

Racial Bias and Dance/Movement Therapy: Manifestation of Therapist Bias in Nonverbal
Communication and the Therapeutic Relationship

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Abstract

A healthy relationship between a therapist and client is core to the therapeutic process. This therapeutic relationship occurs in the context of the culture at large, and will be affected by the cultural identities of both the therapist and client. With this in mind, it is vital that therapists cultivate cultural humility and become familiar with their own cultural identity and biases, to grow in awareness of their effect on interaction with clients. In dance/movement therapy, the nonverbal and embodied elements of relating are especially important to consider. This thesis focuses on racial identity in the context of cultural realities in the United States, including a review of relevant literature and a heuristic first-person study conducted by the author to explore her own biases relating to race and their manifestation on a body level. Literature and the author's research suggest that therapist bias is likely to manifest, including nonverbally, and negatively impact the therapeutic relationship unless it is acknowledged and addressed.

Keywords: dance therapy, racial identity, bias, cultural identity, cultural humility, nonverbal communication, diversity, social justice

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Dance/movement therapy (DMT) utilizes the connection between the mind and body through movement as a pathway for psychotherapeutic intervention (American Dance Therapy Association [ADTA], n.d.). Dance/movement therapy does not occur in a vacuum, separate from cultural context and influences; Chang (2016) went as far as to state that greater understanding of the social/cultural context of the dance/movement therapist is a requirement for dance/movement therapy to fulfill its purpose. There is a growing body of literature in dance/movement therapy and the mental health field in general relating to how the field can deepen its cultural awareness, dexterity, and inclusion to better serve and support healing among diverse populations. This topic became important to me as I prepared to become a dance/movement therapist, especially as a White woman entering a field that has, historically, been largely shaped by middle-class White (American and European) women's perspectives (Caldwell, 2013; Chang, 2016). I have come to recognize that without exploring my own cultural identity and biases, and without understanding them in light of larger social and historical contexts, I cannot hope to work as effectively and humbly as possible with diverse populations and be an agent of change for moving away from patterns of prejudice and oppression.

In relation to issues of social justice surrounding diversity, power, and privilege, much of the literature I came across spoke to the importance of clinicians being aware of our own cultural identities and biases and how they might manifest, and those findings will be discussed below. While issues of diversity relating to elements in therapy such as movement observation or the effect of microaggressions have been explored, it seemed as though relatively little existed in

current literature to look at how a therapist might go about utilizing self-observation to uncover and begin to work through their biases, especially when it comes to how those biases manifest on a body level, consciously or unconsciously.

Though much of the literature used the phrase *cultural competence* in relation to diversity issues or the training and preparation of therapists, I prefer to use *cultural humility* or *dexterity*, to highlight the fact that awareness of one's own cultural identity and how it interacts with others is an ongoing process and not one which can ever fully come to completion. In this paper, I largely focused my exploration of cultural factors on racial identity, including a review of current literature and a heuristic first-person research approach based on my process of self-exploration. Throughout the paper I chose to capitalize terms relating to race, such as White, People of Color, etc. I chose to capitalize these terms out of respect for the social weight that has been given to them as racial identifiers throughout history.

While my focus was on race and was therefore limited, I hope that the process I have been exploring for myself in terms of racial identity and my responses to others will be something that can be applied to my relationships with other cultural identifiers such as gender, sexual orientation, ability, age, religion and so on as I look to work with people who are diverse and complex. My hope in writing about my process is that other dance/movement therapists might be inspired by themes or concepts I used to further their own embodied exploration of identity and how they relate to others. This paper may be especially relevant to White therapists, as that is my own perspective, and (as I will touch on later) people with White identity tend to be less consciously aware of their racial identity and its effects on society at large.

Overview of Historical and Current Context of Racial Identity Factors

To be meaningful and effective practitioners in dance/movement therapy who look to come alongside (a phrase I prefer to use because it implies supporting and empowering clients, rather than the therapist being the one with all the answers) clients from diverse backgrounds, we cannot ignore historical and current cultural contexts and how they function on both a societal and individual level (Ponterotto, Casas, Suzuki & Alexander, 1995). Dance/movement therapy in the United States occurs in a cultural setting that has a backdrop of oppression of a variety of cultural identifiers, particularly when it comes to race. In *What Does it Mean to be White: Developing White Racial Literacy*, DiAngelo (2016) provided an outline for the reality that race is a socially constructed idea based on features like skin tone or facial structure, and gives an elevated status to those who are included in the White racial category. Race has been given a great deal of social weight, with people fitting the White category receiving a sort of fast pass to accessing resources and power on physical, emotional, institutional and other levels (DiAngelo, 2016). Historically, racism sought to justify European-American economic and social interests that relied heavily on the exploitation and oppression of People of Color by construing non-Anglo groups as inferior; this shaped the legal and cultural makeup of the United States to the disadvantage of People of Color (any racial groups that are not included in Whiteness and its privileges) in many ways (DiAngelo, 2016).

This concept of inferiority based on race manifested initially in overt forms of racism such as slavery or the frequently brutal displacement of indigenous peoples, but morphed over time as ideas shifted surrounding what was moral or socially acceptable. Today many,

particularly those with White racial identity, condemn racism and treat it as a thing of the past, mostly limited in its current iterations to individuals and their acts rather than to larger systems (DiAngelo, 2016). However, both subtle and overt (but minimally acknowledged) forms of oppression based on race still exist in American society at large and have negative impacts on quality of life for People of Color; from experiences like facing discrimination in hiring and lending practices that limit social mobility to having higher percentages of incarceration than Whites for the same crimes (DiAngelo, 2016).

