Turning data into dance: Performing and presenting research on oppression and the body

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A B S T R A C T

Multiple qualitative research methods were employed to explore the somatic effects of oppression on people living in marginalized social categories. Interviewees became co-researchers and co-creators as an inclusive means of further disseminating and investigating themes that arose in the research project. By choreographing a public performance over the course of five months and folding in personal artistic inquiry, the authors developed a collaborative relationship around themes of transgender identity and the somatic effects of oppression. In this way, a synergy was achieved between the research methods used and the need for research to contribute to the resolution of body oppression in society.

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“As a live medium, theater has the potential to refigure the visual and linguistic codes that have worked to construct the disabled [queer/trans] person in society and to collapse the distance between performer and audience” (Fox, 2004, p. 236)

Introduction

What are the somatic effects of oppression on people living in marginalized social categories? This research question has compelled the authors and other researchers to investigate, via qualitative and arts-based performance methods, the lived experiences of over 30 co-researchers who identify as disabled, as LGBTQ (lesbian, gay, bisexual, transgender, or queer), as a person of color, or as occupying other oppressed identities. The term transgender (“trans”) refers to someone who has a gender identity or expression that is different from the sex they were assigned at birth (Enke, 2012).

Oppression occurs when an individual or group keeps down another individual or group via an unjust use of force or authority. To oppress literally means to press down, with implications of restraining or preventing motion or mobility (Frye, 1997). Traditionally, oppression has been understood as a socio-political and psychological activity used to exploit entire populations and individuals. Oppression takes root when differences between individuals or groups are manufactured or highlighted, and these differences are leveraged to create narratives that legitimize and normalize some groups while delegitimizing and making abnormal the ‘others.’ Examples of oppression include racism, sexism, classism, ableism, heterosexism, sizeism, transphobia, and other -isms that systematically work to reinforce the imbalance of power between groups and individuals.

Much has been written about how oppression operates and how it is enacted in different cultures and groups (Fuller, 2003; Johnson, 2001). In this article, a few specific and less researched features of oppression will be considered, particularly the ways in which oppression can be used against the body in general and against specific bodies in particular. In other words, the body itself is often marginalized and seen as both wrong and less than the mind, particularly in Western and developed countries. The bodies of specific groups are also regarded as wrong (wrong skin color, wrong hair, wrong eyes, wrong body parts, wrong way of walking, etc.) as a means of identifying differences from the preferred norm (those with the power to oppress).

Another less understood feature of oppression is that it can often be enacted from body to body via non-verbal means such as claiming more space, dominance gestures, facial expression, and voice tone and volume (Henley, 1977). Likely because of this embodied nature of oppression, the act of being pressed down and restricted can have bodily repercussions. An increasing body of research has explored this correlation, noting that oppressed groups, even after controlling for class and access to healthcare, suffer many differential health outcomes, such as higher rates of heart disease, autoimmune disorders, stress-related illnesses, and certain cancers (Feagin, 2001). Although the differentials in physical health

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outcomes are increasingly well understood, the somatic outcomes of oppression are not.

The word ‘soma’ derives from Greek and is another word for ‘body.’ In modern Western contexts, soma has been expanded to include feelings in the body, attitudes about the body, and the ability to be present with sensations and movements the body enacts (Hanna, 1987, 1988). A somatic experience, therefore, is not just biological but also social, emotional, and psychological. A somatic effect would alter our body image, our ability to track and appreciate sensory experiences, our expressive movement, and our ability to hold our bodily life in high regard.

What, then, are the somatic effects of oppression? How can oppression influence how we carry, think about, and care about our bodies? How might we research these questions in ways that embody methods that give the body a direct and empowered voice? How might we use the answers to these questions as leverage for social change?

