



Embodying Activism: Reconciling Injustice Through Dance/Movement Therapy

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Abstract

Dance/movement therapy (DMT) is a pathway to address oppression in the therapeutic context. The consideration of the body, and its relationship to power and privilege, is crucial as we strive to integrate a social justice lens into the field of DMT. Through an exploration of the literature, including activism, traumatology, and embodiment, we provide a definition of social justice within the field of dance/movement therapy. Trauma is experienced in the body, and oppression is a form of trauma. Social justice DMT is the inclusion of the body in how counselors conceptualize and confront oppression in the therapeutic relationship, as well as the larger community. Socially just dance/movement therapists expand their role and theoretical scope to include activism and the systemic impact on social-emotional well being, as well continually consider their own biases and limitations. This paper works to radically reconsider how power shows up in the counseling context.

Keywords Dance/movement therapy · Oppression · Trauma · Social justice · Activism

Introduction

A call to social justice, defined as the equitable treatment of all people, is being answered throughout the counseling field as we reform therapeutic practices to be more inclusive of sociocultural difference. Dance/movement therapy (DMT), a body-based counseling approach, provides a unique opportunity for working with oppression within the individual and their community by inviting therapists to notice how they use their bodies inclusively or not within their professional role. Oppression, within the context of this paper, can be considered as the ideological, institutional, interpersonal, and intrapersonal disempowerment of people based on

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sociocultural location (Sue & Sue, 2013). DMT can be a medium in which we address how larger institutions, such as the mental health system, perpetuate oppression. Through an examination of the literature involving activism, traumatization, and embodiment, we provide an operational definition of social justice within the field of dance/movement therapy.

The relationship between DMT and social justice exists because social oppression is experienced in and through the body (Johnson, 2009). For instance, correlations have been drawn within the literature linking oppression, trauma, and the body, and further studies find that oppression is a form of trauma (Kira et al., 2013; Van der Kolk, 2014; Johnson, 2011). Thus, the body is impacted by oppression. Poet and activist, Clare (2001) asserts that all oppression includes the body by marginalizing our physical presentations.

Through analyzing the construction of gender and the trauma of gender discrimination, we establish how the body is the crux of marginalization. While we use the example of gender discrimination throughout the paper to create cohesion, genderism is but one of many oppressive frameworks where the body is explicitly marginalized. We have also intentionally chosen not to limit our discussion on a single sociocultural identity because we believe that true social justice discourse must be able to accommodate the complexity of intersectionality.

In addition to the body being central in the exploration of oppressive dynamics, the body is also crucial in the journey towards healing. 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. The Ngoma ceremonies, used throughout Central and South Africa, use rhythm and dance to support people to heal mentally, physically, and spiritually (Vinesett, Price, & Wilson, 2015). The stomp dance of the Cherokee is a ceremonial dance that honors the energy in the circle of life (Portman & Garrett, 2006). The body, mind, and spirit are viewed as inseparable, and movement and the body serve as vehicles to establish holistic harmony. Thus, the connection between the body, oppression, and healing further supports the necessity to incorporate inclusive body practices into the field of DMT.

Throughout this paper, we consider the implications of the literature and their relevance to creating a more socially just counseling field. We propose an integration of nonverbal communication theories, feminist and critical traumatology, and somatic counseling. By exploring the relationship between oppression and the body, including the understanding that oppression is a form of trauma (Kira et al., 2013), we elucidate how DMT is a powerful means to explore the experiences of oppression in the counseling setting. We maintain the view that with a more extensive understanding of oppression and the body, DMT could serve as an integral part of creating both a more socially just counseling field and a tool for mitigating oppression. Moreover, DMT can be a training ground for increasing a counselor's capacity for social justice awareness by including an understanding the role of embodiment in oppression.

Initial Hypotheses

We posit that it is imperative to include an understanding of how privilege, unearned social influence, and oppression affect individuals embodiment in the current discourse of social justice. To accomplish this, we look to somatic, or body-based therapeutic practices such as DMT, to teach us about the intersection of embodiment and oppression. A body-based lens asserts that the body must be included in our understanding of oppression and provides a medium in which we can reduce the harmful effects of oppression. In addition, a social justice lens calls for a reframing of how we conceptualize the role of counselors. Counselors can be viewed as activists by incorporating a social-justice lens and expanding their theoretical scope to the environmental context of both individuals and communities (Sue & Sue, 2013). Socially just practices within the field of DMT involve the combination of body-based and social justice lenses to create a comprehensive understanding of oppression. Therefore, we assert that it is essential to have a social justice and body-based orientation in order to implement culturally inclusive counseling practices.

