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Moving Blind Spots: Cultural Bias in the Movement Repertoire of Dance/Movement Therapists

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

This thesis explores the need for cultural diversity in the field of dance/movement therapy and the impact of unconscious bias as it relates to cultural rhythmic patterns, movement styles, and music choices in therapeutic practice. This literature review examines the historical context that has contributed to the field of dance/movement therapy while outlining cultural competency and ethical considerations in practice as it relates to cultural and/or race identity. Common themes are summarized noting the effects of oppression, bias, and trauma on populations of statistically marginalized communities with specific emphases on African American cultural identity. With consideration toward action steps, culturally sensitive interventions and movement observations are outlined for development toward a more diverse, inclusive, and equitable field.

Keywords: bias, oppression, trauma, African-American, cultural interventions

Moving Blind Spots: Cultural Bias in the Movement Repertoire of Dance/Movement Therapists

Introduction

With a lack of cultural diversity in the field of dance/movement therapy (DMT), there is an unconscious blind spot of bias as it relates to cultural rhythmic patterns, movement styles, and music choices in therapeutic practice (Chang, 2016). Well-intentioned dance movement/therapists may be versed in the language and skill of cultural competency; however, therapists' personal movement repertoire may subconsciously communicate that a client's movement preference, music choice or rhythmic pattern may not be beneficial to the client's own internal and emotional regulation. This concern endangers those of marginalized communities explicitly as "people move in ways that not only express their health but also their culture" (Caldwell, 2013, p.196). Observation tools and assessments utilized by dance/movement therapists may not encompass a well-rounded, culturally diverse, unbiased point of view and therefore may not be sufficient to meet the needs of diverse populations (Caldwell, 2013). As a field with specific emphasis on nonverbal language and culture-specific movement behavior (Carmichael, 2012), what are the unconscious blind spots of bias inherent in the field of Dance/Movement Therapy (DMT)?

Statistically, dance/movement therapists are likely to be female, heterosexual, physically able, middle class (Caldwell, 2013), and white. By way of macroaggressions, microinsults, microinvalidations and various forms of systemic oppression the field of DMT may have lacked the necessary tools to provide a safe space where a wide range of practitioners can feel included. As a result, DMT practitioners do not reflect the range of diversity that represents the populations it seeks to serve. Bodies that are different can be subjected to unwarranted bias and as a somatic practice, "if not examined critically DMT can be a conduit for the somatic abuse of

power, via the implicit and explicit imposition of unquestioned biases about movement onto client's bodies" (Caldwell, 2013 p. 189). Tatum (1997) stated, "in a situation of unequal power, a subordinate group has to focus on survival" (p. 25), people pay attention to those who control their outcomes, when feelings, rational or irrational are invalidated, most people disengage; not only do they choose to discontinue the conversation but they are also more likely to turn to someone who will understand their perspective (Tatum, 1997).

Research suggests that people of color are less likely to seek therapy and when they do, they are less likely to remain with premature termination a common occurrence (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007). There is an apparent disconnect in the area of mental health and wellbeing in marginalized communities. Epidemiological studies reveal the increased incidence of psychopathology due to poverty, the effects of western capitalism on third world countries, class inequities, poor and inadequate housing and education, gender inequalities, racism, homophobia, torture, rapid social change, and social disintegration, war, genocide, forced migration, unemployment, and failures of social and community support structures (Watkins & Shulman, 2010). Mental health disorders such as post-traumatic stress disorder (PTSD) have their highest prevalence rates in the lowest socioeconomic class, in African American, Latino and Native American populations (American Psychiatric Association, 2013), a signifier of a disconnect in cultural difference, evaluation, and therapeutic assistance available to these communities.

In search for universal counseling approaches and assessment systems by those with privilege and power, the considerations of different worldviews have been overlooked (Caldwell 2013; Carmichael, 2012). To foster diversity and inclusivity, it is vital that therapist of marginalized populations bring their experiences and culture, in spaces that otherwise may

overlook their existence and the experience of marginalized people in a way that creates meaningful change. Cultural identity can be considered the fabric of ones being, “Erik Erikson the psychoanalytic theorist who coined the term identity crisis, introduced the notion that the social, cultural, and historical context is the ground in which individual identity is embedded” (Tatum, 1997, p.19). Identity as the core of the individual but also the core of communal culture as identity process is the simultaneous reflection and observation in the way an individual judge themselves and what they perceive to be the way others judge them (Tatum, 1997).

While most theorists agree that identity development is a complex process of biological and social stimuli in the creation of meaning around life events, early pioneers of identity overlooked marginalized populations while focusing on dominant social groups (Thomas, 2015). With so many experiential, perceptual and cultural differences, it may be difficult for an observer to note an individual's body attitude accurately. Bradley (2009) stated "Every little meaning does not have meaning of its own, but every little movement means something to the mover, and therefore resonates (or does not resonate) for the audience of the mover," (p. 88). As therapists, it is essential to become more familiar with the mover's cultural perspective and reflect that in therapy and research practices.

History

Dance/movement therapy has been a predominantly white European profession. Western psychology, Laban Movement Analysis (LMA) and Kestenburg Movement Profile (KMP) utilized by many dance movement therapists was developed from a dominant culture viewpoint and has been the norm, often pathologizing differences that intersected in areas of socioeconomic inequity, race, gender, and sexual identity (Chang, 2016). There is a wide range of intersecting demographics, labels, and categories as it pertains to marginalized populations; therefore, the

focus will be the cultural experiences of race and ethnicity as it relates to the people of the African Diaspora. Although early research suggests that there was no scientific basis for discrimination based on race, the work of anthropology and psychology during the emerging age of racism in the 19th century divided individuals, emphasized differences and ignored research that could have united individuals. During the 1900's there was encouragement of research and utilization of verbal and quantitative type assessments as appropriate measures of intellectual capacity while deemphasizing the importance of other intellectual qualities, which was problematic for those whose class, backgrounds, culture and lifestyle emphasized other values (Guthrie, 2004).

Black people were often not allowed to participate in psychological examining centers restricting diverse sampling, in addition to the onslaught of harmful and racist medical experimentation that took place in the field. In psychological research studies, marginalized individuals were often found outside of the standard deviation or along the margins as the primary focus was the dominant norm populations. As a reflection of the times, non-white psychologists' and academicians' concepts were ignored. Moreover, the comparative nature of psychology viewed the problems of black Americans in relationship only to white Americans (Guthrie, 2004) in a measurement of statistical norms and abnormalities. Henry Garret, a former Columbia University professor (1941-1955), past president of the American Psychological Association (1946) and a segregationist who promoted principles of eugenics and "race hygiene" provided a variety of reason why black children could not intellectually compete with white children. According to Guthrie (2004), Garret also believed that black Americans should not pursue studies in psychology because they were not suited for the study. These views were

molded into the framework of the psychological profession and passed down through systemic racism with effects that are still visible today (Degruy, 2005; Guthrie, 2004)

As an extension of Western psychology, the American Dance Therapy Association defines dance/movement therapy as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being (American Counseling Association, n.d.). The foundational tools for assessing clientele and training DMT's about their own movement repertoire in Dance/Movement Therapy education are mostly Laban Movement Analysis (LMA) and The Kestenberg Movement Profile (KMP). Though LMA is used to describe the bodily connection, quality, feeling of the movement, shape of the body, and space as it relates to the kinesphere (Moore, 2014), there are a lot of missing elements, projections, and premature interpretation that inhibits LMA from being an inclusive assessment tool cross-culturally. The nature of polyrhythmic movements often visible in African diasporic dance is not acknowledged in the LMA system. It has been observed that the communal call and response, reaction to the individual and the environment that is present in African diasporic dance is not assessed within the Laban structure. Furthermore, research about Rudolph Laban, on whose work LMA is structured, suggest that he had minimal considerations for his work to be utilized cross culturally as it is noted that he was a willing participant with the Nazi's as Germany's dance master, and became one of a number of individuals given refuge by Hitler in the arts and educational community during that era (Dickson, 2016). Moreover Bradley (2009) states, that he [Rudolph Laban] "was naively racist in a passive way, from his writing about the "Red Indian" and "Negroes in America" (p. 31).