**Design, methods, and analysis**

In 2009, Dr. Rae Johnson (then at the University of Toronto) and Dr. Christine Caldwell (Naropa University) began a qualitative research study that endeavored to tackle these questions using arts-based approaches. Research in the arts and arts-based therapies can take many forms, and because these fields can be said to be inherently embodied and oriented toward creative processing, research methods that match these values are increasingly being centralized (Denzin & Lincoln, 2008; Stoecker, 2005). At the same time, social justice activists have long criticized the assumptions and actions of constructivist research, noting that it can further marginalize and oppress people who live away from the peaks of bell curves (Dudley-Marling & Gurn, 2010).

It was in these contexts that Dr. Johnson and Dr. Caldwell developed a research study that sought to use post-modern methodology to study the somatic effects of oppression. Using grounded theory, they sought to answer questions about how people from marginalized social categories experienced oppression in their bodies and what effects oppression had on their bodies. They used semi-structured qualitative interviews with 30 participating co-researchers who identify as disabled, LGBTQ, a person of color, or as occupying other oppressed identities to examine the lived experiences of oppression in a somatic context.

Rae and Christine were interested in counteracting one of the central criticisms of classic academic research—that the projects and collected data were not used so much to benefit the research participants and their communities but were often used to facilitate the careers of the researchers. Although they were committed to publishing their findings, they also decided to use arts-based venues to enable the data to be disseminated into the community in ways that could educate, challenge, and move diverse audiences as well as be usable by the interviewee co-researchers. In this way, research can be used not just to advance a career or a particular field of study but to directly contribute to the alleviation of oppression in society.

Breaking down the distinction between the researchers and the persons being researched was one way this value was promoted. Instead of interviewees being called ‘participants,’ they became co-researchers, actively involved in the creation of data, the data analysis, and the dissemination of the results. One such co-researcher, interviewed by Christine Caldwell, was Owen Karcher. At the time of the study, Owen was an Art Therapy student at Naropa University who was transitioning physically and socially from female to male and was using art as a way to understand and explore his identity and somatic experience. Over the course of eight months, Owen and Christine engaged in three in-depth interviews that captured Owen’s experience of oppression as a transgender person, his experience of transition, and his feelings and attitudes about his body. Owen and Christine experienced the data from these interviews as powerful, emotionally moving, and important, and they decided to use the interviews as a springboard to choreograph and perform a multi-arts production in Naropa University’s annual Somatic Arts Concert. Thus began a five-month odyssey of studio work, video documentation, collaboration with other performers and choreographers, late nights, and performance anxieties that culminated in three performances in January 2012 that reached 600 people.

**Performance as a tool for social change**

A strong motivating factor for presenting the collaborative performance publicly was the possibility of positive social change as a result. The act of creating the work and coming to a deeper personal understanding of identity was something that could be shared with the broader community in an attempt to bridge personal discovery with an act of arts activism (Frostig Newton, 2011). Studies have assessed the effect of publicly displayed artwork created by members of marginalized communities. Findings from one study (Potash & Ho, 2011) found that artwork displayed by people with mental illness helped viewers relate to the artists, fostered empathy, and advanced attitudinal changes.

In a chapter of Queering Disability (2004), Fox argues that representing queerness and disability through theatrical work can effect social change. She mentions the limited representations of queer and disabled bodies through performance, literature, and drama as metaphors and with aspects of voyeurism that reinforce the notion that these bodies are abnormal and should be rejected and repressed, exploited, excluded, and violently obliterated. Creative works shown publicly can contribute to an expanded narrative of queer experiences and challenge the expectation that these bodies can be observed and oppressed without consequence. One aim of this public performance was to offer an alternative view of Owen’s identity group to include a narrative of struggle and also one of joy and expansion.