Sue, Capodilupo, Torino, Bucceri, Holder, & Nadal (2007) wrote that individual people operate within this context of historical and systemic oppression, and therapists are far from being free of the racism, prejudice, and bias that has been perpetuated both overtly and subtly through history in their families and in society at large. Not only does racism still operate at a societal level, but it tends to be upheld, often unconsciously, by individuals (including therapists) who may have good intentions but fail to recognize current realities of race-based oppression and how the biases they themselves carry influence choices they make and play into the systems of oppression (DiAngelo, 2016; Sue et al., 2007). Both Sue et al. (2007) and DiAngelo (2016) highlighted the challenge of really addressing racism and advocating for change in a society that on the surface condemns racism as morally wrong, but holds it in place by normalizing negative prejudices and stereotypes while making them unacceptable to bring to light.

In *Overcoming Our Racism: The Journey to Liberation*, Sue defined racial prejudice as including negative perceptions of people with particular physical traits that are based on unreliable information and often generalize without flexibility (2003). Sue similarly defined

stereotypes as preconceived ideas regarding specific groups that are inflexible and lacking accuracy (2003). Prejudice and stereotypes can work together dangerously to influence our perceptions of others in negative ways, even where there is evidence contrary to the beliefs we hold; instead, we try to fit incoming information to our worldview (Sue, 2003).

One significant way biases and prejudice can manifest, including for therapists, is through microaggressions. Sue et al. (2007) highlighted the generally covert nature of microaggressions as short-lived, frequent, and seemingly banal actions or words that communicate messages that highlight stereotypes and generally negative views of People of Color. In their definition, Sue et al. (2007) described microaggressions as “often unconsciously delivered in the form of subtle snubs or dismissive looks, gestures, and tones,” honing in on the fact that microaggressions can come in a variety of forms, including embodied ones (pp. 273-274). Microaggressions can be difficult to recognize as such, particularly for people in positions of power and privilege who are unaware of their patterns of bias, and instead see their actions as context-specific and not a form of prejudice or racism (Sue et al., 2007).

Cultural Humility: Globally and Within Dance/Movement Therapy

Given the history and current reality of race-based oppression in the U.S., it is key for therapists who want to provide the best possible service to clients of minority backgrounds to grow in cultural humility and understanding (Atkinson and Lowe, 1995; Chang, 2016). The concept of cultural competence is discussed to an extent in dance/movement therapy and counseling literature, but tends to be limited in scope when it comes to deepening cultural

dexterity on a body level (Carmichael, 2012). Sue et al. (2007) stated that without cultural training or the space to have conversations about racial identity and realities, many White counseling students have found it challenging to address the subject in their professional practice, limiting the opportunity for clients of Color to speak to challenges they face due to racial “bias, discrimination, and prejudice” (p. 283). Sue et al. (2007) asserted that students entering the mental health field need to do the work of learning their own racial identities along with their beliefs (conscious or otherwise) about others, and that “the prerequisite for cultural competence has always been racial self-awareness” (p. 283), with this self-awareness including the bringing to light of potential underlying biases that would lead to dynamics like microaggressions. Sue et al. (2007) provided goals of cultural competence training for White therapists, including greater ability to notice racial microaggressions in society at large and initiated by themselves, learning how microaggressions negatively affect People of Color, and taking responsibility for working to overcome their own biases.

When it comes to cultural dexterity, Sue et al. (2007) urged therapists to watch for microaggressions when working with clients, and to become aware of them as they would become aware of elements like transference and countertransference and their possible interruptions to good quality therapy. In *Body Talk: Somatic countertransference*, Ross spoke to the importance of including embodied and nonverbal elements to explorations of countertransference, or a therapist’s emotional response to aspects of a client (2000). Within dance/movement therapy, Caldwell advocated for expanding the understanding of embodied countertransference to “include issues of unexamined privilege, internalized body shame, and unresolved or unconscious bias” (Caldwell, 2013, p. 184). Transference and countertransference

are relational dynamics that are highlighted in therapist training, and, to better encompass cultural humility, it would make sense to have that training cover how cultural identity and perspective shapes countertransference, including on a body level.

Carmichael (2012) conducted a study with dance/movement therapists who had been working in the field for a while to gain an understanding of how they navigated issues of cultural competence when interacting with diverse populations. A theme that was commonly disclosed in Carmichael's research was the concept of "self-study" and "courageous commitment" to exploring the therapist's cultural identity, and remaining aware that the study of self and others occurs through their specific lens (Carmichael, 2012, p. 106). Participants acknowledged that therapists hold prejudice and bias, and that it is necessary to understand and admit to their own and how they manifest to avoid making assumptions about clients or "perpetuating power dynamics" (Carmichael, 2012, p. 106).