As a result, dance/movement therapists are left with minimal options that reflect diversity in the area of assessments. KMP offers nine categories of movement patterns and expands on LMA by adding a developmental framework (Loman & Merman, 1996). Bartenieff, Paulay and Lomax (1970), expanded on LMA through the Choreometrics system that included focus on polyrhythmic movement, call and response and was created “to describe and compare the typical movement style of cultures, culture areas and culture regions as found in every day activity (work) and expressive play” (p.63). Choreometrics is not often thoroughly explored in DMT education and has received some criticism. LMA, KMP and Choreometrics all come from a Eurocentric model. Therefore, the concern remains as there is a continual search for universal counseling approaches and assessment systems by those with privilege and power, and the considerations of different worldviews have been overlooked (Caldwell, 2013). There is a disproportionate lack in psychosocial research and DMT assessments including adequate numbers of minority participants and research relevant to minority populations. As a result, limited studies, empirically based research studies and culturally sensitive interventions exist for marginalized communities.

The history of racial hostility and systemic racism in American society has allowed race and culture to become a significant factor in the lives of many. At times these underlying issues can impact how one views the world around them and how they behave in it. These factors make it necessary for therapists in the fields of counseling and dance/movement therapy to understand racial privilege and develop the cultural awareness and competency to deal with a vast array of clientele. It may be difficult for therapists to assess individuals that are not members of dominant culture if not well equipped and familiar with the individuals' cultural perspective. The client's ability to acculturate, their language, beliefs, and values can provide a hindrance in the

therapeutic process if the therapist is not sensitive to these cultural differences. The question then becomes, how do therapists meet the clients where they are considering cultural differences that can hinder a mutual understanding and stagnate normal working processes?

Cultural Competency and Ethical Considerations in Practice

According to Ramirez, Weinstein and Weinstein (2010), "Culture can be understood as: an integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group" (Cross, Bazron, Dennis, & Isaac, 1989, 1991; as quoted in Ramirez et al. p.220). Cultural Competence is: "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations" (Cross et al., 1989, 1991; Ramirez et al., p.222). Cross et al., (1989, 1991) listed ways in which professionals and institutions can become culturally competent and ways in which they are not as, cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence and cultural proficiency (See Appendix A for more information about the Cross Stages of Cultural Competence).

While the above list provides an overview, it also acknowledges that the lack of cultural competence may not be a deliberate attack on one culture from other and concedes that ignorance or cultural blindness may be a factor in the lack of awareness. Cultural blindness may be a byproduct of an attempt to heal racial enmity and is problematic in a society where race and culture does matter, as a result, culture blindness may do more harm than good. In a study on intercultural sensitivity and how different ethnic groups understand each other, Milton Bennet's Developmental Model of Intercultural Sensitivity (DMIS) includes six stages. According to Hammer, Bennett, and Wiseman (2003) & Johnson (2004), the stages are, denial, defense,

minimization, acceptance, adaptation, and integration (See Appendix B for information about the DMIS). Racial and cultural equity in the helping professions will require long-term work and dismantling of systemic issues that are deeply embedded in the identity of the field of therapy. Cultural competency for dance/movement therapists requires an embodied sense of self-awareness, learning about the worldview and movement patterns of individuals from diverse cultural backgrounds and skills in utilizing culturally appropriate interventions. Cultural competency may sound like an achievable destination for practitioners, however, cultural competence as framed through the categories of beliefs, attitudes, knowledge, and skills is an active ongoing process (Carmichael 2012; Sue & Sue, 2013). Cultural competence requires constant work and consistent self-reevaluation; it is not a place of arrival more than it is a state of being that incorporates cultural humility. Cultural Humility is defined as the ability to maintain a stance that is open to other aspects of cultural identity (Hook, Watkins, Davis, Owen, Tongeren, & Ramos, 2016). To present an objective view of an individual, an evaluator must take a culturally competent, culturally humble approach and be aware that personal bias may influence the assessment of an individual. In a society comprised of many ethnicities and nationalities, a need exists for relevant, culturally competent therapeutic practice within the helping professions.

Moreover, there is a disproportionate lack in psychosocial research including minority participants and with relevance to minority populations. Limited studies, empirical based research and culturally sensitive interventions (CSI) exist for marginalized communities, a deficit that must be remedied at both the academic and clinical level. In a 2009 review, the goal was to systematically analyze the methodology of recent CSI research with populations of ethnic minority youth and to evaluate each intervention's ability to adhere to existing standards of evidence-based practice. The method included a study selection of a computerized literature

search using a keyword approach conducted in electronic bibliographic databases. A criterion was created, and 15 intervention studies published between 1997 and 2009 were included. The analytic strategies included the California Evidence-Based Clearinghouse (CEBC) Scientific Rating Scale for child welfare, and the National Resource Center's Community Based Child Abuse Prevention's (CBCAP) Levels of Evidence for Evidence-Based Practice (LEEBP) to review the studies objectively. All studies fell within three level categories 2 = Effective; 3 = Efficacious; 4 = Emerging. Two of the studies that employed an experimental design noted no significant differences between the CSI and the control group. Efficacious studies reported variable findings ranging from statistically significant to no change. Based on their employment of nonexperimental design, three studies were classified as emerging with two of the studies unable to show a significant change in targeted behavior. Four studies were classified as Level 2: Effective and were experimental with random assignment of participants into the control or comparison group. As a result, two methodological findings emerged, the beginning progress of culturally sensitive practice, and the onset of design and analysis methods to measure the effectiveness of culturally sensitive treatments (Jackson, 2009).

Tormala, Patel, Soukup, and Clarke (2018) conducted a study on developing measurable cultural competence and cultural humility at the doctoral level of training for psychologists. Tormala et al., (2018) implemented and tested a two-stage approach to using cultural formulation (CF) assignments with students. The sample included second-year clinical psychology trainees enrolled in a doctoral-level course entitled Culturally Competent Counseling. The students were given a CF1 assignment at the midpoint of the course and a CF2 assignment at the end of the term. Using a thematic analysis approach, the CF1 and CF2 were analyzed. A thematic coding structure was created based on a review of cultural competence and cultural humility literature.

The researchers then discussed presenting themes leading to a final six themes, (1) cultural self-awareness, (2) intersectionality, (3) perspective taking, (4) unsupported cultural statements, (5) scientific mindedness and (6) power/privilege differential (Tormala et al., 2018). The results revealed that students demonstrated increased cultural self-awareness and scientific-mindedness as well as a decrease in unsupported cultural statements. Statements reflecting intersectionality in CF1 matured into more specific statements in CF2, suggesting students developed a better understanding of clients with multiple cultural identities. Power/privilege differential statements were rare in CF1 and CF2 and did not increase across assignments (Tormala et al. 2018).

As part of the helping professions, dance/movement therapists are not absolved from the responsibility of cultural sensitivity and related research specific to the field of dance/movement therapy should be considered. Carmichael (2012) conducted a qualitative study designed to better understand dance/movement therapy's approach toward multicultural diversity competence and to discern and acknowledge the verbal and nonverbal skills currently used by advanced therapists. Among the questions asked in the study, Carmichael posed the question, "are dance/movement therapists, equipped with a wide communicative repertoire and holistic methodology, in a unique opportunity to help cultivate a more inclusive psychology?" (p. 103). The participants interviewed were advanced therapists with a minimum of 10 years of experience and the study included a purposive sampling to ensure that a spectrum of identity would be represented. Dimensions of gender, sexual orientation, race/ethnicity, geographical location, and affiliation to academic institutions were included. Resulting themes from the interviews, included therapeutic self-disclosure or non-disclosure as an intervention, therapeutic advocacy, therapist immersion, multicultural and diversity training, and education, non-verbal and verbal skills.

