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DANCE/MOVEMENT THERAPY AND A SEARCH FOR
WHOLENESS UNDER CAPITALISM

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ABSTRACT

Wellness, as it is currently defined in late capitalism, is a luxury good for the ruling class. Capitalism and the commodification of wellness go largely unaddressed in current dance/movement therapy research. In the United States, dance/movement therapists operate within the for-profit healthcare system. The United States is the only industrialized democracy in the world without a national health insurance program. Despite the access to state licensure for the past 20 years, dance/movement therapists still have no guarantee that health insurance companies will pay for their services. Concurrently, there has been a surgency of self-proclaimed *wellness coaches*. These “experts” claim that through one class, meeting, or session they can help you change your life and help you *manifest* your desires and goals. These classes look and sound shockingly like therapy while making far grander promises of actualization. Therapists yielding to the pressure of conforming to western culture’s preoccupation with immediate fulfilment will ultimately undermine the genuine potential for wellbeing that therapy can offer. There is a critical issue with the notion that wellbeing is something a therapist can sell. Desire for quick-fix wellness can lead to people seeking therapy as magical solution and to therapists claiming they can offer immediate and desirable results. When dance/movement therapists begin viewing clients as a consumer of a “product” they have lost the therapeutic nature of the work.

Keywords: dance/movement therapy, capitalism, healthcare, health insurance, wellness, commodification

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I dedicate this thesis to anyone that has been let down by the United States' for-profit system of healthcare. Whether you have experienced subjugation through the denial to access, financial burden, or simply failure to meet standards of care, know that it is not your fault. Everyone should be entitled to healthcare, wellness, and wellbeing.

“if it’s inaccessible to the poor it’s neither radical nor revolutionary”-Jonathan Herrera

Dance/movement therapy is a form of psychotherapy that honors, recognizes, and emphasizes the mind/body connection. Dance/movement therapists guide their clients towards greater self-awareness through deep exploration of body sensations and assist in identification of the emotions that arise within movement experiences. Dance/movement therapists utilize an understanding of both the verbal and nonverbal to develop a unique language with their clients. Strengthening rapport and trust between therapist and client is essential to the work that can be done within the therapeutic space.

The American Dance Therapy Association (ADTA)'s Code of Ethics names integrity within the therapeutic relationship as the first ethical consideration and client welfare as the primary obligation to the therapist. The Code of Ethics names race, ethnicity, language, national origin, religion, age, gender, gender identity, marital status, sexual orientation, socio-economic status, and physical or mental disability as cultural considerations within the therapeutic space (2015). The Code of Ethics further states that dance/movement therapists are to consider the impact of societal dynamics of power, privilege, and oppression on individual client experience and behavior (ADTA, 2015). These principles are an essential aspect of the ethical considerations for practicing dance/movement therapists. However, ethical decision making becomes murkier when one recognizes the ways in which the therapeutic model exists directly within oppressive systems.

In the United States, dance/movement therapists operate within the for-profit healthcare system. The United States is the only industrialized democracy in the world without a national health insurance program (Shaw, 2010). The continued lack of healthcare reform in the United States is largely due to privatization in the electoral process (Navarro, 2010). Campaign funding comes from members of the corporate class, including insurance, pharmaceutical, and medical

equipment companies; entities with invested interest in maintaining the for-profit insurance model. Politicians have financial incentive to maintain the in-place system despite increased desire for healthcare to become a right of citizenship, much like elementary and secondary education (Gordon, 2003). The United States utilizes a consumer-driven model of healthcare which operates unlike any other economic market. Receiving of healthcare services is not driven independently by patient desire but rather by an individual's physical health and by their doctor's recommendation. These recommendations often do not include an explanation of the cost of one treatment comparatively to another (Shaw, 2010). Shaw argues that health care is not like other efficient economic markets. Healthcare purchasing differs from behavior regarding most other consumer goods and makes market-based solutions to healthcare coverage deeply problematic, since the relationship between what one pays for insurance and what one gets in return is only very loosely related (2010). Individuals do not increase their consumption of medical services based on their increased ability to pay. One does not learn of a new procedure, independent of the physical need for it, and decide to purchase one. The relationship between doctors and pharmaceutical companies, further disempowers patients and drives up costs (Shaw 2010). Healthcare is distributed not according to medical need but rather the ability to pay, of which there is a great mismatch.