Understanding Oppression in the Body

Many poets, activists and theorists have long considered the body to be especially salient when examining how oppression operates in a dominantly white, eurocentric, patriarchal society. The body has been theorized as a means through which we construct identity, as well as the prominent communication mechanism of dominance and submission (Johnson, 2011). For instance, queer feminist theorist and philosopher Butler (1993) argues that gender identity is constructed unconsciously through “reiterative discourse” including nonverbal behavior (p. 3). She further highlights the fact that those who do not fit or agree with the polarity are punished by society either overtly or covertly. When considering the research and theories of nonverbal behavior scholars, Butler’s (1993) theory of gender performativity can be envisaged with oppressed identities.

Black scholar and activist, hooks & Ensler (2014) explores the ways in which oppression separates individuals from their bodies by identifying dominance as the source of the split between marginalized groups and their bodies. She further articulates that this separation from the body is the crux of oppression, stating: “White supremacy has divided us along the lines of bodies, black and brown bodies exploited, oppressed, and dominated by white bodies” (hooks & Ensler 2014, para. 7). Indeed, scholars in the field of nonverbal communication have identified the body as the primary locus of social control and dominance, as nonverbal behavior is a primary means of communication (Henley, 1977). Thus, the body becomes a vehicle for understanding how oppression is unconsciously perpetuated through the bodies of both oppressed and dominant groups. Additionally, nonverbal behavior research finds that power and oppression are often communicated nonverbally, body to body (Johnson, 2009; Henley, 1977). Therefore, these continuous body to body

communications create largely unconscious reiterative actions which subsequently form a social construction of either oppressed or privileged identities.

Similarly, queer poet and activist Clare (2001) further states that one of the most powerful ways in which oppression operates is by defining all bodies other than white, cis-male, heterosexual bodies as abnormal and abhorrent through various means:

Homophobia is about defining queer bodies as wrong, perverse, immoral. Transphobia, about defining trans bodies as unnatural, monstrous, or the product of delusion. Ableism, about defining disabled bodies as broken and tragic. Class warfare, about defining bodies of workers as expendable. Racism, about defining bodies of people of color as primitive, exotic, and worthless. Sexism, about defining female bodies as pliable objects. These messages sink beneath our skin. There are so many ways oppression and social injustice can mark a body, steal a body, feed lies and poison to a body. (Clare, 2001, p. 362)

A paradigm shift is necessary in order to interrupt the dominant narrative that wrongness lies within the bodies of marginalized groups (Clare, 2001).

There is growing research on the role of the body in social experience, which investigates the impact the body and society have on each other. For instance, critical social theory explores the reenactment of society through the body by both conscious and unconscious alteration and states trauma has been established as a consequence of oppression that isolates individuals from their bodies (Kira et al., 2013; Johnson, 2009, 2011). Furthermore, Individuals who hold multiple marginalized identities are at higher risk of dissociating and perceiving their bodies as apart from them when oppression and dominant body narratives merge (McKinley & Hyde, 1996).

Oppression as Trauma

Playwright and activist Eve Ensler identifies violence and trauma as the catalyst for the separation of the self. Furthermore, violence and trauma further “take love out of the body,” thus rendering us “objects to ourselves” (hooks & Ensler, 2014, para. 3). When viewing oppression as a form of trauma, we understand that oppression unequivocally drives a rift between the self and the body. Indeed, connecting the link between the effects of oppression on an individual’s experience of their own body and negative mental health effects, the field of traumatology has begun to formally define oppression as a form of trauma. For instance, Kira et al. (2013) define oppression as a collective trauma which is perpetrated between groups and exists on a continuum from microaggressions to macroaggressions.