In consideration of transference and countertransference participants reported self - disclosure or conscious non-disclosure of identity. Therapeutic advocacy included knowing when to advocate for a client, empowering clients, or implementing a psychoeducation approach to increase awareness of social and historical foundations behind oppression that may be therapeutically beneficial. Participants acknowledged the importance of self-knowledge in uncovering implicit or explicit bias and that the process of therapist immersion allowed the therapists to become aware of culture-specific body movement patterns and supporting clients in the use of their own tools toward their cultural dance as healing. Multicultural and diversity training and education included working in diverse populations with a commitment to learning for an extended amount of time and educating oneself with self-study by learning about one's own identity and recognizing that learning comes from a self-specific lens emerging as subthemes.

In addition to exploring one's own identity, participants reported accepting and challenging one's own biases while being mindful of not perpetuation power dynamics. Nonverbal and verbal skills included what and how skills. The skills included mirroring, observing congruence and incongruence in verbal and non-verbal language and behavior, recognizing movement styles, patterns, expressions of affect, and connecting non-verbally. The how skills included making mistakes, asking questions, not knowing, and a willingness to learn. Institutional observations, reflections, and areas for growth acknowledged that there was a current focus and increased awareness on multiculturalism and diversity, but that progress was not sufficient. Participants noticed a limited representation of identities among the spectrum of marginalized identities in the profession, and they observed the field's bias towards Eurocentric movement observation, assessment models, educational models and therapeutic interventions

based primarily on Western, white dominant perspectives. A participant suggested more educational opportunities to learn about the meaning of movement from the perspectives of less dominant cultures. Lastly a recommendation to update vocabulary and terminology was suggested (Carmichael, 2012).

The above studies are examples of research toward the progression of diverse and culturally competent care in practice. They provide empirical research and measurements that are otherwise limited. A common observation among the studies revealed a lack of culturally relevant research. While these studies did not explore the possible reasons that there is a limited amount of culturally relevant research and interventions, they can be viewed as evidence for the need of research that reflects the diversity in current therapeutic practice. It is also essential that culturally relevant ideas be implemented at an academic level so that they can be carried out into the future of the work by the new generation in therapeutic practice. As more culturally relevant research begins to emerge, more culturally relevant practices and theories can evolve, fostering self-awareness, openness and cultural humility to address inherent bias that can also present itself in the movement repertoire of dance/movement therapists.

Individuals are often not aware of their behaviors and customs that are culturally based. The Eurocentric perspective of the dominant culture may result in the denial of such culture while the perception of the "American way" may be overlooked, considered just American, and not a cultural phenomenon (Lynch & Hanson, 2004). These standards of dominant culture can make it difficult for therapists to view themselves as anything less than culturally competent. It is difficult to repair a problem that many may not realize that they have. Cultural competency is devoid of stereotypes, allowing the practitioner to be fully objective in gaining a clear understanding of the individual. As a result, cultural sensitivity and awareness can enhance the

validity of the therapeutic process. The impact of cultural differences can greatly affect the client/therapist interaction; therefore, cultural competency is critical. By viewing an individual's societal perspective, it avoids the misrepresentation of culture as a stereotype. One must also take into consideration how the individual has adapted to the dominant culture (Lynch & Hanson, 2004). Body language, gestures, and tone are some of the ways social cues can be misinterpreted by therapists and can be considered an ethical issue if not addressed.

As the lens through which the construct of psychotherapy was created, from the viewpoint of dominant culture, subsequently, the ethical codes and laws that serve as a guideline to protect the client and therapist from professional harm were also created from that reference point and are not exempt from the same bias. There appears to be an implicit blind spot of bias due to the lack of diversity in positions where policies are created, and research is validated. It may be difficult for those who have not had a shared cultural experience to think of and understand the multitude of situational outcomes that affect a marginalized community. A culturally competent therapist must consider these ethical implications when working with diverse populations. As a profession, ethics codes require competency to protect those who require therapeutic assistance, and it is necessary to maintain professional responsibility. If therapists are lacking in that responsibility, then one can assess that they are failing to meet ethical and cultural responsibility (Corey, Corey, Corey, & Callanan, 2015). It is unethical to counsel from the viewpoint of dominant culture without taking into consideration the needs and variations of diverse populations.

Cross-cultural considerations such as socioeconomic conditions, assumptions about self-disclosure, directness, and respect of authority are all influenced by social, environmental factors reflected in an individual's culture. These issues should be looked at individually and with

familiarity with the particular individual's value system. To do so, a competent therapist must be aware of one's own value system as it relates to privilege and their place in the world. A simple solution would appear to just apply ethical codes cross-culturally, however, Daneshpour and Fisek suggested to use caution when transferring structural approaches cross-culturally, because some of its foundational principles (hierarchy, power, rule flexibility, and boundary proximity) are strongly influenced by the norms of a culture (as cited in Cole, 2008 p. 428). With the exception of some colleagues and researchers, counseling approaches in the past have been applied universally and with a lack of consideration of different worldviews which has been problematic (Carmichael, 2012).

Special considerations to cultural difference can now be found in various ethical codes throughout the counseling profession. The American Counseling Association code A.4.b. in reference to Personal Values, states:

Counselors are aware of-and avoid imposing their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature. (p.5)

Cultural sensitivity and a need to recognize that culture affects the manner in which client's problems are experience and defined as well as historical and social prejudices are essential as therapist become aware of and address bias in themselves and others (American Counseling Association, 2019). For dance/movement therapists, assumptions about nonverbal behavior and body language are of great concern. The American Dance Therapy Association (2015) provides detailed codes on multicultural considerations:

1.6. e. Dance/movement therapists utilize formal assessment instruments only with appropriate training and/or supervision. Dance/movement therapists consider the limitations of assessment instruments with regard to cultural sensitivity and validity.

1.6. f. Dance/movement therapists consider cross-cultural factors in the therapy relationship and therapy experience that may influence client presentation and therapist interpretation.

1.6. g. Dance/movement therapy assessment acknowledges the role of the family, community, and societal systems in client strengths and limitations.

1.6. h. Dance/movement therapists examine their assessment practices taking into consideration biases inherent in body/movement cultural norms.

2.3. d. Dance/movement therapists are sensitive to individual differences that exist within a cultural group and understand that individuals may have varying responses to cultural norms.

7.2. a. Dance/movement therapists take into consideration the influence of cultural variables on the research investigation.

With this in mind, the subjectivity of perceived body language, movement repertoire, movement preference, music choice or rhythmic pattern without applying a culturally diverse viewpoint is ethically problematic.

Oppression, Bias and Trauma

With the growing prevalence of anti-oppression theories and social justice work as it relates to counseling practice, there is an increase and more thorough examination of systems of oppression, power, and privilege. Oppression in this context can be described as the ideological, institutional, interpersonal and intrapersonal disempowerment of people based on socio-cultural

locations (Cantrick, Anderson, Leighton, & Warning, 2018; Sue & Sue 2013;). Oppression as an embodied experience has adverse somatic effects for those living in marginalized social categories and communities. Ta-Nehisi Coates (2015) described the realities of oppression, bias, trauma, and the direct impact these experiences have upon the body:

It is hard to face this. But all our phrasing – race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy – serves to obscure that racism is a visceral experience, that it dislodges the brain, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body. (p. 9-10)

The identification of a preferred norm within society has created a dynamic where those with an identifying difference have been regarded as wrong, creating the polarization of those with power and those who have been oppressed. Examples of oppression include "racism, sexism, classism, ableism, heterosexism, sizeism, transphobia and other systems that work to reinforce the imbalance of power" (Karcher & Caldwell, 2014 p. 478).