Health care in the United States can be provided either as a job benefit to those employed or as a government program to those at the lowest end of the socioeconomic spectrum. Instillation of employment-based healthcare relies heavily on compassion as a motivator and not all employers choose to provide these benefits for their employees (Gordon, 2003). When employers choose to provide health insurance benefits, they contract with investor-owned, for-profit businesses. These companies seek to keep premiums down and profits up by cutting

medical services. Insurance companies compete by not insuring high-risk patients, limiting the coverage they do insure, and passing costs to patients as deductibles, copayments, and claim denials (Angell, 2008). Private insurers skim off the top 15-25% of premiums for their administrative costs, marketing, and profits. The remainder is passed through satellite businesses within the healthcare industry including brokers, disease-management and utilization review companies, drug-management companies, legal services, marketing consultants, billing agencies and information management firms that also extract from the premiums. As of today, only Massachusetts has mandated employment-based healthcare coverage, placing the burden of providing healthcare on individual employers (Navarro, 2010; Shaw, 2010). This means many working-class American citizens, 30.9 million as of 2019, are without access to insurance. Many of those with access have insufficient coverage and risk losing it through loss of job (Angell, 2008).

U.S. healthcare relies primarily on a system of reimbursement, a process in which a patient first receives medical treatment and subsequently the provider bills the responsible party for the cost. Ideally, the responsible party is a private health insurer or a government agency. However, this process puts patients in a position where they often are unaware which healthcare services will and will not be covered by their insurance. This is particularly difficult in a health emergency where a patient does not have time to consult their insurance provider. Due to the lack of clarity and transparency on the part of health insurance providers, seeking medical care becomes a Russian roulette where patients may or may not be stuck paying for medical bills. Whedon (2017) reported that health insurance reimbursement mechanisms for health services were unreliable. The study reports a relatively low likelihood of reimbursement from integrative healthcare, suggesting that many patients seeking services beyond primary care must pay out of

pocket for treatment. The study pinpoints variation across the state in reimbursement for integrative health care services. This variation in reimbursement intersects with the socioeconomic status of patients, demonstrating that people of lower socioeconomic status are less likely to receive reimbursement (Whedon, 2017). This means that people with the most need are frequently provided less assistance than those with jobs and wealth. The United States is the richest country in the world (Gelderloos, 2010). However, millions do not have access to healthcare. Every year hundreds of thousands of people die from preventable or treatable causes (Gelderloos, 2010). The healthcare system's continued emphasis on the oppressive capitalist model and primary goal of making the 1% wealthier while the working class suffer posits therapists in a unique but difficult juxtaposition. Dance/movement therapists find themselves attempting to build trust and rapport within the therapeutic relationship while being simultaneously aware of the unspoken power differential within the financial relationship between therapist and client. This could look like facilities pressuring therapists to maintain and retain clients despite awareness of clients' constrained finances. Under this directive, therapists might advocate for clients to receive more treatment when, in fact clients, are clinically stable. This facilitates distrust between patient and practitioner, creating a huge obstruction in the establishment of a therapeutic relationship towards healing.