Kira et al. (2013) characterize oppression, such as discrimination, systemic and institutionalized marginalization, and racism as an independent type III trauma. Type III traumas are pervasive, repeated, on-going traumatic incidents that persist over time and are often considered the most unpredictable and severe forms of trauma (Solomon & Heide, 1999). Researchers have found that not only does oppression qualify as a type III trauma, but experiences of oppression actually

increase the likelihood that individuals will experience more severe PTSD symptoms after a traumatic event. Furthermore, experiences of oppression increase an individual's sensitivity to future type I and II traumas as compared to individuals not experiencing oppression (Kira et al., 2013). For example, female torture survivors who experienced gender oppression from institutions, community, and family on a daily basis, significantly increase the severity of PTSD symptoms, dissociation/psychosis symptoms and suicidality after surviving incidences of torture (Kira, Ashby, Lewandowski, Smith, & Odenat, 2012). Conversely, gender discrimination served as a protective factor in male torture survivors demonstrated through their decreased likelihood to experience PTSD symptoms after an incidence of torture. The researchers argue that oppression based on gender could at least partially account for the variance between mental health in men and women (Kira et al., 2012). This points to the influence of privilege and power on the impact of oppression and variant somatic trauma responses.

Given the increasingly elucidated link between oppression and trauma symptoms, it is vital that counselors understand and acknowledge the pervasive and sometimes implicit, nonverbal effects of oppression on clients with marginalized sociocultural identities. Counselors must consider the pervasiveness of nonverbal communications of power and the increased vulnerability of oppressed populations to be more acutely affected by trauma. Within the field of somatic psychology, queer activist and scholar, Johnson (2009) inquires into the somatic imprint of trauma and oppression. Johnson (2009) establishes that oppression impacts the physical expression of the oppressed. This positions body-based therapies such as DMT in direct contact with the lived experience of oppression in the body.

As we understand the body's relevance in the enactment of oppression and how oppression is a form of trauma in the body, we begin to see how DMT, a body-based therapeutic modality, can provide healing experiences that counteract the harmful effects of oppression. When dance/movement therapists orient from a social justice perspective they become aware of their own biases and the corresponding somatic markers or movement tags in addition to beginning to shift their nonverbal behavior to support the empowerment and bodily authority of their clients (Caldwell & Leighton, 2018; Chang, 2006, 2016). Furthermore, the research of Chang (2006) establishes dance/movement therapy tools as a medium in which clinicians can engage in self-assessment of their own cultural context. Dance/movement therapists can also develop more socially just movement assessment pedagogies for their clients that inclusively invite historically marginalized bodies into the therapeutic relationship (Caldwell, 2013). 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.

Limitations

As researchers, we are aware of the limitations and bias inherent in our professional history and sociocultural locations. Likewise, the current movement observation and assessment frameworks in DMT are limited by the sociocultural locations of the

developers and movers that created them (Chang, 2016). In an effort to broaden our focus we have chosen not to address specific locations of marginalization. We would like to acknowledge the breadth of variance within and between marginalized communities and the risk we run of conflating experiences by not making these distinctions.

The body itself can also be a limitation due to the dissociative impacts of trauma on the body. It is critical to continually assess throughout the therapeutic process whether exploring sensation and movement are tolerable interventions for the client given their history of oppression and cultural context. We suggest the integration of the body-based interventions that help the client resist oppression while simultaneously acknowledging that the body of the therapist is also bringing bias into the room. We do not wish to promote internalized dominance by inadvertently empowering clinicians to believe that simply speaking to embodiment alone is enough. Rather, we believe that a clinician's intentionality and purposefulness in anti-oppressive frameworks linked to their embodiment becomes a judicious intervention in the therapeutic process.

When collecting and reviewing the literature, it is clear that counseling research primarily reflects the homogeneity in populations represented through both participants and authorship.

In order to develop an inclusive understanding of the intersection of the body, social injustice, and counseling, we have sought insight from works non-traditional to the counseling field, such as theorists, poets and activists. These include, queer, and gender non-conforming authors and authors of color, such as Judith Butler, Eli Clare, Eve Ensler, and bell hooks. We have also intentionally centered voices of authors in the somatic counseling field who hold marginalized identities including Christine Caldwell, Rae Johnson, and Meg Chang.