Also within the context of dance/movement therapy, Caldwell (2013) highlighted the need for greater cultural awareness in areas like movement observation, stating that, "movement assessment could, if not examined critically, form a primary delivery system for the somatic abuse of power, via the implicit and explicit imposition of unquestioned biases about movement onto clients bodies." (p. 189). This projecting of biases onto clients could serve to reinforce oppressive realities that exist at a societal level, and skew dance/movement therapists' observations of movement so they view clients as conforming to stereotypes, or fail to recognize the impact their own movement may have on clients, leading to unnecessarily pathologizing the responses clients have to them (Caldwell, 2013). Henley's findings spoke to the impact of

nonverbal communication on upholding social structures, noting that someone like an interviewer can influence the way their client interacts with them based on their movement qualities and how they hold themselves posturally, and that interaction between a facilitator and client is often challenged when cultural differences are present (Henley, 1977). Based on this reality, Caldwell advocated for a greater focus on the exploration of nonverbal influences of dance and movement in the therapeutic relationship, so that “dance/movement therapy may begin to craft a more nuanced understanding of the clinician’s effect on both what behavior is observed and how it is interpreted in ways that promote social justice.” (2013, p. 191-192), rather than remaining uninformed and stuck in patterns that continue larger social patterns of oppression.

Relationship as a Healing Agent in Therapy

As touched upon in the previous section, the relationship between the therapist and the client is a key element in meaningful treatment (Sue et al., 2007). One of the reasons it is so important for therapists to do the work of learning their own cultural identity and how it intersects with society at large, and then to continue the work of growing in cultural humility and dexterity, is that the self and relationship with the client are the main tool therapists have to facilitate therapeutic intervention, particularly in dance/movement therapy with its use of nonverbal and body-oriented approaches to relating (Carmichael, 2012; Ponterotto et al., 1995; Sue et al., 2007). Sue et al. (2007) spoke to the reality that the therapeutic relationship is likely to not be strong or to even end prematurely if clients believe a therapist is biased or unlikely to

understand them, particularly if racial differences exist and are not addressed. In a broad sense, the U.S. Department of Health and Human Services reported that it is likely that biases held by therapists are one major reason for African Americans, Native Americans, Asian Americans, and Latino/Hispanic Americans not choosing to pursue therapy or leaving early (as cited in Sue et al., 2007; Atkinson and Lowe, 1995).

Caldwell (2013) spoke to the reports of multiple minority groups, who shared that they tend to interact differently both verbally and nonverbally with members of the dominant culture than with others from their own culture. Thomas (1998) wrote that for People of Color this shifting in communication helps them navigate and adapt to White culture for greater security, belonging, and opportunity, and Caldwell urged dance/movement therapists to watch for these dynamics in their therapeutic relationships (Caldwell, 2013, p. 188). In light of this reality, a therapist's lack of awareness of racial identity factors or discomfort addressing them could contribute to a significant decline in the quality of the therapeutic relationship, as clients may not feel the freedom to speak fully to their experiences or identity (Atkinson and Lowe, 1995; Caldwell, 2013; Chang, 2016; Sue et al., 2007). A lack of awareness or disclosure around racial identity factors could become even more problematic if therapists' nonverbal communications with a client mirror or support oppressive stereotypes regarding part of the client's cultural identity (Caldwell, 2013; Chang, 2016; Sue et al., 2007).

Sue et al. (2007) further highlighted disconnects that can occur between therapists and clients of different cultural backgrounds, acknowledging that the power dynamics that exist already in the therapeutic relationship complicate additional power dynamics that may be present

due to cultural differences, especially if the therapist is of the dominant culture and the client is of the non-dominant. Because of power dynamics, clients may not feel able to address challenges like microaggressions when they do arise in the therapeutic relationship and are not acknowledged by the therapist (Sue et al., 2007). Sue et al. (2007) and Ponterotto et al. (1995) gave examples of how therapists might unconsciously allow their biases to influence their perceptions of clients, like taking the symptoms of Asian Americans less seriously because of beliefs that they are a “model minority”, or focusing on substance abuse with African Americans or Native Americans based on stereotypes that they are more likely to experience that than some other groups (p. 281). Sue et al. (2007) also discussed the potential for therapists to emphasize their own cultural perspective when working with clients, which could result in less value for the cultural perspectives of clients, or even serve to unnecessarily pathologize their worldview. This can be a challenge for a therapist of any racial identity, but as a White female therapist an example of this could be misidentifying a Client of Color’s healthy skepticism of institutions that have been vehicles of oppression, and wrongly diagnosing it as a disorder. In connection to the therapeutic relationship, Carmichael (2012) asserted, “It is critical for a therapist to acknowledge and embrace her power and privilege, including the ways in which that privilege has affected, whether directly or indirectly, and potentially continues to affect marginalized clients.” (p. 108).

Movement as Meaningful- Reflecting and Communicating Internal States

Much in dance/movement therapy comes back to the core concepts of a body-level understanding and the idea that movement and embodied experience is deeply meaningful

(Bartenieff and Lewis, 1980; Kestenberg Amighi, Lewis, Loman, and Sossin, 1999). It is important to examine historical and current contexts for racial identity, the concept of cultural humility, and cultural dynamics in the therapeutic relationship in terms of how all of those elements affect the body and manifest on a body level (Carmichael, 2012.). Chang (2016) upheld the importance of body-level elements of cultural humility and understanding, saying, “exploration of embodied identity and cultural self-knowledge are ways to critically examine how race, ethnicity, culture, and class are first manifested in oneself and then influence the therapeutic milieu.” (p. 311). Sue et al. (2007) listed a couple of examples of physical manifestations of microaggressions, including a White person holding a purse or wallet tightly as a Black or Latino person nears them, or an employee at a store following and monitoring a Black shopper as they browse (p. 276). These physical microaggressions are embodied manifestations of internally held beliefs of People of Color based on stereotypes that they are dangerous (Sue et al., 2007).