It is not only clients who struggle to find a voice within the oppressive healthcare system. Though movement and dance have been used for centuries in many cultures as a form of healing, Hopkins (2016) argues that the development of dance/movement therapy as a clinical profession within the United States occurred primarily within stigmatized healthcare domains. Hopkins claims that the profession's long-standing association with recreation, activity, and occupational therapy has limited its credibility as a psychotherapeutic modality. Hopkins continues to identify

that first and second generations of dance/movement therapists primarily obtained jobs through their relationships with psychiatrists on the East Coast (2016). She cites a reduction in job opportunities for dance/movement therapists within the last 50 years directly correlated to the closing of state psychiatric hospitals beginning in the 1960s, the rise of managed care utilization review beginning in the 1980s, and the failure to implement medical parity legislation in the mid-2000s (Hopkins, 2016). However, despite closure of state hospitals, dance/movement therapists have been able to redefine and expand dance/movement therapy beyond work within psychiatric hospitals. Even before state hospital closure, dance/movement therapists were advocating to expand the diversity of settings served into geriatrics, education, domestic violence shelters, and mental/behavioral health clinics, and have demonstrated the effectiveness of dance/movement therapy with a broader clientele. However, dance/movement therapy is still a growing profession seeking further recognition and career development, and expansion is a long-term goal of dance/movement therapy's survival. Dance/movement therapists still do not have profession specific licensure in many states and therefore are not receiving the proper recognition as clinical professionals.

Dance/movement therapists, like other mental health professionals, are licensed state-by-state in the United States. Dance/movement therapists had a long journey towards licensure that was only fully realized recently. The American Dance Therapy Association was incorporated in 1966, and four years later a process for registering as a dance/movement therapist was established (Miller et al., 2016). Individuals pursue careers in dance/movement therapy through master's degree programs or through alternative routes. Following education, students then register as dance/movement therapists with the American Dance Therapy Association's credentialing board. After registration, practicing dance/movement therapists have the

opportunity to apply for and receive board certification. However, it was not until 1993 that dance/movement therapists began seeking more direct access to state licensure, a step they hoped would transversely increase employment opportunities. In 1995, the ADTA began seeking an alliance with the National Board of Certified Counselors. The affiliation sought to support employment for dance/movement therapists in states that licensed counselors but not creative arts therapists. There was a divide in the dance/movement therapy community represented at the ADTA's annual conference. Some dance/movement therapists worried that alignment with counselors would inaccurately represent the principles of dance/movement therapy and one group argued that the ADTA should work towards state licensure of creative arts therapists. This group believed that creative art therapies (i.e., music therapists, drama therapists, and art therapists) more closely reflected the clinical work of dance/movement therapy. Despite disagreements among dance/movement therapists, the ADTA entered an affiliation with the National Certified Counselors that would designate dance/movement therapy as a counseling specialty (Miller, et al., 2016). Concurrently with the commencement of this affiliation, dance/movement therapists in New York state aligned with other creative arts therapies and, in 2006, a provision under New York State Education Department of Professions listed Creative Arts Therapist as a professional licensure. In New York, dance/movement therapists are still licensing as Licensed Creative Arts Therapists. Unfortunately, the ADTA's national affiliation with NCC only continued until 2012, when the National Board of Certified Counselors voted to require a degree in counseling in order to sit for the National Certification Exam. Following this decision, dance/movement therapy master's degrees in states that licensed as counselors had to provide coursework with a clear orientation towards counseling.

Despite the access to state licensure for the past 20 years, dance/movement therapists still have no guarantee that health insurance companies will pay for their services (Miller et al., 2016). This can result in clients paying directly out of pocket or even in therapists not being paid for services at all. This situation can result in distrust and frustration between client and therapist due to the lack of clarity in the costs of services (Bonger, 2017). Currently in the United States, dance/movement therapists are often unable to receive reimbursement through third parties and cannot bill Medicare and Medicaid for services in private practice despite clinical training, licensure, and board certification. This makes it difficult to service clients receiving public healthcare, thereby making dance/movement therapy nearly inaccessible to one in five Americans (Family, USA, 2021).