Features of oppression can also include microaggressions and various non-verbal forms of communications enacted body to body through spatial dominance, facial expressions, gestures, voice tone and volume (Karcher & Caldwell, 2014). Microaggressions are defined as small forms of prejudice expressed as verbal and non-verbal communication, and behaviors which may or may not be conscious, often expressed through gestures, familiar sayings, and general tone. Whether intentional or unintentional microaggressions communicate hostile, derogatory or negative slights and insults. There are three types of microaggressions; (1) microassaults such as explicit attacks, (2) microinsults such as disrespectful comments that

debase a person's identity and (3) microinvalidations such as denying the thoughts, values, and experiences of a person or minority group (Carmichael, 2012; Shultz, 2018; D.W. Sue & D. Sue, 2013)

Shultz (2018), conducted an interpretive phenomenological analysis (IPA) that explored dance/movement therapists' embodied experiences of nonverbal microaggressions and how they experience nonverbal microaggressions in the clinical relationship. The study examined nonverbal microaggressions through movement with data analysis to fully capture the lived experience of verbal and movement data collected from current practicing dance/movement therapists in the Chicago area. Five themes emerged (a) personal offense, (b) anger (c) curiosity towards experiences of non-verbal microaggressions; and that microaggressions can do both (d) strengthen and (e)harm the clinical relationship. Shultz noted bodily responses to these experiences which included changes in flow, retreating, and moving the limbs over the center of the body. Shultz then created an embodied movement response to nonverbal themes to articulate the themes of movement data. Shultz notated that personal offense was felt and described as deflating, offensive and as a personal attack by the participants. Nonverbally this yielded retreating, binding of the torso as well as moving the hands over the center of the body. Personal attacks were described as "feeling as though someone put something on your body that makes your body question itself or the feeling of people unwilling to see all of them" (p. 232). Anger led to feelings of warmth, tension, and acceleration and was interpreted in movement for some participants as a tightening of the fist or hands. When reflecting on the experiences in the clinical setting, the participants stated curiosity was described as experiences that related to the safety, confidence and power differential between the client and therapist. One participant offered a movement for the experience by way of fingers bubbling upward. Strengthening was

expressed and experienced when the client and therapist could successfully address and overcome the experience of a microaggression. Participants stated that harming was experienced when they could not overcome, and there was a hindrance in the therapeutic relationship with the body described as feeling uncomfortable, foreign to those experiencing microaggressions and invisible to others (Shultz, 2018).

Research has shown that the short-term impact of receiving microaggressions leads to a variety of affects ranging from fear to anger to empathy (Shultz, 2018). Microaggressions have adverse effects on a person's mental health including depressive symptoms and decreased positive affect (Shultz, 2018). Microaggressions are not always direct and can be interpretive with nonverbal microaggressions being harder to identify because they are not always easily recognizable. The accumulation of microaggressions has been shown to contribute to reduced self-efficacy, lower self-esteem, and increased feelings of vulnerability, anger, hypervigilance, and isolating behaviors with decreased mental and physical health (Leighton, 2018). As experiences of oppression and social injustices are metabolized in the body, somatic responses to trauma can include disconnection from the body, constriction of body movement, and hypervigilance (Leighton, 2018). Counselors must consider the pervasiveness of non-verbal communications of power and the increased vulnerability of oppressed populations to be more acutely affected by trauma. (Cantrick, Anderson, Leighton, & Warning, 2018).

Rot (2018), a 24-year-old self-identified white, middle class, female dance/movement therapy graduate student who identifies with other dominant cultural groups, explored through an embodied artistic inquiry how she experienced embodied power through relational-cultural theory. Relational-cultural theory outlines "the importance of addressing the cultural context of clients and asserts that the integration of a social justice framework is fundamental to the

establishment of mutuality and healing with the therapeutic framework” (Cantrick et al., 2018, p. 198). Rot utilized an embodied artistic inquiry consisting of six phases: inception, perception, inner dialogue, illumination, expression/formation, and outer dialogue. To fulfill all of the phases of the artistic inquiry, Rot employed a research consultant. The study was conducted in six weeks, with data collection taking place during five authentic movement sessions and the research consultant engaging as the witness. During the sixth week, Rot conducted a closing session with the research consultant. At the end of each session, she engaged in creative synthesis through embodied writing in which three themes arose: self- acceptance, ownership, and choice. As a result, Rot noted a shift in personal movement repertoire from movement preference that included the use of lightness, direct space and high spatial level to involve a strong use of weight and indirect space. By exploring her own embodied power, Rot reported that she became aware of her movement preferences and her ability to create change on a kinesthetic level.

According to Cantrick (2018), dance/movement therapists can continue to work towards anti-oppression and bias by examining their experience and affinities for movement. Dance/movement therapists must also examine ways they are relating to and assessing bodies that are socioculturally different and unfamiliar to them as “dance/movement therapists are well positioned to consider how larger societal frameworks, which perpetuate and reiterate oppression through the body, maintain oppressive dynamics in marginalized populations” (Cantrick et al., 2018, p. 195). While acknowledging bias, expanding on practices attuning to privilege and understanding how unearned social influence and oppression affect individuals’ movement patterns in treatment, dance/movement therapists can use the body as a vehicle toward understanding how oppression is unconsciously perpetuated through both the bodies of the

oppressed and dominate groups (Cantrick et al., 2018). The impact of oppression directly affects non-verbal communication, limiting access to genuine expression and human connection, further isolating the oppressed (Johnson, 2011; as cited in Cantrick et al., 2018). As holders of space in therapeutic practice, dance/movement therapist can create environments that model inclusive practice on a body level. As a somatic therapy, DMT works directly on the body and can be a targeted therapy for survivors of ongoing stress and social trauma (Gray, 2008). Since DMT promotes the lived experience of the body, therapists can use nonverbal communication to navigate cultural difference by working to disrupt nonverbal enactments of bias stemming from culturally oppressive power disparities (Cantrick, et al., 2018). Dance/movement therapy provides direct contact with the lived experience of oppression in the body, and therefore DMT can advocate for body based social justice while assisting in the minimization of trauma and oppression (Cantrick et al., 2018).

The cultural norms of embodied oppression may be so ingrained that recognizing how non-verbal communication has been systemically shaped may be difficult for some to grasp (Johnson 2015; Shultz 2018). The experience of objectification, marginalization, and oppression through words and movements is a source of trauma. The microsystem and macrosystem are in part non-verbally transmitted and internalized cognitively and physically through movement (Johnson, 2015; Schultz 2018). Leighton (2018), stated “Not only can experiences of oppression manifest in the body in relation to trauma through restriction of movement, disconnection to the body, and hypervigilance, but oppression also requires that marginalized groups adapt their body language, movement style, and verbal communication to fit the hegemonic norm which further restricts movement and expression.” (p 25). The implicit nonverbal effects of oppression on

individuals of marginalized sociocultural identities must be understood by therapist, activists, and allies given the link between oppression and trauma symptoms (Leighton, 2018).

Researchers are now beginning to understand the connection between oppression and trauma at institutional, personal, and societal levels. Oppression not only increases one's risk of experiencing trauma symptoms, but it also is traumatic in and of itself and therefore can induce trauma symptoms over time similar to how developmental trauma develops (Leighton, 2018). Developmental traumas are described as pervasive, repeated and ongoing traumatic incidences that persist over time and are often considered the most unpredictable and severe forms of trauma (Cantrick et al., 2018; Leighton 2018). Researchers are seeking to explore the intersection of disembodiment, oppression, trauma, and how oppression is a form of trauma that drives a rift between the self and the body (Cantrick et al. 2018). Furthermore, the experiences of oppression are likely to increase the chances that marginalized individuals will experience more severe PTSD symptoms after a traumatic event (Leighton 2018). Research has shown that exposure to racism, a prolonged life stressor is a catalyst for experiencing PTSD. When viewing oppression as a form of trauma, it is assumed to be experienced primarily in the body, for example as somatic symptoms, dissociation, and implicit memory. Understanding that oppression, like symptoms of trauma, are metabolized and stored in the body necessitates addressing oppression through the body (Leighton 2018).