**Methods/process of creating performance**

The collaboration was unique in that Owen was neither a “performer” nor a somatic/dance therapist, and Christine was a cisgender woman who did not study art therapy or arts-based research in the way Owen used it. Cisgender is a term to denote a person whose gender identity matches the sex they were assigned at birth. Christine’s understanding of Owen’s experience was limited to what he told her or what she learned from other interviews and experiences of gendered politics she encountered as a cisgender female. The initial interviews were completed before Owen had decided to change his name, begin hormone replacement therapy, and pursue gender affirmation surgery in the form of a double mastectomy/chest masculinization. Throughout the collaboration, Owen was physically and socially in a process of transition, and he continues to shift in his understanding and embodiment of his social and internal gender identities. Owen was not accustomed to paying attention to somatic expressions of emotional experiences and then communicating them through movement. He needed help translating his experiences and artworks into a three-dimensional performance format.

During the five-month span of working to ‘perform the data analysis’, the act of moving together improvisationally, followed by discussing their feelings and thoughts about how it felt and how to craft the piece, generated a deeper relationship to the data and to each other. Owen’s background in art, particularly drawing, became
a central focus of how the data could be communicated to audiences, and the expressive movement work that evolved as a way to contextualize and dramatize both the images and experiences that Owen felt were both personal and possibly shared by others who questioned their gender.

The construction of the performance piece went through several phases. During the initial meetings, Christine and Owen discussed their intentions and ideas for the outcome of the piece. Given their mutual passion for social justice work and their desire to have a positive effect on audience members, their initial goals were a bit lofty. Christine and Owen wanted to critique mental and medical health service provision for trans* people, deconstruct the Gender Identity Disorder categorization in the Diagnostic Statistical Manual (American Psychiatric and Association, 2000), and encourage dance/movement therapists and other body-oriented therapists to expand their definitions of gendered movement to include trans* experiences in a way that did not reinforce the gender binary (the system that splits people into two distinct, opposite categories of male and female). These goals were grounded in theoretical critique and their desire to inform providers of the problem of pathologizing trans* people and limiting the way they can experience and express their identities. What Christine and Owen realized, during this phase of the collaboration, was that they were stepping away from the somatic experiences described in the interviews; subsequently, they returned to the transcriptions of the interviews and Owen’s art pieces for more vulnerable, creative material.

Some of the visual art Owen produced during the spring when the interviews were conducted helped him document and tune into his felt experiences of being a transgender person. There were some key somatic experiences, such as the constriction he felt while wearing a binder to hide his breasts, the way he felt when he was misgendered or called a slur, and the expansion and lightness he felt when he was able to disregard social messages and connect with an internal sense of self and truth. These moments, as captured in the artwork and described in the interviews, became more salient pieces of the story Christine and Owen wanted to tell through performance. Etalia Thomas and Sorin Richards, then dance/movement therapy students at Naropa who were asked to aid in the choreography and participate as dancers representing additional aspects of Owen in the performance, helped Christine and Owen express these moments through movement exercises during rehearsals. Christine would also share her experiences of Owen’s story or would observe his movement and amplify it and play with it until it felt like a part of the performance.

Artistic inquiry & Owen’s personal exploration of trans* identity

Prior to and throughout the eight-month collaboration, Owen was experiencing multiple somatic sources as he explored his gender. He was personally looking at his own formation of identity, beginning a physical and social transition, and doing research about the oppression of trans* individuals to raise his own understanding of his community. He was publicly sharing his story and encouraging therapists and service providers to grow in their knowledge and skills to serve LGBTQ clients, and he was privately and publicly engaged in arts-based inquiry. He systemically used creative processes to examine and understand his experience (McNiff, 2007). Artistic inquiry encourages artists to research psychological experience through the data provided by their art (Clements, Ettling, Jenett, & Shields, 1998; McNiff, 1988). Techniques such as witness writing (Allen, 2005), Hillman’s (1978) symbol amplification, and Berry’s (1982) gadgets for exploring meaning through the language of imagery were employed and helped Owen begin to define and understand a core part of his identity that was buried.