In her book *Body Politics*, Henley argued that perceived differences in nonverbal behavior between various cultural identity groups are connected to differences in power, are learned, and “serve to strengthen the system of power and privilege that exists”. Henley went on to highlight that even small movements and gestures, such as changing proximity to others, raising or lowering the eyes, and facial expressions are “micropolitical gestures” and fit into “a continuum of social control” (Henley, 1977). Henley’s arguments place our movements and embodied interactions in the larger picture of society and systems of power that are in place, and claim that while they might be small, they can be part of upholding those systems, particularly when we remain largely unaware of them (Henley, 1977). Henley located nonverbal

communication as “a mechanism . . . not a cause of prejudice”, and stated that changing those behaviors alone doesn’t do away with prejudice, but can be a place to begin the processes of change (Henley, 1977). Henley focused on nonverbal elements being vital because they fall between “covert and overt” exercises of power and privilege- they can be used to exert influence, but their existence as such can be denied when brought to awareness, or even avoid being brought to conscious awareness at all (Henley, 1977).

It is likely that biases manifest physically in seemingly small movement responses to encounters with people of different cultural backgrounds. In a general sense, movement can reflect an individual’s comfort level with stimuli in the environment. The concept of unipolar shape flow in the Kestenberg Movement Profile (KMP), a movement observation paradigm based on human development and sometimes utilized in dance/movement therapy, describes ways someone might move in their environment based on whether a stimulus is attractive or repulsive to them (Kestenberg Amighi et al., 1999). Kestenberg Amighi et al. (1999) connected unipolar shape flow (the growing toward or shrinking away from a specific stimulus) to its role in relating, as people tend to grow toward something or someone that is wanted and that there is emotional investment in, and shrink away from something that is perceived as threatening or unwanted. With this in mind it could send negative messages regarding ability to relate if a therapist, consciously or not, were to shrink away from a client because of discomfort based on an internally held bias about that person and their cultural identity. This kind of movement could fall in the category of a microaggression (rather than simply being discomfort) because it reflects and upholds negative stereotypes regarding a Person of Color, and continues patterns of indignities toward that person because of their Race (Sue et al., 2007).

Unipolar (movement toward or away a specific stimulus) and bipolar (overall growing and shrinking in the body in response to the environment as a whole) movement could be useful in self observation to check what sorts of environments or situations cause feelings of distress or comfort, with bipolar shrinking generally reflecting a lack of trust in the environment as a whole (Kestenberg Amighi et al., 1999). Kestenberg Amighi et al. also asserted that shrinking or closing off overall in body shape can support focusing on self or a lessening of relating to others (1999). General body movements like growing and shrinking can occur in response to emotions and reactions to stimuli, but performing certain movements can also help support shifts in emotions, such as smiling (even if somewhat forced) helping to shift toward pleasant feelings (Kestenberg Amighi et al., 1999).

In *Body Movement: Coping with the environment*, Bartenieff and Lewis highlighted that there is a connection between our inner impulses and what manifests in movement, often also including what we gather based on our attention to our surroundings (1980). This connection between awareness, thoughts, and movement expression can often be nearly simultaneous and at different areas of consciousness (Bartenieff and Lewis, 1980). Bartenieff and Lewis identified polar opposites in movement qualities, such as going from spreading and expanding to condensing (1980). Aspects of movement as subtle as hand placement and changes in tension could reflect elements of the inner state of the mover, especially when placed in the context of the posture or movement of the rest of the body (Bartenieff and Lewis, 1980).

Given that oppression is a reality in our country and every person holds biases about other identities, it seems key to continue to expand the possibilities for how therapists could gain

awareness of their own cultural identities and biases and begin to work through them. This growth in awareness would benefit greatly from the inclusion of how observing our own movement could help unearth unconscious biases and prejudice, based on what they show about what level of comfort is felt in the environment or in interaction with someone. Doing this life-long work of awareness and moving past biases is necessary to engage respectfully and humbly in therapeutic relationships, and be an agent for change and empowerment of minority individuals, rather than being part of maintaining trends of oppression (Caldwell, 2013; Carmichael, 2012; Chang, 2016).

Research Question: What might be a way for all therapists to grow in the awareness of our biases about various cultural identities and how we embody those biases? This knowledge is key for therapists to work well with clients, who each come in with unique and complex cultural identities, in the systems we are part of in the U.S., and to move toward empowering clients rather than furthering oppressive norms and systems.

Methods

Methodology: A Heuristic First-Person Research Approach

The importance of recognizing my own cultural background and its effect on how I approach clinical practice became important to me in the course of my first year of graduate studies for Dance/Movement Therapy. Exploration of elements of our cultural identity was

woven into several classes, and it was in this context that I was challenged to really take a deeper look at my racial identity, especially, and how I interact with People of Color. In conjunction with this, we were learning paradigms for movement observation, which included analyzing our own movement. In light of this, I began to be more aware of my movement, especially in interaction with People of Color. This developed into a qualitative self-study, as I made connections between what I noticed about my movement and what I was learning about my cultural identity. Throughout this process I was the sole researcher and participant as a White, female, graduate student in my mid-20s. While my study was limited by it being very specifically from my perspective, in reflecting on the process, I realized that it had been an effective form of self-study for me, and might in some variation be found useful by someone else.