Culturally “the body has been theorized as a means through which we construct an identity as well as the prominent communication mechanism of dominance and submission” (Leighton, p. 24). Those of marginalized groups such as African Americans, also experience pressure to think or act differently to refute negative or positive stereotypes. Institutional oppression can be manifested and perpetrated through laws, rules, and policies that serve to

diminish the rights and liberties of an oppressed group (Leighton, 2018); the field of dance/movement therapy has to carefully evaluate how institutional oppression is verbally and non-verbally inflicted. Oppression affects how an individual interacts with others, how they conceptualize and internalize a sense of self and what they learn to expect from the environment. The way that non-dominant bodies are constructed as abhorrent systemically and the way that marginalized individuals are required to adapt to white European cultural norms and actively fight against stereotypes and the experiences of oppression are metabolized and stored in the body (Leighton, 2018).

African Americans and Historical Trauma

Researchers have learned that trauma is not a thing of the past, but that it is also an imprint left by the experience on the mind, brain, and body; this imprint has ongoing consequences (Van Der Kolk, 2014). For African Americans, the intergenerational trauma of slavery and being considered property can have a significant impact on self-worth and socialization (Degruy, 2005). African Americans have adopted their behaviors over centuries to survive chattel slavery; as a result, coping and defense mechanisms have been developed. According to Degruy (2005), Post Traumatic Slave Syndrome (PTSS) is “a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora.” Degruy further defines PTSS as “...a condition that exists as a consequence of the multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery and institutionalized racism (Degruy, 2005; Campbell, 2018). Dr. Degruy stated that PTSS can be experienced by direct or indirect exposure to a traumatic situation. The continuation of racial trauma as a result of slavery should be considered “as race-based incidents are also found to elicit high frequencies of somatic

symptoms such as headaches, stomach aches, body pains, difficulty sleeping, and cognitive impairments such as problems with memory recall” (Leighton, 2018 p. 21). Modern day stressors such as microaggressions, police brutality, and racism can impact African American individuals subsequently playing a role in therapeutic settings. The trauma of slavery has not been adequately addressed or healed in America; the effects are still being seen and passed through generations. Psychologically this form of trauma has been passed down through processes such as operant conditioning (learning from one's behavior); cognitive dissonance (a behavior that is a result of the discomfort that one experiences when morals and attitudes conflict with ones outward behavior); and identifications with the other (a term used to describe the tendency to base one’s identity and actions on individuals who are successful in gaining satisfaction in life) (Lahey, 2012). These unresolved issues can harbor unhealthy behaviors relating to self-esteem, social activity, and identity (Degruy, 2005).

Educator of somatic counselors in training and social justice consultant Carla Sherrell (2018) describes her experience as a self-identified Black, African-heritage, African American individual in the United States, through her writing “The Oppression of Black Bodies: The Demand to Simulate White Bodies and White Embodiment.” Sherrell discusses what she calls the appropriation of the term embodiment by whiteness and raises concerns about the effect that has on counseling relationships and therapeutic work with black clients while exploring embodied filtering as a tool for titration of the impact of racism and white supremacy. To be clear that she is not speaking on behalf of the entire black community, the author acknowledged that her perspectives are her own. She also stated, that a marker of white supremacy from power locations is that individuals get to express different perspectives, while from marginalized

locations black peoples articulated differences are often used to minimize narratives of the black lived experiences thereby further creating marginalization of the black body.

Sherrell writes through the lens of the constant and pervasive history of the white supremacist state sanctioned oppression, violence consumption, and destruction of black bodies in the United States. She stated that her body narratives are her own lived experience and those of her elders and ancestors. She wrote of the colonization of her mind through the academy to leave her body and present moment experience behind to be scholarly; as well as the demands placed on her to simulate whiteness and white embodiment in white institutions and spaces through the appropriated term of embodiment. Sherrell wrote of how oppression can be a reproduction or healing and if it is the latter for her, then she must be aware of her sensations and work with them and the thoughts and feelings that emerge. She reported that writing in this way requires her to be conscious of the capacity of structural racism and that “this process can also involve denial and/or minimization especially in white progressive institutions” (Sherrell, 2018 p. 145).

Sherrell also stated that unlike previous mutations of racism, moving through white spaces offers a different form of violence as this form of white supremacy demands that if she is allowed to be in white spaces, she must communicate in white styles and on white terms, and also simulate white bodies and not explicitly communicate that she is doing so. To further elaborate, she explained culture informed behaviors, patterns, and processes that have been transmitted over generations through ethnicity. She stated, these patterns are expressed in paralinguistic features or non-word aspects of verbal communication and that they are also held and communicated in kinesics, or movement of the body such as posture, gestures, facial expressions and eye contact. Sherrell explained that the pressure to simulate white bodies is

systemically pressured from the academy to the grocery store and is a tectonic pressure embedded into every aspect of white institutions; the demand to simulate white bodies is a path to colonizing her well-being through her body and a strategy that is as old as time in North America. She believed the demand to simulate white bodies is directly related to what she says is the appropriation of the term embodiment, a word that is regularly employed in dance/movement therapy and body psychology practices.

A foundational practice of somatic counseling and DMT is the observation of the client, and the language of being seen is often used; however, Sherrell stated that in the context of white supremacy, focus on the black body can be dangerous and has led to death and violence against the black body. She went on to examine the work of Authentic Movement, questioning the appropriateness of white therapists' observations of black bodies. Of the questions asked in her text, Sherrell inquired how do white narratives of the pathology of black bodies and blackness show up in the witnessing process? In the context of intercultural communication styles, what somatic markers are being looked at and listened for as signs of health, illness or pathology? The author stated that she engaged in an embodied filtering process as a means of titration of experience that is an act of resistance and to reduce the volume of the toxins of white supremacy that lands on her body.

According to Sherrell, whether resistance involves silent refusal to participate in marches; verbal demands for more space; close, mid and distant gazes that communicate boundary setting; or micro movements that interrupt touch, Sherrell has found that she can practice embodied filtering to titrate the intensity of racism and to honor, take care of, and remain in contact with the human greatness of her black body. The author expressed her somatic response to being asked to write a chapter on the oppression of the black body. She concludes with a letter to her

grandmother stating, “as a black African American, African heritage people, have we not been talking about oppression of our bodies for as long as we have been on this continent? And have we not been systemically dismissed, harassed, incarcerated, murdered and discarded like cattle for doing so?” (Sherrell, 2018 p.153).

While Sherrell stated that her writing was an articulation of her personal experience, she voiced a similarity that black scholars and researchers have expressed in the past and continue to express currently. In 1903, W.E.B. Du Bois discussed double consciousness, a phenomenon experienced by black people in the United States as a dynamic of experiencing oneself through the white supremacist narratives of objectification, problematization, and pathologization of blackness and black bodies. The twoness of being American and a Negro, DuBois described two souls, two thoughts, two unreconciled strivings; two warring ideals in one body (Degruy, 2005; Du Bois, 1903; D’Souza 2005; Sherrell, 2018). The multiplicity of culture and cultural differences if not acknowledged can make a therapeutic environment difficult. While the term Creole is often used to describe verbal language, one can compare the verbal communication to embodied communication as it relates to cultural forms that emerge from the interaction of disparate cultures, including hybridization. The hybrid term African-American can be similarly compared to the metaphor of creolizing as a hybrid culture and identity (Kirmayer, 2006). Kirmayer (2006) asked “Can we have a creolization of psychotherapeutic theory and practice in which cultural forms blend and give rise to new gamers of change” (p.168). What does that mean for people who are victims of colonization and slavery, subsequently experiencing a loss or hybridization of identity that may cultivate psychological dysfunction, mental health issues or unhealthy coping strategies?