Dance/movement therapy's close ties with professional counseling warrants an investigation of counseling's unique historical relationship with capitalism. In the early 1900s, the first counselors were social reformists working to combat the rapid rise of unemployment as a result of the Industrial Revolution (Zubernis, 2016). These reformists believed that individuals could excel more in capitalism through the guidance and direction of professionals. In the 1930s, the Great Depression brought a high demand for job counseling. This, in turn, established the first coherent theory of counseling, with the pinpointed goal of helping clients find ways to be more effective decision makers within the job market (Zubernis, 2016). In essence, the first counselors were working directly with people to both problem-solve job deficits as well as take on the emotional strains of the financial hardships in the Great Depression. Mental health counseling's origins in social reform provide a transparent glance to the ways that capitalism directly affects mental health. In a time where psychoanalysis was an extravagance for people

with wealth and resources, counselors made therapy and healing accessible to the poor and working class.

Marx pinpointed the primary cause of oppression as economic: The capitalist class exploits the working masses for profit to the detriment of the working class. The owning class lives off of the surpluses produced by an exploited non-owning, and thus, oppressed class (Engels, 1969). Marx's labor theory of value, the basis of capitalist accumulation, is the concept of surplus labor value (Marx, 1967) Labor power has the ability to produce more value than its own wages; the worker can be made to work longer than the labor-time equivalent of the wage received. The amount of labor-time the worker works beyond this is the surplus value and source of the capitalist's profit. If the worker only produced the equivalent to their wages, there would be nothing left over for the capitalist. A chief disadvantage of capitalism is that many people are unemployed, underemployed, and impoverished against their will. Although capitalism has sometimes held the promise of expanding the base of people benefitting from it, it largely remains an exclusionary system (Russell, 2019). In the United States, for-profit care is nearly always more expensive and often of lower quality than health care in the public system (Angell, 2008). Unfortunately, the delusion that investor-owned businesses are charitable organizations that want to contribute their resources to the community persists. Private businesses have responsibilities to their investors that require they take profits from the community, skimming off the profitable patients and profitable services (Angell, 2008).

The United States' consumer driven model to healthcare enforces a lens that sees patients and clients as consumers, despite the reality that health care decisions do not follow the *typical* consumer model. Decisions around health services are made by healthcare professionals, not individual clients; however, mental health services are often viewed as a personal decision on the

part of citizens. Other than instances of involuntary committal, mental health services are treated as a choice and responsibility of the individual to seek. In contrast, people with less capital often do not have the means to choose quality mental health treatment. As Maslow's hierarchy of needs reflects, people who are not struggling simply to stay alive, or find work or make families, have more time, energy, and psychological space, for pursuing personal identity and fulfillment as their ultimate goal (Bonger, 2017). Maslow demonstrates that individuals who are consumed with the work of acquiring basic necessities do not have the capacity to pursue additional personal development. This inherent dichotomy creates a culture in which therapy and mental health practices are a luxury for those who can afford the time and financial burden. A consumer driven model to therapy and mental health reinforces this reality and even suggests that people struggling to make ends meet are not deserving or entitled to space for healing and self-discovery.

For the purposes of this thesis, it is important to clarify and establish a definition of both *health* and *wellness*. Generally, we can understand the differences between *health* and *wellness* through recognition and regulation by the State. Though infrequent, health crisis and concerns fall under national obligation. For example, vaccinations are mandatory for public school students and the State oversees that students receive their vaccinations prior to enrollment. *Health* is defined and addressed directly by the State while *wellness* is perceived to be the responsibility of the individual. The United States has used capitalism to construct a set of social values around the concept of *health*. Health is socially constructed by United States social values, to mean whiteness, thinness, heterosexuality, and cisgendered identity. The villainization of fat bodies, the US government's disregard for the AIDS epidemic, and the mortality rates of black women in childbirth reinforce public understanding of health and uphold the idea that

