**EXERCISE:**

**Our Bodies**

**TIME:** 60 MIN  
**REQUIRED MATERIALS:** NONE

**SUMMARY:**
This is a gentle and powerful exercise to help participants connect to their bodies and feel physical or emotional pain that has been suppressed.

**KEY EXPLANATION POINTS:**
- Location is best in a very comfortable and secluded area, if weather permits, it is good to do this outside.
- Explain to participants that we will try to get in touch with our bodies by doing the following exercise.
- First, participants should lie down on a flat, comfortable surface - or sit comfortably and relax. The temperature should be comfortable.
- Ask participants to close their eyes and breathe deeply.
- Concentrate on the sound of your breathing: think of the air entering and leaving your body and of your muscles expanding and contracting.
- Now focus on your muscles and identify the ones that are tense.
- Try to make these muscles relax, following the soft rhythm of your breathing. Concentrate on your body again and observe which of your internal organs is under stress... relax these organs.
- Now, in your mind, slowly go over your body from head to toe.
- Ask yourself these questions: Does anything hurt at the moment? How long has it been hurting? If this pain had a voice or a sound, what noise would it make?
- Now, let it express itself (using a sound, a word, a movement or a signal, for example). What does this pain tell you about your state of mind, your physical health, your diet, the demands you make routinely on yourself?
- This pain could well be a call for attention by your body. Give it time to express itself.
- After the exercise, the participants should return to a sitting position and reflect on the experience. Then, they can go into pairs and together, list three practical, achievable steps they can take to care for their bodies better.

**FACILITATION NOTES:**
Prior to the exercise, the facilitator should talk about how activists relate to their bodies. An example text is below, this can be adapted as facilitators wish.

- Most of us appear to relate to our body in a slightly aseptic manner, treating it merely as a collection of organs that need to be kept functioning as well as possible, so that we can continue to conduct our routine activities and fight our battles. The problem with relating to our body in this fashion is that we lose track of what the body feels, enjoys, learns, and what makes it feel alive and express itself in all manner of ways. In...
addition, this also blurs the political dimension of our relationship with our body.

• **The illnesses that we as women activists normally suffer** are associated with the chronic neglect of physical and emotion problems, overworking or bad eating habits, stress and the utilisation of time. In times of crisis all this translates into frequent infections of the respiratory tract, various gastrointestinal disorders (such as colitis, gastritis and constipation), muscular ailments, as well as headaches and migraines. It is also common for the immunological system to be affected, increasing vulnerability to opportunistic illnesses.

• Frequently we have access to important information on prevention, as we work with issues relating to sexual and reproductive rights, human rights and women’s health. Nonetheless, often we are a complete contradiction when it comes to our own health, only treating occasional illnesses (if time and money permit).

• Paradoxically, many a time, we do not have the basic information on our own body and health, such as blood type, allergies, and hereditary illnesses. This is fundamental knowledge that we must have of our bodies and our medical history.

• **We usually do not undergo periodical preventive check-ups**, although we are aware that these are necessary. Only a few of us get a pap smear test or a breast examination regularly, nor do we use contraceptive methods. Only in a very few cases do we use consistently barrier methods during intercourse to prevent sexually transmitted diseases. We tend to underplay or ignore the discomfort caused by menstruation or menopause, or we delay treatment until it becomes unavoidable – as the ailment begins to interfere drastically with our performance.

• **We accept discomfort as something normal.** We are accustomed to feeling some type of pain. Many of us live with chronic back pain, headaches and stomach aches, for instance, and our body has in some way numbed itself to this pain. It could be said that our threshold of pain is ‘upset’ so our bodies get used to functioning with a ‘moderate’ degree of discomfort. In general, we react only if the pain is too intense, but the solution tends to be merely palliative.