The lack of power, prestige, financial wealth and the assumption that the non-dominant culture will assimilate to the more dominant culture is a factor, although the dominant culture receives influence from the perceived subculture as well (Kirmayer, 2006). Often without acknowledgment, this can create invisibility in the less dominant culture and bring into question appropriation. Cultural worlds are transient and shaped by migration, globalization, and hybridization. The notion of a shared culture or melting pot seems to be the view of the dominant cultures while the perceived lesser developed culture's identity, language, and customs are stripped away (Kirmayer, 2006). It is possible for some wanting to uphold their cultural identity that creolization is a way to maintain ownership of a cultural identity that can otherwise be lost as a casualty of colonization (Kirmayer, 2006). Likewise, the language of Creole, is a verbal indication of the creolization metaphor exhibiting how hybrid practices and identities are formed as "the use of a creole or other ethnically inflected language communicates specific features of identity, establishes alliances and intimacies, or creates distance, barriers and boundaries" (Kirmayer, 2006) similar to code-switching.

Recently research has taken a closer look at code-switching, a term used to describe the way multicultural individuals change their perception and behaviors to respond to different cultural situations for adaptation and survival (Edelman, 2018). With a focus on the trauma of oppression from a somatic perspective, Leighton (2018) asked "have you ever noticed yourself changing your posture, eye contact, and even tone, and cadence of your voice almost involuntarily when interacting with others who hold more social privilege than you...do you notice yourself unconsciously making yourself smaller, less threatening?" (p.17); these are a few examples of code-switching. Marcia Warren Edelman (2018) developed an embodied- code switching model that recognizes the body as a source of information and ability to manage

competing identities to one where a multicultural person can express cultural identity with more ease and fluidity. (Eldeman, 2018).

Embodied code switching encompasses the worlds of multicultural identity, and somatic awareness and is used to support a multicultural individual's experience of moving two identities. First, it uses body-based worlds of sensation and nonverbal communication to illuminate and strengthen the experience of having a multicultural identity and code switching. Second, it seeks to provide a way to expand code-switching from an automatic reaction into a proactive embodied skill that enables multicultural individuals to adapt and respond to different cultures. The embodied code-switching feedback loop includes sensation (I sense), interpretation (I feel/think), Action (I do/do not do) (Eldeman, 2018) and can be used in therapeutic practice with individuals who identify with code switching through a multicultural, or hybrid identity.

Embodied Resilience & Dances of the African Diaspora

Leighton (2018) stated that often therapists focus is on the negative impacts of oppression. As a result, there is a neglect to fully attend to the protective and resiliency factors in the work. In the face of daily traumas, microaggressions, and other forms of systemic interpersonal and ideological oppression, self-care and resiliency is a crucial factor (Leighton, 2018). A foundational concept to somatic therapies is that "who we are is reflected and manifested in the body, and our patterns of movement are shaped by our experiences, environments, and personalities" (p. 207). Dance/movement therapists have begun to emphasize that the meaning in movement is not universal and stress the importance of considering a person's movement within the context of their story and how they identify (Chang 2016; Shultz 2018). The exclusion of considerations of race, gender and culture in the conceptualization of how movement develops is now being researched with the consideration of individual movement

patterns within the context of their social location and the influence of the social location of the therapist (Leighton 2018). Strategies used specifically in DMT that are promising for working with trauma are, (1) establishing safety and trust in the therapeutic relationship;(2) using movement reflection and kinesthetic empathy; (3) working with symbolism, metaphor, and imagery; (4) using improvisation, play, and creativity, and; (5) exploring embodiment and expanding movement repertoire (Leighton 2018).

Cantrick et al. (2018) states, “historically, in many communities, the body has been a vital means for empowerment, healing, and expression. Indigenous cultures, such as African and Native American culture, have long been connected to the body as a source of healing” (p.192). Degruy (2005) stated that the emergence of African American culture springs from African value systems with customs, morals, and rules that are the bedrock of the culture. The first slaves arrived in the Americas from Africa in the early 1500s. The transatlantic slave trade was made illegal in the United States in 1807 and continued in other parts of the Americas until 1870. Estimates of the number of people captured and transported during those 430 years vary with some estimates placing the figure between 20 and 30 million (Degruy, 2005). As such, indigenous African rituals and practices have shaped the current African American experience. The prominence of the African American church, the importance of biblical themes such as liberation and freedom, the centrality of music from indigenous African rhythms to the Negro Spirituals, to blues, soul, jazz, and hip hop are aspects that were noted to have been mainly ignored in traditional approaches to counseling with this population (Frame & Williams, 1996).

As a cultural expression, dances of the African diaspora represent the diverse nature of African derived movement. African diaspora dances and dance traditions reflect those passed down to African descendants during the slave trade and other forms of displacement. Many

traditions including music and dance were passed down through oral history, generation to generation and are transformed by Africans' experiences in the Americas which has shaped much of what is considered American forms of expression “ways of speaking, moving, and approaching artistic expression that has roots firmly planted in Africa; these principles have shaped much of what is seen as uniquely American forms of expression and have been fundamental in creating American vernacular dance” (Dance Diasporic, 2006). Dances such as the Charleston, Lindy Hop, Hip Hop, and various Afro-Latin and Caribbean styles including dancehall are representations of African diasporic dance and cultural expression. These dances in relation to cultural identity can be considered part of ones being. From dance to walking, talking, hairstyles and other communal gestures, (Gottschild, 1998) movement forms have a cultural connection. According to Gottschild (1998) “the middle passage and subsequent wrenching experiences of the African Diaspora stripped African peoples of their societal organization, but not of their cultural systems. They were desocietized [sic] but not decultured [sic]” (Gottschild, 1998, p.12).

Gottschild (1998) discussed the signpost of the Africanist perspective in relation to dance and stated that “how a thing is done, the movement of the action, is as important as getting it done, the static fact of the result or product” (p.11). The Africanist elements noted by Gottschild (1998) include (1) Embracing the conflict; (2) Polycentrism/Polyrhythm; (3) High Affect Juxtaposition; (4) Ephebism, and; (5) The aesthetic of the cool. Gottschild (2002) further elaborates on the elements of the Africanist perspective, adding (6) Communication/ Continuity Between Human and Spirit Worlds; (7) Marathonizing; (8) Multiple Foci; (9) Improvisation; (10) Collective/ Communal trust, and; (11) Cultural Fusion/Inclusion (see Appendix C for details about the Africanist Elements). Similarly, Rivera (2018) identified four existing levels of

empowerment found in Afro-Caribbean movement vernacular that can help inform DMT's clinical interventions. They include, (1) self-body power, (2) collective power, (3) sociopolitical power, and (4) spiritual power (see Appendix D for more information). The Africanist aesthetic goes beyond the Europeanist thinking about form and content (Gottschild, 1998), it allows for these principles of healing in African American culture to be utilized in counseling practices that in the past have been largely ignored in traditional approaches to counseling with this population (Frame & Williams, 1996).

Although heterogeneous in many ways, there exist a shared cultural legacy and characteristics of people of African descent as a result of unique historical experiences and systemic oppression. The cultural patterns that have emerged are considered to be an African American ethos or worldview that shapes personal experience and overlaps within the African diaspora. From this perspective individual identity is often relational in context (Frame & Williams, 1996). As such, the use of poetry and story-telling using metaphor and other African American forms of oral expression including folktales, proverbs, short sayings, spiritual expression in music through slave songs, improvisation, call and response, jazz, Rhythm and Blues, and hip hop can be viewed as spiritual expressions of liberation, communal expression and racial solidarity (Frame & Williams, 1996). The modern contemporary form of these symbolic and sometimes veiled messages of folklore has transmitted wisdom to African Americans intergenerationally (Frame & Williams, 1996). Likewise, the African tradition of storytelling, combined with contemporary narrative therapy can be beneficial by reconnecting African American clients to these powerful traditions and may be the crucial catalyst for personal empowerment and spiritual liberation (Frame & Williams, 1996).