health is only attainable and available to the ruling class. To add insult to injury, the media often in turn capitalizes on the healing practice of the very groups they seek to marginalize and oppress (Linklater, 2014). Eastern medicinal practices become more *mainstream* in the United States but are entirely detached from their cultural ties. Often these practices are appropriated by the dominant class to feed their ego and perform the identity of being worldly. Often, capitalism seeks to *sell back* the very practices that have been stolen to the cultures they were initially extracted from. This *selling back* correlates with a commodification of the word *wellness*. Through an emphasis on consumption, citizens pursue a *lifestyle* through the acquisition of desired goods or experiences that suggest a symbolic meaning or code of stylized conduct (Giddens, 1991). Individuals consume goods that they feel make a statement about who they are or aspire to be and capitalist society encourages us to recognize ourselves via the things we consume.

There has been a significant uptick in people claiming to be yoga practitioners, utilizing indigenous healing practices, and embracing Buddhist ideologies beginning in the early aughts. There is a wave of primarily white women marketing themselves as yoga gurus, selling sage bundles, and generally presenting themselves as spiritual guides. While this is clearly related to colonization and cultural appropriation of eastern and indigenous practices by white US citizens, this is also influenced by the clear market for *health* experts who appear to gatekeep access to self-actualization and achievement of the healthiest version of self. Social media has a massive impact in how citizens consume, creating a culture where one is are perpetually doom scrolling through a never-ending sea of products and experiences for sale. Social media serves to illuminate the growing wellness gap, and sell the idea that health is only attainable for the financially elite. Consumers are painted the illusion that they can only be healthy if they exercise

in the most expensive workout gear, eat the most exclusive dietary supplements, and slather their faces in skin care marketed as “non-toxic”. Every time the consumer thinks they have finally perfected their wellness routine, they are bombarded with new and improved products they must buy in order to become their most healthy self. While in the past, advertising agencies stimulated consumer interest, now companies find “influencers” and promoters to sell products to potential clients. When an advertisement tells someone that a certain product will make them happy and healthy, they are more directly cognizant to the fact that a company is seeking to make a profit. However, when an influencer, someone who looks and feels just like them, tells an audience that a product is a must-have and life changing, it feels more like a recommendation from a friend. Big corporations have effectively mimicked the old form of bartering and created the sensation of buying from a small business directly through the utilization of influencers. Health has become a subversive form of conspicuous consumption, providing the financially elite with overall feelings of wellbeing and supremacy, and simultaneously shaming the impoverished with feelings of constant inadequacy. *Wellness*, as it is currently defined in late capitalism, is a luxury good for the ruling class.

This commodification has a direct impact on how we understand our own wellbeing and health. As the wellness trend has integrated into the mainstream of society, health *experiences*, rather than health *goods* have become the keynote of wellness. These healthy experiences have developed a niche place in the *luxury goods* market, much like designer bags, cars, and perfume. The wellness experiences are intended to be seen and consumed by an audience. Therefore, it only takes a perusal of social media to see these wellness goods. Face masks, vitamins, juice cleanses, and diets are just the surface of the ways we are being told that we must purchase in order to be healthy. A more alarming surgency is the increasingly vague self-appointed “wellness

coaches”. Where in the past health experts might be personal trainers or nutritionists, professions with trainings and certifications, now it simply takes having a camera, a good filter, confidence, and charisma in order to capitalize on America’s obsession with the performance of wellness. Those who can afford wellness as the media has packaged it are perceived by themselves and those around them to be a social elite (Reding, 2021). By capitalizing on pre-existing social values, advertising has progressively begun to dominate the online public stage, reaching consumers from virtually anywhere (Reding, 2021).

Capitalism and the commodification of wellness go largely unaddressed in current dance/movement therapy research. A keyword search of “capitalism” in the *American Journal of Dance Therapy* yields only five article results as of the publication of this thesis. One of these, “Holistic Marketing for Dance/Movement Therapy: A Heuristic Study” (Schmidt, 2011), focuses on using business and marketing techniques to increase job opportunities in the dance/movement therapy community. At face value, the expansion of job opportunities for dance/movement therapists is an understandable goal. However, Schmidt advocates for “holistic” and “value centered” marketing that seeks to sell wellness and spirituality to prospective clients.