My self-exploration followed a pattern of heuristic first person research. Moustakas (1990) described heuristic research as involving “self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning, and inspiration” (p. 11), in a process where observation and recognition of one’s own experiences can serve as a beginning to shedding light on broader human experiences (Moustakas, 1990). Heuristic research acknowledges subjective and deeply personal experiences and perspectives while recognizing that those experiences occur in a larger context of the world and particular communities the researcher is part of (Moustakas, 1990). Moustakas emphasized that heuristic research requires “the total presence, honesty, maturity, and integrity of a researcher who not only strongly desires to know and understand but is willing to commit endless hours of sustained immersion and focused concentration on one central question, to risk the opening of wounds and passionate concerns, and to undergo the personal transformation that exists as a possibility” (1990, p. 14).

While I cannot claim to have pursued this self-exploration anywhere near perfectly, I believe that growing recognition of race-based oppression that exists at a societal level and my place in that as a White therapist led to a genuine desire to better understand myself and how I might work toward better serving clients who are People of Color.

Moustakas originally outlined specific stages to heuristic research which were further summarized as an approach to qualitative research (as cited in Forinash, 2012). First is engagement, or the process where the researcher acknowledges questions that arise based on experience. Second is an immersion stage, when the researcher works with the question and gathers data relating to it. Next is an incubation stage, where the researcher pauses in gathering data and looks at what has been collected, often making note of any patterns or themes that emerge. After this comes illumination, where new ways of understanding the data and the research question are brought to conscious awareness for the researcher. Then there is an explication stage where the researcher moves forward with the insights that were brought to their awareness and returns to the data to continue studying and looking for further insights. Finally, there is a synthesis stage, where the information gathered from the researcher's personal exploration is re-contextualized in relation to the researcher's field, often communicating the researcher's personal process in a way that can be clear to others. This method of research is generally valuable for self-study and the very beginnings of research on a particular topic, rather than for direct use in peer-reviewed literature (Forinash, 2012).

In a general sense, my process was to observe what I noticed about my body and movement tendencies, analyze that alongside what I was learning about my racial identity, and

seek to locate all of that in the larger cultural context of the United States and its history relating to race. In this process it was helpful to familiarize myself with common stereotypes about various racial groups. This added some clarity as I attempted to shift from denial of holding any remotely racist and prejudiced biases to identifying what I did believe and how it manifested in my movement and interactions.

My body-based inquiry consisted mainly in taking stock of any changes I became aware of regarding overall movement, posture, and tension in my body as I interacted with people around me. These interactions ranged from someone sitting next to me on the subway, to my passing through areas and by various people, to speaking with someone with whom I had an established relationship. In placing what my movement meant in conjunction with my racial identity I considered if my embodied responses to others upheld concepts I had believed growing up -- that I wasn't racist or prejudiced -- or if it would confirm my growing awareness that I do in fact carry biases and prejudices based on race. Following is a breakdown of my research process, including data collected and insights on that data.

Engagement

In my experiences of learning movement observation and self-awareness, particularly relating to my cultural identity as a White woman, questions came up regarding not only what my biases were but how they manifested in my body. I wondered what feelings either affected my embodied responses to People of Color, or how my embodied responses made me and those around me feel (though I knew I could only speak with certainty to my own emotions, not those

of people I interacted with). This struck me as important in light of what I was learning about how self is a key tool for therapists.

I recognized that I had little conscious awareness about my racial identity- how I lived it out, and how it could affect my relationships with people I came alongside. It took time, being asked to explore my cultural identity in courses, and hearing more of the experiences of my classmates of Color for me to acknowledge the questions that were coming up and to want to actively explore my racial identity. There is an element of discomfort for me to acknowledge that I am part of the dominant culture, and to recognize that would necessarily impact the way I interact with people, both in general and in a therapy setting. This engagement phase was a long one for me, as I slowly became more open to facing White privilege, bias, and their existence as pieces of my identity that would affect how I approach therapy and people.

Immersion

After coming to the point of wanting to better understand my identity as a White woman, particularly ways I embody that identity, I began to bring more conscious awareness to what was happening in my body in different contexts, especially ones where I was interacting with People of Color. Some of the main contexts for my observations were on the subway, walking through areas where there were few other White people, interacting with classmates of Color, and interacting with clients of Color at my internship. General observations of my embodied responses to people brought up particular elements of my movement that were meaningful. I observed my posture and body shape (whether I tended to have open or closed shapes in my

body -- open meaning exposure of vulnerable areas like the inside of the wrist, for example, and closed relating to elements like having my arms and legs crossed over the midline of my body), patterns in muscular tension (whether I felt particularly tight and tense or relaxed, and where in my body that tension was located), spatial proximity to others (including whether I went further away, came closer or stayed where I was), gaze/eye contact and facial expression.

Incubation

Once I had gathered a fair amount of data from my self-observations I took a step back to analyze what I had noticed. Patterns in my embodiment came to my awareness. In terms of my posture and body shape I noticed patterns of being more rigidly vertical (sitting very upright and stiff) and either ducking/lowering my head or raising my chin rather than leaving my head in a more neutral and relaxed position, shrinking my overall shape and use of space (often this meant drawing in toward my center to create more space between me and someone else), and adopting closed body shapes around People of Color. This was especially true when sitting next to someone on the subway (a stranger), but was also the case at times around People of Color in my internship (acquaintances) and even from time to time with classmates (friends). On the subway this often looked like sitting or standing up tall, crossing my legs tightly, and crossing my arms-- usually while holding my hands palms down over my bag.

