programming and research interests of SAWC and BSCC

**Partnership roles and responsibilities**
Sheila Batacharya will be responsible for coordinating and executing all aspects of the project planning, implementation, and data collection, analysis and documentation. Sheila will provide yoga instruction and facilitate the discussions with the participants in the project. She will share the research findings with the participants, BSCC and SAWC by providing them with a written report at the end of the project. The option to withdraw from this project at any point during the research process can be made by any party or participant without negative consequences. Sheila will be responsible for securing a meeting space for the project.

SAWC and BSCC will provide support to the project both in terms of resources as well as advice based on their areas of expertise in working with young South Asian women.

SAWC will cover photocopy expenses and offer assistance locating a space to conduct the project. SAWC will assist with outreach and promotion of the project in the South Asian community, with affiliated organizations and within the organization regarding ongoing work with young South Asian women. The contact person for the project is (TBA).

BSCC will provide short-term counselling and/or counselling referrals to participants in the project should they request it. Tina Bhinder, BSCC counsellor, will attend the first session of the project to introduce herself and provide information about the clinic and the services the BSCC provides. BSCC will also promote the project thereby assisting with recruitment of participants. The contact person for the project is Tina Bhinder.

**Terms and Conditions**
All members of the partnership will receive written acknowledgement in all products and reports developed and published as a result of the work of this project. All members of this partnership will also be recognised for their contribution to this project in all public relations and promotional materials.

In the event that any member of the partnership chooses to discontinue with its participation for any reason, that member forfeits any rights and responsibilities to the products and reports developed, published and distributed as a result of the work of this project. Furthermore, that withdrawal does not in any way affect or inhibit the remaining members of the partnership from fulfilling their function to complete the project.
Approval Authority
Permission to revise this agreement, or to approve work not covered by the agreement, can only be provided by the individuals designated as the Approval Authority for each of the collaborating parties and the researcher Sheila Batacharya. A party may replace its Approval Authority at any time with the prior consent of the other parties.

The approval authority at SAWC is Sangeeta Subramanian, Executive Director. The approval authority at BSCC is Cherie Miller, Director of Counselling Services.

Copyrights
Sheila Batacharya will be listed as the author of the report provided to SAWC, BSCC and the participants at the end of the project. If this report is published all partners will retain ownership of the copyrights. Such ownership will be perpetual. Each party agrees to honour and acknowledge the copyrights held by the other parties to material used as content in the report developed and published as a result of the work of this project. The partnership will approve any revisions, adaptations or updates to the report developed and published as a result of the work of this project.

Sheila Batacharya will retain copyright of the Ph.D. dissertation written as a result of the work of this project. She will acknowledge SAWC and BSCC in this and any other products published as a result of this project.

Term
The term of this agreement will be from the date of signature until the final report is submitted to SAWC and BSCC by September 2004. It will be renewable for additional terms by mutual agreement.

The field research for the Yoga and Embodied Learning Project will be conducted during the months of February, March and April 2004.

Events of Default
Sheila Batacharya is committed to completing this project upon signing this agreement. However, Sheila Batacharya or any member of the partnership has the right to withdraw from this agreement without negative consequences.

The partnership will develop and agree on the process to be followed if any of partners decides to withdrawal from this agreement. In the event that partners of the project provide such notice to withdraw, this agreement is effectively terminated.
**Liability**
For all yoga instruction Sheila Batacharya has two million dollar liability coverage as a certified instructor with the Federation of Ontario Yoga Teachers through Pearson-Dunn Insurance and Financial Services Inc., 260 Nebo Road, Hamilton, ON, L8W 3K5, (905) 575-1122.

Sheila Batacharya has liability coverage as a Ph.D student at the University of Toronto. This project will not proceed until approval from the Ethical Review Committee at the University of Toronto has been granted.

Sheila Batacharya agrees to conduct this research according to the legal and ethical guidelines governing the work of SAWC and BSCC as well as those guidelines that have been internally adopted within each organization.

SAWC and BSCC will acknowledge and the legal and ethical guidelines at the University of Toronto governing the research of Sheila Batacharya, Ph.D. candidate in the Department of Adult Education and Counselling Psychology, OISE/UT. SAWC and BSCC acknowledge that as a student conducting research Sheila Batacharya is not an employed representative of the University of Toronto.

**Signing Officer for the South Asian Women’s Centre:**
Sangeeta Subramanian, Executive Director.

Signature: ___________________________ Date: ____________

**Signing Officer for the Barbra Schlifer Commemorative Clinic:**
Cherie Miller, Director of Counselling Services

Signature: ___________________________ Date: ____________

**Signature of Researcher:**
Sheila Batacharya, Ph.D. Candidate
Department of Adult Education and Counselling Psychology, OISE/UT.

Signature: ___________________________ Date: ____________
The yoga classes commenced with one hour of yoga instruction followed by discussion based on the following topics and activities.

<table>
<thead>
<tr>
<th>Yoga class schedule #1-12</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to the project. Participant history map. Yoga history.</td>
<td>Establish workshop ground rules. Resources available to participants. Introduce BSCC counsellor. Explain purpose of keeping a journal throughout the project. On a large map of the world, participants will draw and discuss why, how and where their ancestors migrated. Overview of the history of yoga.</td>
</tr>
<tr>
<td>2. Yoga anatomy and physiology.</td>
<td>Body movement and structure re: yoga postures (āsanas). Participants will draw an outline of their body and fill in their skeletal, muscular, respiratory, digestive, cardiac systems and organs.</td>
</tr>
<tr>
<td>3. Yoga, community work and anti-oppression education.</td>
<td>Why teach yoga in community organizations? Can yoga be used to address issues such as racism, sexism, ageism, and ableism?</td>
</tr>
<tr>
<td>5. Yoga: cultural appropriation or cultural connections?</td>
<td>Yoga practice in the west. Media analysis of mainstream yoga magazines.</td>
</tr>
<tr>
<td>6. Yoga: disease and stress.</td>
<td>Therapeutic uses of yoga. Each participant works with drawing of body in session 2, to identify emotions, thoughts or memories with specific parts of their bodies. What organs and systems do these correspond with?</td>
</tr>
<tr>
<td>7. Yoga and colonialism. Decolonization</td>
<td>What is colonization and...</td>
</tr>
<tr>
<td>Topic</td>
<td>Details</td>
</tr>
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<td>----------------------------------------------------------------------</td>
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</table>
| & indigenous knowledges.                                             | decolonization?  
What is an indigenous knowledge?  
What is New Age?                                                          |
| 8. Āsana practice.                                                   | Focus on individual adjustments.  
Developing a personal practice.  
Photography session.                                                      |
| 9. Yoga in diasporic communities.                                   | Yoga in relation to dominant and indigenous cultures (First Nations as well as diasporic cultures).                                     |
| 10. Meditation                                                       | Meditation practice and worldview.  
Overview of yoga philosophy.                                               |
| 11. Yoga and healing.                                                | Yoga as a way of addressing the impacts of violence and oppression.  
Participants will revisit and reflect on the drawing they did of their body at the beginning of the project. |
Closure to the project.  
Evaluation forms for SAWC and BSCC.                                      |