Schmidt argues that the dance/movement therapist should adopt a heuristic methodology in research and a “value-centered marketing” or “holistic marketing” approach to dance/movement therapy (Schmidt, 2011). Schmidt argues that shying away from the idea of “business tactics” on the part of “caring people” is futile to the success of a health care practice. Schmidt proposes that to adopt a value-centered approach to business will set dance/movement therapists distinctly apart from other models of marketing and allow for self-awareness and reflection of the purpose of dance/movement therapy. Schmidt defines a value-centered approach as a journeying inward to access passion and intention. She identifies practices such as

meditation that would help practitioners gain a full and inclusive picture of their practice. After the dance/movement therapist identifies their intentions, they would then provide psychoeducation to potential clients to support an informed decision about whether services are correct for them. Schmidt hopes that this spiritual connection to truth within would result in conscious and ethical awareness in business practices (2011). This work is productive and, at first glance, is entirely necessary for a dance/movement therapist to have a clear and ethical understanding of their intentions in practice and share this through transparency with clients. However, there is a cognitive dissonance. Though the individual therapist may be ethical and well intentioned in business practice, this does not eradicate the reality that they are operating within capitalism. Therapists must not turn a blind eye to how their practice exists within, and benefits from, the extraction of money from persons in order for them to attain healing. Capitalism places all the responsibility on the individual to be ethical in practice and no responsibility on the State to protect the client from exploitation. While licensure seeks to protect potential clients from unethical practice, it does not account for the unpredictable financial burden of therapy due to presence of insurance companies. Nor does it consider clients that may not have insurance and might choose to incur more financial hardship in times of crisis due to desperation for services that often ask for payment upfront from noninsured folk. The financial impact may in fact push potential clients towards more affordable and flashy quick fixes from unlicensed *professionals*.

Schmidt (2011) continues that spirituality in business has remained a trend for several years and that dance/movement therapists should capitalize on this trend. She explains that to incorporate a spiritual practice in business would be transformative for marketing practices. Schmidt notes that incorporating spiritual practices into dance/movement therapy business

practice creates opportunity for therapists to prioritize self-care. Schmidt further discusses how self-exploration in a business model would stimulate an awareness of the marketer's core values, and find, establish, and strengthen connection with one's "market" to create genuine communication. Schmidt concludes that honoring body/mind/spirit in holistic marketing and dance/movement therapy supports transition, change, healing, growth, development, and productivity. She believes these approaches will strengthen the therapist's understanding of their truth and desires as well as strengthen dance/movement therapy's presence in healthcare (Schmidt, 2011). This proposal sounds a great deal like spiritual bypassing, a practice in which one ignores or absolves themselves of responsibility in oppressive systems by fleeing to spiritual ideas or practices. Though spirituality has an important role in establishing wholeness for therapists and clients, it does not inherently cause the therapeutic relationship to transcend the real-world constraints of capitalism. Dance/movement therapists should be careful to not ask clients to compartmentalize their lived experience with false claims of spiritual connection.

In a culture that emphasizes selfhood, narratives of wellbeing become more and more central, as does the assumption that self-realization is the largest aim of human experience. Bonger (2017) identifies the ways in which wellbeing values of an individualist society fit neatly with the demands of consumer capitalism, where a person's commercial consumption is seen as the central unit of experience. Bonger argues that, where previously, the psychological need for meaning might have been experienced through communal sources such as mythology, religion, and community life, individuals have increasingly become directed to fulfill their needs for meaning, wholeness and belonging through consumption (2017). Commodities become associated with states of wellbeing that can be bought and consumed, meaning we are induced to buy not just products but the promise of greater self-worth, deeper relationships and a more

profound sense of fulfillment. Bonger provides evidence of this in the marketing of consumer items, but also more explicitly in wellbeing services and experiences such as retreats, massages, and therapy (2017).