There were also patterns of tight muscular tension in different parts of my body when I interacted with People of Color. I felt this especially in my jaw, shoulders, and abdomen, with those areas often tensing up as I was near a Person of Color. On the subway this contributed to taking up less space by holding myself confined to a particular area. When passing people on the

street or at my internship it was a more general tensing of these areas. In interactions with classmates I was more aware of tension in my jaw, especially when speaking to someone.

The patterns in my use of spatial proximity were connected to other patterns of my movement, with my tendencies being to shrink or move away from People of Color, even if it was often in small ways. Shrinking in my body shape on the subway was a way to create more space between myself and someone near me. In walking on the street or around at my internship I would sometimes give way to people as I passed, creating more space between myself and them. That could be as simple as pulling an arm in close to the center of my body to avoid passing closely to someone, or include a larger movement like stepping to the side or switching to a different side of a room or sidewalk (though not fully crossing to the other side of a street very often, which I had already heard was something People of Color had experienced with White people). I noticed that my patterns of spatial proximity were a bit different with my classmates, that I was less likely to move away from them, but also not likely to be the one to initiate moving closer.

My patterns with gaze and eye contact and overall facial expression were another area I became much more aware of. I noticed that I was more likely to drop my gaze or look quickly away from People of Color. It was easier to sustain eye contact with classmates and with some people at my internship, but was generally still shorter than what I engaged in with White classmates. This connected with my observation that in those moments my affect tended to be flat. I would be straight-faced and actively trying not to reflect emotion in my expressions, rather than being bright and smiling, or negative. Facial expression was a movement that I noticed did

change depending on how well I knew the person, I tended to smile and express more freely with my face when interacting with People of Color I was familiar with at internship and school.

All of these observations about my embodied responses to People of Color were more meaningful when compared with my responses to White people, and when I acknowledged that these patterns were prominent with nearly all ethnic backgrounds except for East Asian. It could be argued that it is natural to move away from and be tense around people with whom we are not familiar, but all of the patterns I observed in my interactions with most People of Color were not as prominent when I interacted with someone who was Asian or White. With Asian and White strangers I noticed there was still a degree of closed shapes, tension, or moving away, but it was not usually as pronounced as with most People of Color who had darker complexions. I also observed that these patterns in my movement existed on a spectrum, and were most prominent with Black men and least prominent with White women, and varied based on my relationship to the person or factors like environment and how people were dressed.

In sharing my observations (and in general writing this paper) I realize I am generalizing a lot. The term “People of Color” has its limitations, and it should be acknowledged that People of Color are not one unit with one sole experience or universal set of stereotypes. It is worthwhile to study patterns, while acknowledging that they will be affected by contextual factors. This is why I found it important to realize that my responses, while they had many similarities, were not uniform every time I interacted with a Person of Color. Many factors interact with racial identity, and I found that my relationship to a Person of Color, the setting in

which we interacted, and how they presented themselves (dress, affect, etc.) affected the intensity of my embodied responses.

Illumination

The patterns of my movement brought up a primary emotional theme for me, which was varying degrees of fear. As I considered the patterns I had become aware of, I looked at them in light of what I know about my embodied patterns across the board and acknowledged that they were movements that typically reflect that I am feeling some amount of fear. Closed shapes, moving or looking away, and tensing up are all protective movements for me, indicative of stress and a degree of fear of my environment or circumstances. I recognized that overall my embodied responses carried a theme of unease, on a spectrum depending on where I was, who I was interacting with, and how familiar I was with them.

A second feeling that came up through this process was superiority. The tendency to raise my chin or grow more upright reflected this feeling. My movements reflective of feeling superior often happened simultaneously to fear and protective responses like closing in by crossing my legs and arms. My movements indicated that I felt threatened, and was responding and compensating by asserting myself in small ways.

To better understand my racial identity and the significance of its physical manifestations, I sought to put my observations with these patterns and themes in the context of the history and current realities of racial identity in the U.S.. Part of this included learning about and more openly acknowledging that race-based oppression has been part of U.S. history from the start, and becoming more familiar with realities and stereotypes that continue to hold up oppressive

systems today. This offered different ways of framing and understanding the data I had gathered, most notably illuminating biases I carried but had not wanted to acknowledge. My embodied patterns and the theme of fear revealed that I had internalized stereotypes of People of Color. My fear showed that I believed at some level that the people around me were threatening, and in light of common stereotypes revealed that I believed the stereotype that Black and Hispanic men, especially, are dangerous, and more dangerous than White or Asian men. Along similar lines my movements revealed some unease with Women of Color as well, and a belief that they can be intense and overwhelming. The fact that I felt more at ease or did not take as much notice of people who were Asian reflected that I had internalized the stereotype that Asians tend to be passive and non-threatening. Overall my embodied responses showed that I viewed People of Color as “other”, and in a way that was uncomfortable for me. These realizations led me to more questions, especially how to move on from the guilt brought on by what I was learning about myself and instead to start the process of digging up and weeding out biases that were not serving me or people around me well.