Narrative identity theory examines the individual experience and how individuals construct meaning from their lived experience through the stories they tell in a social context (Thomas, 2015). Similarly, embodied narrative therapy "has the power to transcend the discrete categories of research, social justice, and art to explore the human experience of social inequities" (Thomas, 2015, p. 178). Dance is the conduit for capturing and embodying lived experience, through embodied narrative, and the premise is that "In order to conceptualize the experiences of others, one must allow individuals to voice their identities in a variety of languages, including verbal and non-verbal expressions." (Thomas, 2015, P.194). In this way, "identity is not seen as a fixed phenomenon but is open to creation and re-creation in relationship with a witness" (Meekums, 2005, p.97). A task of narrative therapy is to open a space for the story to be heard, deconstructed, and adjusted. Such social norms, unless deconstructed, tend to dictate what our lives should be about (Meekums, 2005), which can be dangerous for individuals of marginalized identities. Deconstruction involves the examination of the oppressive discourses that have defined the current narrative and its assumptions about the nature of reality and truth. Reconstruction results in new alternative and enlivening narratives from fresh perspectives and can be co-created within the therapeutic relationship as the power dynamics between therapist and client are also questioned, as is the notion of the therapist as an expert in narrative therapy (Meekums, 2005).

Deconstructing and decolonizing therapeutic practice in this way allows for the transformative and liberating value that African American spiritual and survival traditions of communalism, music and dance, folklore, story-telling, and social change movements have had through post-emancipation inequities. Research suggests that in the past the richness of these cultural traditions has been ignored for their therapeutic power (Frame & Williams, 1996).

Incorporating these practices of resiliency can help to offset historical dehumanization, trauma, and oppression (Herald-Marshall & Rivera, 2019). The conjuring of the collective memory of ancestral embodied knowledge is a direct response to the historical and ever-growing need to diversify DMT practice that aligns with African based culture and belief systems. African diasporic dance as a way for enslaved nations and tribes to communicate with each other, fight oppression, and be in community through song, music, and dance is breaking its way through DMT practice by dance/movement therapist of color and students, while also acting as a source of cultural pride, ancestral knowledge and embodied resistance (Herald-Marshall & Rivera, 2019).

Discussion

This thesis research documents a long process of examining creative healing arts as they relate to dances of the people of the African diaspora and cultural/race identity. Through this research, I have traveled to many countries of the African diaspora where I have been allowed to immerse myself in the similarities and differences of people of African descent. This thesis project was an attempt to combine peer-reviewed articles, literature and relevant research material for analysis and synthesis of information as it related to the lived experience of individuals of the African diaspora while exploring common themes. This was done through the context of dance/movement therapy as a way to examine therapeutic interventions for African American populations through their social locations and to investigate the challenges of introducing predominately Eurocentric theoretical frameworks of DMT and mental health counseling.

In the process of becoming a dance/movement therapist and conducting this research, I noticed patterns of implicit behavior that I have experienced throughout life as an African

American woman. As a scholar and researcher, I wanted to take a look at those patterns from the micro-experience of the DMT classroom/learning experience and explore them through a macro lens to systemic issues in American society. The purpose of this research was to assist in creating empirical data, assessments, and systems beneficial to diverse populations and to look at ways the field of DMT can become more inclusive as a practice and as a result offer a viewpoint from the experience of statistically labeled marginalized populations in a way that creates dialog and meaningful change.

As research is a constantly shifting organism by nature, while in the midst of this project, a concern around language was introduced as the word “blind spots” is now considered an ableist term by some. In an attempt to create equity and inclusion in therapeutic practice and lived practice, the future of this work will take on a new name, one that attempts to diminish potential harm. While it is difficult to encapsulate the totality of an individual of any cultural affiliation, future work can attempt to focus on creating population specific movement-based assessments and techniques that will seek to further deconstruct Eurocentric frameworks of DMT while offering diverse alternatives. Therapists, researchers, and scientist should strive to resist implications of conformity for individuals who do not fit into a construct developed from a white Eurocentric viewpoint and with the dominant culture in mind. Continued research that reflects a sense of diversity, inclusion, and equity will offer the field an opportunity to grow and learn new and better ways to assist diverse clientele thereby bringing awareness and creating action steps toward uncovering unconscious bias inherent in the field of DMT.

Conclusion

I went through a myriad of emotions through my daily experience in relation to writing and systems of oppression. At times feeling anger when I hypothesized that there was a minimal

amount of research material only to find information and research readily accessible, questioning why the information has not been applied in a way that will create effective change? Why is DMT stuck as a field in the area of diversity, inclusion, and equity with minimal progress? I felt a sense of sadness when I felt suffocated through oppression. At times feeling like I should not write what seems too harsh or emotional to put on paper but a reflection of the lived experiences of many. I felt sadness when thinking about after so many years, historically, why is this still a topic, still a conversation, specifically in a field as progressive and body-oriented as DMT? At times I was overcome by a sense of expansiveness and human connection when I felt seen and genuinely reflected in research materials that spoke to the African American experience. Research that was not intended to correct, adjust or condemn diverse ways of being as maladaptive but to actually look at the strengths and resiliency, not as wrong but simply different and viable toward the ways people of the African diaspora have used their bodies and creativity to heal for centuries. Through this process, I learned that oppression is a felt sense and at times words will not suffice, but arts-based research and methods allow a unique opportunity to address the collective issue of somatic oppression individually for greater understanding and ways of knowing. Research such as this can assist in moving toward a more inclusive therapeutic practice where embodied awareness can reduce potential bias in counseling practice. Through narrative therapy, people of the African diaspora can continue to tell their stories by way of traditional folklore, songs, hip hop, jazz, Rhythm and Blues, poetry, dances; And if met where they are and truly seen, the stories can be heard. The stories of what has hurt them, what makes them angry, what makes them cry, what makes them smile and how they can heal. As an African people separated by many waters, lands, and languages what has been a common thread in healing is the artistic forms of expression through music and movement. It is in the cadence of

the voices and creolized languages, such as Ebonics, it is in the gestures and movement patterns from the way they walk to the snap of the neck. It is a communication uniquely their own and a power that the field of DMT can incorporate for greater healing potential.

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Appendix A

Cross Stages of Cultural Competence

- **Cultural Destructiveness:** epitomized by real or figurative genocide in which the goal of the individual, group of individuals or organization is to obliterate or destroy a culture.
- **Cultural Incapacity:** does not have a conscious goal of destroying a culture but assumes the superiority of the dominant culture, viewing the minority culture as lesser value.
- **Cultural Blindness:** the result of a belief that culture and race are not relevant and that any approach to, intervention in, or attitude toward the dominant culture is equally valid and beneficial to all.
- **Cultural Pre-Competence:** implies the recognition that members of the non-dominant culture have unique needs. At this stage, there is at least the intention to provide services in a sensitive manner.
- **Cultural Competence:** ability to understand the culture and the nuances of the subject. This requires learning from the subject being evaluated and others in the community as well as information regarding the uniqueness of the subject and their culture.
- **Cultural Proficiency:** requires knowledge and awareness of the specific culture of the subject. It includes being current in the research being conducted about the specific culture. In terms of assessment it implies utilizing relevant instruments developed for the specific population when available and/or accounting for cultural background when utilizing any test. It also recognizes the need to understand the level of acculturation that the subject has achieved and desires to achieve. Ultimately cultural proficiency implies the use of clinical judgment recognizing the importance that culture has on a person's behavior, attitude and ability to conform and conduct to expected standards.