Bonger further asserts that consumer marketing strategies stimulate prospective consumers with high expectation of satisfaction from products, and subsequently lead to profound dissatisfaction with these same products (2017). Explicit focus on the alleviation of dissatisfaction conflicts with what therapy might hope to offer, for example, a sense of trust between therapist and client. A pessimistic reading might suggest that therapists seek to keep clients unhappy in order to secure their continued employment, but an even less extreme analysis must acknowledge that a capitalist system, with an emphasis on buying and consuming, will have an impact on how therapy works. Bonger warns that therapy runs the risk of becoming another commodity through which people attempt to buy up their sense of self (2017). This means that wellbeing, identity, even human relationships themselves can come to be viewed as things to be consumed.

There is a critical issue with the notion that wellbeing is something a therapist can sell. Desire for quick-fix wellness can lead to people seeking therapy as magical solution and to therapists claiming they can offer immediate and desirable results (Bonger, 2017). There are thousands of self-proclaimed wellness coaches on social media platforms claiming that they can offer fast results to alleviate feelings of inadequacy, depression, and anxiety. These “experts” claim that through one class, meeting, or session they can help you change your life and help you *manifest* your desires and goals. These classes look and sound shockingly similar to therapy while making far grander promises of actualization. Therapists yielding to the pressure of conforming to western culture’s preoccupation with immediate fulfilment will ultimately

undermine the genuine potential for wellbeing that therapy can offer. The instant gratification of US culture is so addictive that everything, even experiences which require time to develop authentically, are induced to happen faster and faster because speed is given such high value. An assumption of disposability can easily start to spread into other areas of life. When speed is emphasized in fulfillment, individuals might quickly abandon experiences that require long term commitment and patience. Perhaps a client is seeking a particular outcome from therapy and is willing to pay the therapist to ‘provide’ it for them. A client might be more willing to seek a model that stimulates feelings of immediate fulfillment and therapists may in turn begin to feel pressure to present their work as a solution to a problem. It becomes easy to see how the consumer lens, which understands even non-material things as potentially buyable, can start to affect the therapeutic relationship. Therapists might become more compelled to rush the therapeutic process and clients may be more likely to abandon therapy when it does not change the quality of their lives instantly. This throwaway culture can feel empowering, as it gives an illusion of control, but by ducking out of relationships which are challenging or not immediately rewarding, we miss learning how to negotiate difficulty, and lose the deep satisfaction of seeing change. Where wellbeing is understood to be a product that can be bought, there will be never-ending desire to buy it (Bonger, 2017).

Schmidt’s (2011) noting that dance/movement therapists should incorporate self-exploration and strive for a self-awareness in practice is well taken. However, her approach to expanding the awareness and knowledge of dance/movement therapy misses the mark. Rather, the field of dance/movement therapy should be aware of the cognitive dissonance in the pursuit of “holistic marketing”. Schmidt argues that dance/movement therapists should embrace the market’s way of working, and that, rather than allow ourselves to be marginalized by consumer

culture, we should use it as a vehicle to promote our work and make it accessible (2011). However, dance/movement therapy's core values make it an uneasy fit with the capitalist model. The embodied nature of the work, relational basis, and the quality of working with the unknown contrast with the fast-paced smooth-lined efficiency of the consumer model. Dance/movement therapy embracing the “marketing” approach would simply offer another way of being disappointed by a purchase. The dance/movement therapist undoubtedly works within a consumer context but does not need to be directed by it.