While we have chosen to draw upon diverse authors for this review, we must note that the current peer-reviewed counseling literature itself does not fully represent diverse populations. This is problematic because the current research is inseparable from a privileged bias. In adopting counseling frameworks that have excluded marginalized populations, the field has conceded in perpetuating oppression.

Discussion

The body is a central part of oppression and DMT. It has been established that the somatic imprint of oppression is much like that of episodic trauma, characterized by somatoform dissociation and increased constriction of movement (Johnson, 2009). The impact of oppression directly affects nonverbal communication, limiting access to genuine expression and human connection, further isolating the oppressed (Johnson, 2011). This understanding of nonverbal communication and oppression uniquely postures DMT to address the somatic impacts of oppression by assisting clients to become more aware of their bodies, increase tolerance for sensation, access greater movement repertoire, and reclaim some bodily authority or agency within their lived experience of oppression (Caldwell & Leighton, 2018).

DMT has defined, to an extent, how power and oppression are expressed nonverbally. These displays include, but are not limited to, posture, gesture, pace, eye contact, touch, space, and object relations (Johnson, 2011). Understanding nonverbal communications of power and their subsequent impact on the therapeutic relationship, counselors are able to critically assess how they embody power in their role as care providers (Kareem & Littlewood, 1992). Furthermore, this understanding can be applied across areas of difference to create safer, anti-oppressive spaces where marginalized populations can participate in counseling services.

Dance/movement therapists create these environments by role modeling inclusive body practices, defined for the purposes of this paper as the mindful and intentional use of non-verbal communication to navigate cultural difference by working to disrupt non-verbal enactments of bias stemming from culturally oppressive power disparities. When a counselor is skilled in nonverbally navigating sociocultural difference, they can engage in re-patterning power dynamics within the therapeutic relationship. This is an active process: as clients gain awareness about the nonverbals of power, they learn skills needed to critically assess their own embodiment of both oppressed and privileged parts of their identity.

We would like to underscore the importance of awareness with regard to the activist path, particularly a clinician's capacity to be somatically self-aware of their own biases, as well as facilitate client's increased somatic awareness of how oppression has impacted embodiment (Chang, 2006, 2016). In the awareness phase of Caldwell's The Moving Cycle, clients develop the capacity to identify sensation, associations, and begin the process of staying with feeling as it arises (Caldwell, 1997). When we increase our capacity to sit with discomfort, we encourage whole-body integration, and provide a strong foundation for movement and action. Caldwell's Awareness Phase is the groundwork for the development of informed, inclusive body practices.

Authors such as Caldwell (2013) and Chang (2006), reiterate how body practices have contributed to the oppression of marginalized communities. Movement assessment must seek to understand each client's movement repertoire within their cultural context (Carmichael, 2012; Chang, 2006, 2016; Dosamantes-Beaudry, 1997). Caldwell (2013) asserts that the ways in which we assess moving bodies may "unconsciously enact bias by subtly pathologizing how different bodies move and act" (p. 183). Caldwell and Chang, encourage dance/movement therapists to contribute to socially just therapeutic practices by examining how our own biases impact the way we relate to bodies from different sociocultural backgrounds (Caldwell, 2013; Chang, 2006). DMT must encourage counselors to closely examine the ways they are relating to bodies that socioculturally different than their own and to be particularly conscientious when assessing bodies that are unfamiliar to them. Furthermore, Chang (2006) asserts that "understanding sociocultural context must proceed therapeutic interventions with clients from different cultures, races, or ethnicities" (p. 203). Dance/movement therapists continue to work towards anti-oppression by working directly with their own experience. This includes recognizing clinician's affinities for movement and acknowledging bias, as well as, expanding embodiment practices specifically attuning to privilege.

Social justice DMT is the inclusion of the body in how counselors conceptualize and confront oppression in the therapeutic relationship. Socially just dance/movement therapists expand their role and theoretical scope to include activism and the systemic impact on social- emotional wellbeing. In our conceptualization of how social systems perpetuate and sustain oppressive frameworks, DMT promotes healing and elucidates the lived experience of the body.