Appendix B

Developmental Model of Intercultural Sensitivity (DMIS)

- (1) **Denial** - people do not recognize cultural differences
- (2) **Defense** - people recognize some differences but see them as negative
- (3) **Minimization** - people are unaware of their projection of their own cultural values and see them as superior
- (4) **Acceptance** - people shift from their perspective to understand what they consider ordinary behavior can have different meanings in different cultures
- (5) **Adaptation** - evaluating the behavior of people in a different cultural group from their frame of reference and adapting your behavior to fit what is normal in this different culture
- (6) **Integration** - people can shift their frame of reference and become comfortable with evaluating situations from multiple references.

Appendix C

The Africanist Elements

- **Embracing the conflict:** In a broad sense the Africanist aesthetic can be understood as a precept of contrariety, or difference, discord, and irregularity is encompassed, rather than erased or necessarily resolved.
- **Polycentrism/Polyrhythm:** movement may emanate from any part of the body, and two or more centers may operate simultaneously. Polycentrism runs the counter to academic European aesthetics, where the ideal is to initiate movement from one locus - the nobly lifted, upper center of the aligned torso, well above the pelvis. Africanist movement is also polyrhythmic. For example, the feet may maintain one rhythm while the arms, head or torso dance to different drums. This democracy of body parts stands in sharp contrast to the erect body dictated by the straight, centered spine.
- **High Affect Juxtaposition:** Mood, attitude or movement breaks that omit the transitions and connective links valued in the European academic aesthetic are key note of this principle. Africanist high effect juxtaposition is heightened beyond the contrast that is within the range of accepted standards in the European academic canon. In those terms, Africanist contrast may be considered naive, extreme, poorly paced, flashy and loud, lowly and ludicrous or just plain bad taste.
- **Ephibism:** emanating from the ancient Greek word for youth (ephebe), this principle encompasses attributes such as power, vitality, flexibility, drive, and attack. Attack implies speed, sharpness, and force. Intensity is also a characteristic of euphemism, but it is kinesthetic intensity that recognizes feeling as sensation, rather than emotion. Moving with suppleness and flexibility is more important than maintaining torso alignment.

Rhythmic speed, sharpness (as in sudden or abrupt changes in dynamics) force and attack, meanwhile are comparatively muted concepts in classical European ballet tradition and are dictated and circumscribed by the requisites of ballet form. Conversely Africanist ephobic energy takes lead and piracy over form.

- **The aesthetic of the cool:** It is an attitude (in the sense that African Americans use the word) that combines composure with vitality. Its prime components are aesthetic visibility and lucidity (dancing the movement with clarity, presenting the self with clarity) and luminosity, or brilliance. Conversely it may be expressed as a brilliant smile, a laugh, a grimace, a verbal expression that seems to come out of nowhere to break, intercept or punctuate the established mood by momentarily displaying its opposite and thus mediating a balance. It is through such oppositions, asymmetries and radical juxtapositions that the cool aesthetic manifest luminosity or brilliance. From them emanate an Africanist understanding and interpretation of concepts such as line and form. The aloofness, sangfroid, and detachment of some styles of European academic dance are one of a kind of cool but they represent a completely different principle from the Africanist cool. The European attitude suggest centeredness, control, linearity, directness; the Africanist mode suggest asymmetrically (that plays with failing off center), looseness (implying flexibility and vitality), and indirectness of approach.
- **Communication/ Continuity Between Human and Spirit Worlds** - the continuities between body/mind/spirit are so palpable in the Africanist performance practices as to be almost tangible. Even in social dance situations, a spiritual experience may frequently occur. Social dance respites are coming in long voodoo ceremonies. Many having near trancelike state in some social dance situations in our own Africanist based realm of

experience. And this is to be expected: the body movements, steps, postures and motifs are the same in social and secular forms of Africanist dance; it is only through Nommo - the power of the word that one type of experience is called ritual and another social. The music and dance are the same. Some contemporary music groups may make music at voodoo ceremonies and later incorporate that same music in their pop recordings.

- **Marathoning:** Whether ritual or social, frequently it involves dancing beyond the natural capabilities and normal physical limitations of duration and engird at events. To do this takes time, not clock time but spirit time, again spirit work may just as easily occur in a social situation as in a ritual one.
- **Multiple Foci:** In Africanist performance the circle reigns. Often as a semicircle around percussionist. The circle stands in contrast to the stage of the Europeanist performance that continues today in the tradition of the concert stage. Where the circle rules there is an abundance of energy, vitality, flexibility and potential. For one, there is always the possibility that the person who is an onlooker may be drawn into the action and becomes the performer. In addition, spectators can choose where to focus their attention, performance can choose where to locate themselves within the circle. This democracy of structure is a characteristic of Africanist based performance modes.
- **Improvisation:** this goes hand in hand with the circle. When linearity is distributed and the performer - audience divide is blurred the force of the unseen gains ascendance. No one dancer dances like the other even when the steps are the same, each dancer performs them in their own unique way with their own special embellishments. Thus, improvisation is the name of the game, on the individual level and it rules on the collective front as well.

- **Collective/ Communal trust** This premise serves as the checks and balance for improvisation. One must have sequestered space in order to “let it all hang out” be it the voodoo temple, a communal courtyard or a friend’s living room, the community establishes and maintains continuity and respect for cultural traditions even while affirming and celebrating improvisations which fosters a sense of collective/ communal trust.
- **Cultural Fusion/Inclusion** In anthropological jargon this principle is known as syncretism. What it means is that, without losing its root integrity in and adherence to an Africanist perspective, African based cultures in the motherland and the diaspora have embraced the conflict of opposites that they have encountered in hostile, oppressive environments.

Appendix D

Four levels of empowerment identified in Afro-Caribbean movement

(1) Self-Body Power- The self-body power speaks about dancing intentionally to activate healing energy, intuition, and internal resources, which allow the body to occupy itself, defend itself, and liberate from repressive ideologies physically, emotionally, and cognitively. Some examples of body/ movement qualities found in Afro Caribbean dance aesthetics are: power postures, resistance, liberation gestures, fall and recovery patterns. Within Afro-Caribbean dance traditions, symbolic imagery is evoked by the embodiment of forces of nature, themes of struggle, revolution, liberation, pride, and celebration. These symbolic meanings have the potential to be integrated into a client movement repertoire and can help the self/body deconstruct the imposed narrative and reconstruct a restorative and more accurate one—a narrative which reflects positive self- knowledge based on racial/ethnic pride, beauty, resilience, and power.

(2) Collective Power- Communal dance spaces provide a container and a safe holding environment for collective expression. Collective processes like the circle formation, call and response, or even polyrhythmic structures found in Afro-Caribbean song, music and dance, emphasize that all elements relate to each other. In its cultural context, these regulating social structures are passed down inter-generationally as prescribed social values such as cooperation, community, respect for the elders, respect to traditions, and identity. This power is about the development of a collective voice, a sense of belonging and ownership. Using its rhythm, music, song, and dance can help clients in groups to intentionally engage in meaningful relationships.

(3) Socio-Political Power- Historically, dancing traditions in the Caribbean have been the force behind the emotional and spiritual nourishment for the enslaved Africans to fight for their

freedom. Today, these dance traditions continue to serve as a collective political strategy by engaging in a cultural revolution aimed at ethnic unity, social resistance, claiming power, and fighting oppression. By including the stories of oppression into treatment approaches and understanding how social and political systems influence the clients' life, DMTs can begin advocating for a therapeutic culture of visibility, inclusion, and equality.

(4) Spiritual Power - In accessing the spiritual power, we are accessing the energy that orchestrates everything. Whether the mover believes in it or not, that energy still exists, and has the potential to transport to an era, to a feeling or a memory. It is the drive behind creation, inspiration, transformation, resistance against illness, and, in some cultures, spirit can provide insight into illness. Afro-Caribbean music, song, and dance have the potential to serve as a vehicle to pray and receive dance as a spiritual blessing. Its narrative has helped clients cope with pain, life challenges, and connect with their own resilient self.