Explication

With all of this information in mind I continued to observe my movement tendencies. It was humbling and distressing to have to recognize that I have biases based on race, start naming them, and know that they manifest in how I move and interact on a body level. I wanted to find a productive way to move forward rather than sitting in that distress, so I started trying to play with small adjustments to my movement. When I noticed myself holding tightly to my bag with palms down, for instance, I loosened my hands and flipped them so they were facing up and open.

While making small adjustments to my body like this has not gotten rid of my biases, it has helped me slowly start to relax more, and to recognize that I want to change and that needs to start somewhere, even if it is small. Instead of sitting in closed off shapes on the subway when I was near a Person of Color, I consciously relaxed more of my muscles. I sought to remain respectful of how much space I was taking, but to relax more in the process. I tried to make more eye contact, or to at least share a smile or relaxed facial expression with someone. When passing someone, I did not increase the space between us unless I thought it necessary to be polite, and when it came to interacting with People of Color at my internship or at school I was more intentional about placing myself near people and not always waiting for the initiation to come from them. Some of my fear-based responses were still present, but I was better able to recognize them and try to let them go and shift in the moment. This is a cycle I am still in the midst of, and will likely never fully finish. I hope that, over time, my emotions will more naturally and quickly follow, and I will feel more ease and openness initially, rather than fear. So far I am noticing small changes in that direction, though I have a long way to go.

There was a moment of testing these observations and options for change at my internship that was especially striking to me. At the end of the day, as we were waiting for a few more clients to be picked up, one of the Clients of Color came and sat next to me. Shortly after he did, I got up and moved a little bit away from him. In my conscious mind I was placing myself closer to the phone in case he needed help calling his transportation company, but when he finished the call he looked at me and asked what was the matter, why had I moved away? I realized that I had acted out of a fear response and given myself more space after he sat next to me, and he had noticed. When this happened my process of self-observation had been underway

for awhile and helped me recognize more of my motivations, and that my biases were behind my movement away from him. Since then, I have taken opportunities to sit near him or engage in conversation, and recently when I sat near him he commented on it. These interactions confirmed for me not only that my biases can and do manifest physically with clients, but that clients notice. Whether or not it is perceived as being based on race, or whether the client has the ability to call it out verbally, it can affect the nature of my relationship with clients.

Creative Synthesis

Writing this thesis is a large piece of the creative synthesis stage for me. This stage mainly began when I shared verbally with a fellow classmate and faculty member about my observations regarding my racial identity. Prior to that my process had been internal, and not something I had shared with others. Beginning to talk about it and now writing about it have served as continuations of my exploration, and to begin more consciously considering its relevance to dance/movement therapy. This also serves as a form of accountability for me. I already see a tendency to move away from this work of self-awareness and growth, and fall back into the complacency that I can have because of my privilege. I am still tempted to rationalize my embodied responses to People of Color as having to do with something other than Race. At times I have even literally closed my eyes or looked away to “avoid” an interaction, though this in itself reveals a lot about my biases and what makes me uncomfortable. At other times, falling back to complacency has looked like not engaging with movements that counter my initial prejudiced embodied responses. I might observe a response like moving away from a Person of Color, but not choose to move toward them instead. It is rare that I face the negative impacts of

racism and racial bias personally, so if I do not continue to remain aware of its manifestations through and around me, I have the luxury of falling into a harmful complacency. This complacency is highly likely to create barriers to my interacting well with People of Color.

My exploration and the process of sharing it serves as a system of checks and balances for myself - do I say I want to empower clients and then use microaggressions without realizing it? The process of becoming more aware of my biases is helpful in recognizing when they come up in clinical settings and possible ways to address them. I am still working on discerning when it would be in the service of the client to acknowledge my microaggression or embodied prejudice, and when it might be more helpful to acknowledge it for myself and to a supervisor, and seek to work on shifting my embodied responses in the moment while interacting with clients. This kind of self-disclosure by a therapist can at times serve to further the therapeutic relationship, particularly in this case when racial identity is important to a client and they want to feel that is open for discussion. I hope that in putting this work out in the world I will at least be holding myself to a process that I see as being necessary to serve well as a therapist, in addition to hoping that some part of it may be useful to other dance/movement therapists, particularly others who have racial privilege.

Results and Discussion

My heuristic self-study brought to light biases I had regarding People of Color that manifested physically and had previously been unconscious for me. One of the main themes I discovered was fear-based responses to People of Color, on a scale depending on the setting and how well I knew the person. This fear revealed that I had internalized stereotypes that People of

Color are dangerous. Another theme I noticed was a sense of superiority, showing that I had also internalized the stereotypes that People of Color are generally less intelligent, hard working, etc than White people.

While many of my self-observations were in public settings with strangers, I also brought awareness to my interactions with People of Color at my internship. I was concerned about how the biases I was becoming aware of elsewhere would affect my interactions and relationships in a clinical setting. Observing my embodied biases at my internship confirmed that they manifest when I interact with clients, and can be noticed by clients and affect our relationship. On a couple of occasions clients even commented on the fact that I moved away from them, usually to reassure me that they did not mean any harm. While these comments were spoken with light and teasing tones, they showed that my embodied biases had not gone unnoticed and that they had an impact on how clients perceived and interacted with me in return.

Recognizing what I was doing on a movement level allowed me to try to make other choices when interacting with people, to consciously make changes in movement as a start to the process of working past biases. Noticing myself closing off when a Client of Color was near provided the opportunity for me to relax my posture and open up instead. At times, these small changes were noticeable to clients as well, and seemed to support connections rather than highlighting power differentials.