Beyond DMT

The consideration of how our work impacts the larger community supports the reframing of counselors as community activists. When we frame therapy as a medium for activism and look beyond the individual, we facilitate positive social changes in the larger community. The field of counseling has traditionally focused on intra- and inter- personal frameworks. However, a social justice lens shifts focus to include how the individual is being affected by their larger context and community (Lewis, Ratts, Paladino, & Toporek, 2011). Social justice counselors are strengths based, trauma informed, and client defined. According to Lewis et al. (2011),

social justice counselors contend that human development issues cannot be understood simply by assessing a client's affective, behavioral, or cognitive development or by requiring that change come exclusively from the client. Instead, counselors need to view client problems more contextually and use advocacy to remove oppressive environmental barriers. (p. 6-7)

Social justice counselors expand their scope from individually-based models by viewing the environment as paramount in the facilitation of health and healing in their clients. As counselors, we are called to operate within a social justice lens in order to support our clients and our communities in healing from the effects of oppression.

Beyond DMT, other therapeutic modalities contribute to social justice in counseling. For example, Relational-Cultural Theory (RCT) offers insight into the integration of a social-justice perspective into counseling practices. RCT 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 within the therapeutic relationship. A crucial responsibility of counselors is to support the identification and prevention of barriers to mutuality and growth in relationship, which includes issues of power, oppression, and privilege. RCT argues that a more contextual approach to counseling has implications that reach beyond the individual clients and into the larger community (Comstock et al., 2008). The role of the body and nonverbal displays of power are critical aspects to assess in relationship to the fostering of mutuality and empathy in the therapeutic relationship. Furthermore, critical analysis of the body and its impact on the development of “growth-fostering relationships” has the potential to impact the ways in which larger, social domains operate and contribute to oppression (Comstock et al., 2008, p. 280).

In combination with Narrative Therapy, DMT has the potential to shift the embodied narratives of clients by empowering them to rewrite their body stories and reposition themselves in a more privileged location. Paralleling the call for dance/movement therapists to integrate a social justice lens, narrative therapists “work to identify discourses and power differentials that support problems” (Combs & Freedman, 2012, p. 1036). Narrative therapists “collaborate” with their clients and see them as “privileged authors of their own stories” (Combs & Freedman, 2012, p. 1036). The commitment to identifying oppressive power dynamics supports narrative therapists in integrating social justice into their practices (Combs & Freedman, 2012, p. 1036). The integration of the body narratives of clients has the potential to further enhance narrative therapists in advocating for social justice.

Karcher and Caldwell’s (2014) research on oppression and the body exemplifies how integrating a social justice lens into our work as somatic counselors and researchers has the potential to reconcile the impact of oppression. Karcher and Caldwell viewed research as a way “not to just advance a career or particular field of study but to directly contribute to the amelioration of oppression in society” (Karcher & Caldwell, 2014, p. 475). Karcher and Caldwell worked collaboratively to create a performance that was shared with the public and contributed to positive social change. The performance was based on Karcher’s experience as a transgender person, his experience of transition, and his attitudes and feelings about his body (Karcher & Caldwell, 2014). According to Karcher and Caldwell, “the results of these inquiries may have a more transformational effect when presented to society as performances, showings, and other arts-based events where the community can participate directly” (2014, p. 482). Emotional and somatic connections to the “personal narratives of people’s lived experiences of oppression” may facilitate positive change within the witnessing individuals (Karcher & Caldwell, 2014, p. 482). Social justice, arts-based activist performances creates visceral, memorable shifts in the bodies of those witnessing the work (Karcher & Caldwell, 2014). These body-based connections to the material being presented can be the inspiring force that compels community members to become a part of the journey towards ending oppression in our communities.

Conclusion

Social justice DMT has the capacity to not only help address both enactments and impacts of oppression, but also to radically restructure the role of power in counseling. We envision a trajectory for the future of DMT that advocates for body-based social justice. By examining the increasingly established theory of oppression as a form of trauma, as well as the clear link between trauma and the body, we have highlighted the importance of adopting a body-based approach when working through clients’ experiences of oppression. Furthermore, we have attempted to reframe body-based counseling as a means for activism and positive social change. Our intention is to comprise a call to action that represents and celebrates diverse bodies. This integrated theoretical orientation provides a multiperspectival contribution to the amelioration of oppression in society.

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