A little over a year before the qualitative interviews with Christine, Owen realized his gender identity was different than he had assumed it to be. He was participating in a group process where the femaleness of everyone in the room was emphasized and explicitly celebrated. Owen told the story of this experience in the first interview: “I just felt worse and worse in my body and more closed in and tight, and I was trying to figure out what it was, and that was the moment when I realized I didn’t identify as a woman.” When Christine asked where the tightness and tension lived in his body, Owen cited his “shoulder and chest area” and his breathing. Owen’s artistic inquiry into his changing gender identity also illuminated his torso as an important area where many internal changes were happening.

In early 2012, right around the time of the initial interviews, Owen engaged in a personal and public art process to tap into his somatic experiences of being transgender. While working on this project, he came out to family and friends, picked his name, and decided to medically transition using hormones and chest reconstruction surgery.

The art he created and displayed during this time was a series of torso drawings (Fig. 1) in which he worked to capture his feelings. He found it difficult to tease apart and understand the many emotions he felt, and the series helped externalize some very painful images while also providing moments of clarity and joy. These drawings included a torso that was constricted with a binder, an image of what his torso might look like after hormones and surgery, an image that he could not finish that depicted his body as it was at the time, prior to any physical changes, and a depiction of the

Fig. 1. Photograph of torso drawings, Transfer (2012).
many negative messages and judgments he was internalizing about his forming identity. This artistic process also revealed important themes about when Owen felt safe and willing to publicly share his experience. Owen had limited exposure to information about trans* identities prior to his research and personal exploration, and he found there is a limited rhetoric about his identity beyond the negative portrayals and misguided assumptions.

The common rhetoric, wrongly assumed to be the primary experience for all transgender people, is that they are born in ‘the wrong body’ and that they need to change it via surgery or hormone replacement therapy. This assumption is based in the marginalization and medicalization of trans bodies and the way psychotherapy and medical institutions have established gatekeeping procedures that require trans people to prove the validity of their experiences to receive necessary medical care (Hirschauer, 1997). In practice, this means trans clients, to access the care they need, report experiences that reinforce providers’ assumptions of the narrative of hating one’s body, passing as cisgender as the primary and only goal, and not expressing mixed emotions about transition. In actuality, trans people identify in many different ways and may or may not want to pursue medical intervention. They may love their bodies and also feel more congruent pursuing hormones or surgery, or they may want to present ambiguously (Mock, 2014; Nestle, Howell, & Wilchins, 2002). Violence and discrimination is a lived reality, and the common belief that there is only one narrative for all trans lives is reductionist and problematic because it does not allow for fluidity, the expression of doubt or mourning, or the expression of love for one’s body before medical intervention. In the National Transgender Discrimination Survey (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011) of over 7000 respondents, trans* people reported frequent experiences of discrimination when accessing care. Fifty percent of respondents reported having to teach their medical providers about transgender care, and 19% reported being refused care due to their identity. The lack of service provider knowledge and competency results in inadequate care.

As Owen became more aware of the violence and discrimination faced by his community, he needed to be more conscious of his own safety, and he also felt a responsibility to share his findings because of his privilege. The transgression of gender norms that are violently guarded by sexism, heteronormativity, and transphobia is frequently met with stigmatization, discrimination, and violence, which affect virtually all aspects of transgender people’s lives, including their physical safety, psychological wellness, and access to basic human services and rights (American Psychological Association, Task Force on Gender Identity and Gender Variance, 2009). Trans* people are at a heightened risk of experiencing violence, homelessness, discrimination, HIV/AIDS infection (four times the national average, with higher rates for trans people of color), and multiple barriers to health care services (Gentlewarrior, 2009; Grant et al., 2011; Kenagy, 2002; Sausa, Sevelius, Keatley, Iñiguez, & Reyes, 2009). Legal, medical, and social institutions make it challenging for trans people to use public accommodations, access competent public services, and do anything that requires legal documents (Enke, 2012). These experiences are further complicated and made more prevalent in trans communities of color and disabled trans communities (Clare, 2009; Mock, 2014).