Current literature and the results of this self-study support the idea that racial bias and oppression are actively affecting quality of life for People of Color in the U.S., and mental health professionals are in a position to either (consciously or unconsciously) support those structures

or work against them. Self is a key tool for the therapist in any practice, but especially so for the dance/movement therapist. In choosing to come alongside clients of minority backgrounds, therapists do not escape the stereotypes and biases that have been passed down through the history of the U.S., and can carry many negative stereotypes that result in profound challenges to having a supportive and empowering therapeutic relationship. For dance/movement therapists, our bodies and our movement are not small pieces of the equation when considering what we bring to our therapeutic relationships.

Lack of awareness regarding biases and how they manifest both verbally and nonverbally can have a negative impact on the therapeutic relationship, especially as they add on to larger systems of oppression. Preparing to do our best work as therapists requires seeking better understanding of our cultural identity (including racial identity) and the ways it can manifest. Every person has and expresses a cultural identity, and misunderstanding or denying it, especially when aligned with an identity that has a lot of power socially, can harm the ability to work well with clients of non-dominant cultures. It could also limit the potential for a therapist to be flexible when approaching treatment, and to recognize that cultural identity will impact the way therapists interpret and interact with clients. The embodied elements of cultural identity, especially regarding bias and oppression toward cultural identities different than our own, are a weighty reality that therapists need to address if we hope to serve clients well.

Movement reflects our internal states and beliefs, and my self-study revealed for me ways that my beliefs about people of a different race than mine impacted how I moved around them. Biases, as internally held beliefs and assumptions about others, can readily manifest in

movement, and those movements often detrimentally impact the therapeutic relationship, especially when they connect to and uphold larger systems from which clients may have experienced oppression. Sometimes these movements are microaggressions, like adopting a defensive stance when approached; other times they may include movements that could create barriers to building relationship, like moving away from clients spatially or shifting to postures that display a sense of superiority.

Growing in awareness of prejudices, biases, and how they are embodied is a small first step in moving toward cultural humility and embodying it. This is key to serve clients of non-dominant cultures well, rather than adding to hurt or trauma that may already have been experienced. To be part of breaking down oppressive systems and cycles rather than feeding them requires continued self-awareness and education, to avoid supporting them unconsciously. Sometimes this might mean engaging in self-disclosure, and acknowledging that something we do or say and might like to rationalize away, actually matches the larger fabric of our society in devaluing certain cultural identities.

Conclusion

There are limitations to the heuristic self-study I engaged in. The nature of the study meant I was the only researcher and participant, and I could only speak from my own perspective and experience as a privileged White woman. The more recent element of sharing this study with others means I have not received a lot of outside feedback or other perspectives on the topic, or consciously confirmed or denied any of my findings with experiences of People of Color around

me. The study was of an introductory nature, this self-exploration will need to continue for the rest of my life, and to further grow in cultural humility and dexterity I will also need to go beyond mere self-awareness and become more familiar with what it means to be a White ally and member of the dominant culture, and advocate for clients inside and outside the clinical setting. Writing about this experience tempts me to consider it as something that is “finished” when that is not the case, and will never be. While it is important to remember that this work will never be fully finished, it is also necessary to keep in mind that self-inquiry and awareness are not meant to bring us to a place where we get stuck and become immobile. This process is not about becoming hyper-aware, and inhibited in interaction with others. It is about finding a starting place for growing in awareness and acceptance of what does exist in our belief systems, consider how it will impact our interactions, and move forward to something more whole, healthy, and supportive of who others are rather than who we imagine them to be.

Part of supporting clients well is seeking to work against oppressive systems, not only in the context of our therapeutic relationship, but in working to make changes on a larger level. A place to start with taking action could be practicing different embodied responses that are not based on prejudice. This could look like adopting more open and relaxed shapes and actively trying to create them when I notice myself becoming stiff in an environment due to my prejudiced discomfort. It seems advisable to further the action portion of this practice by humbly taking opportunities to join People of Color when invited to spaces that are familiar to them, to allow myself to be in the minority when it might be uncomfortable, and to continue the practice of finding more openness on both a cognitive and embodied level.

Embodying humility, especially cultural humility, and social justice are areas that mental health professionals should take seriously. It is a necessity for a therapist to be aware of their responses, both internally and in movement, to client's movement and presence as cultural beings, especially if they represent a culture that differs from the therapist's. A large portion of this would include being willing to ask questions and be a learner, rather than making assumptions that may be wrong and based on therapist bias. Sometimes cultural humility includes acknowledging the prejudice as it bubbles up to supervisors, colleagues, or clients. This need for embodied cultural humility seems especially weighty for dance/movement therapists, and ought to be considered along with other elements relating to cultural humility, such as what it could look like to support clients with different cultural identities and movement styles without falling into cultural appropriation or "mirroring" that could be considered insincere or mocking.

This paper is also limited in that I focus on racial identity. Other elements of cultural identity and knowing our biases around them are also vitally important, and I want to apply this self-awareness work with my responses to elements of identity like gender, sexuality, age, ability, etc. There are still many forms of oppression of various cultural identities in the U.S., and to serve clients well I need to be committed to humility and the work of acknowledging my own biases and moving through them and away from oppressive "ist" beliefs.

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