As Owen shared his vulnerable, raw experiences of the effect of the messages about his identity, the increased knowledge of his community, and the difficulty of his personal transition process, he also felt a pressure to articulate his experiences in a digestible form. In contrast to the messy, raw images of the torsos, Owen created three drawings (Fig. 2) that were framed and further developed to represent what he felt were expectations of him to share his story without being too emotional or Unpolished. The ability to capture the experience of transition through art was enlightening and incredibly helpful for Owen to understand and express his experience through imagery. When invited to create a performance of his somatic experiences, he was excited to meet the challenge of expression in a medium that was foreign to him.

‘Performing the data’

The final performance was a multimedia piece that incorporated a scene from one of the interviews that was a salient moment in Owen’s realization of his transgender identity, movement in reaction to audio clips of phrases or words Owen had heard while considering his transition, and a live drawing in which Owen and Sorin altered an image of a torso to reflect Owen’s body on hormones and after surgery. Christine sat on stage observing the movement and stepped to the middle of the stage in the beginning and final moments to interact with Owen and speak to the audience. The multimedia approach was an attempt to bring the audience into the performance and encourage them to engage with the process.

This choreographic process was supported and enhanced by the directors and other dancers in the Somatic Arts Concert. Community meetings, where the emerging piece was shown and discussed, helped in the process of turning data into dance. The two other dancers and co-choreographers, Etalia Thomas and Sorin Richards, had a crucial presence because it was important for Owen to have another aspect of himself that could be enacted and related to in the piece. Video and audio tracks were used, and an easel was added so that Owen could draw his body on stage as the piece was performed.

After an intense week of late-night tech rehearsals, where many of the all-too-common last minute glitches occurred, the performance unfolded. As audiences waited in line to enter the performance venue, they were invited to draw and write on three life-sized body outlines (Fig. 3) to express their attitudes about bodies in general and their thoughts and feelings about their own bodies.

Small cards that were printed and distributed illustrated, on one side, one of Owen’s paintings of his transition experience (Fig. 4) and listed, on the other side, poignant quotes from the interviews. In addition, the performances were recorded for later use in a possible documentary film. The three evenings were all sold out, and the research project that had started as a discussion between two people in a small office was transformed and translated into an event in which an entire community could participate. Later that year, Owen and Christine presented their work together at the Transforming Gender Conference at the University of Colorado and then again at the American Dance Therapy Association (ADTA) annual conference in the fall of 2013 (Fig. 5).
Fig. 3. Photograph of life-sized body outline (2013).

Fig. 4. Data cards disseminated prior to performance, mixed media image by Owen Karcher (2013).

Fig. 5. Photograph of Christine and Owen after presenting at ADTA Annual conference, 2013.

Discussion and conclusion

As a result of this research process, and in anticipation of further iterations of it, certain themes emerged. The first theme is that when research examines injustice and marginalization, it is not enough to simply collect and analyze data in traditional ways. The research method used must itself be an embodied social action, taken as a means of redress. Second, when given the opportunity to influence the method of dissemination of research findings, members of marginalized communities can experience a sense of agency and healing that comes from the ability to learn from the data and to articulate their experience through their own words, movement, or images. Third, although much more empirical inquiry is needed to investigate the lives and experiences of trans* and other oppressed peoples, the results of these inquiries may have more of a transformational effect when presented to society as performances, showings, and other arts-based events where the community can participate directly.

Emotional responses and connections to the personal narratives of people’s lived experiences of oppression may play an important part in this transformation. Prior to the research/performance process, Christine’s understanding of trans* issues was based primarily on theory and simple personal interactions. As a result of the year-long journey with Owen, which felt at times emotional, visceral, and highly situated within the context of an evolving relationship, Christine also transitioned—from an ally-in-theory to an embodied advocate. Perhaps it is this visceral connection, mediated by the artistic process, that can most effectively bring about much needed social change on both personal and public levels.

References