The United States has an oppressive history linked to commodification of the body. The nation’s history of colonization, slavery, and the genocide of indigenous people demonstrates an interest in making a profit directly off the bodies of what the nation sees as expendable peoples. Further, feminists have been challenging the objectification of women’s bodies as they are portrayed in media that push the image of an idealized body. Research continues to expand evidence that trauma lives in the body and many mental health professionals seek to address and assist in healing from physical, emotional, and intergenerational trauma. Dance/movement therapy is unique in the way that therapists are trained to deal directly with mind/body connectivity and can offer additional resources to those looking to transcend trauma. Dance/movement therapy deals largely with the experience of embodiment, pushing for an understanding of the lived bodily experience and challenging the notion that the mind is in some way superior to the body. This is a big ask for clients, as embodiment can potentially traumatize or retraumatize bodies that have been subjected to oppression and violence.

That is not to say embodiment is not possible or should be avoided, but that rather, a striving for wholeness, mind/body connectivity, and self-discovery does not happen within a vacuum. Wholeness is not attainable without regard and respect to mechanisms, beyond the

individual's control, that cause harm. A client is never removed from their lived experience, and for therapists to treat clients as consumers and not directly confront the potentially hierarchical relationship between therapist and client would be to request our clients simply ignore the presence of capitalism in the therapeutic relationship.

Dance/movement therapists should ask themselves if holistic practice is possible when the agenda is marketing to potential clientele. Is health care and wellbeing prioritized when therapists begin thinking of clients as "consumers"? Can the therapist's work be person centered when the therapist approaches the client as "consumer"? As psychotherapists, perhaps dance/movement therapists should focus on expanding job opportunities through the destigmatizing of mental health work, body/mind practices, and disability/diagnosis through advocacy and research, rather than through the development of business models. "Marketing" has no place in dance/movement therapy. When one begins viewing clients as a consumer of a "product," the therapeutic nature of the work has been lost. Dance/movement therapy is more than a service to be provided but is a mechanism for healing and self-awareness. The work speaks for itself. The desire to broaden the communities that dance/movement therapy reaches should be from the intrinsic motivation to create a more accessible healing practice, rather than a desire to have a more profitable business model.

The realities of capitalism can feel paralyzing. The systems of capitalism, white supremacy, and colonialism are so entrenched in our society that it may leave a therapist wanting to run and hide rather than confront these realities. One way to combat capitalism within the therapeutic space is simply to acknowledge its existence. Transparency in the therapeutic relationship is an important tool. If a client discloses in session that they have lost their job and/or their insurance, the therapist's first thought should perhaps be "How is this client paying

for these services? What kind of debt are they incurring in order to receive therapy?” Therapists need to work together with clients to collaborate towards solutions to potential financial hardship. This may look like considering one’s own finances. Can the therapist offer pro bono work or a sliding scale? This is not to say dance/movement therapists should begin offering their services for free, but rather to consider why one has chosen to become a dance/movement therapist or a therapist at all. Direct redistribution of wealth is a way to confront capitalism directly in one’s own practice. Most dance/movement therapists do not choose this career to become wealthy. Dance/movement therapists choose his path because they believe in healing and the inclusion of the body in healing.

There are a limited number of insurance companies that reimburse creative arts therapies. The process of becoming a provider for a private insurance company in private practice is frustrating for dance/movement therapists and causes many to abandon the pursuit to accepting insurance. Dance/movement therapists should wonder about whom they are cutting off access to when they decide not to accept insurance. Is the therapist comfortable denying access to clients that cannot afford to pay out of pocket? The system is undeniably frustrating and experiencing fatigue and burnout from working within it is a harsh reality. However, therapists might challenge themselves to consider their obligations to their communities, and put in the work to pursue a path that makes their practice accessible to the most individuals. This may look like balancing one’s caseload with regard to the socioeconomic status of clients, offering sliding scale, and/or putting in the research it requires to find insurance companies that work with dance/movement therapists.

There is no ethical consumption under capitalism, but that does not mean therapists should simply give up the fight. Dance/movement therapists must let go of the ego and desire for

prestige that goes hand and hand with acquisition of wealth. Therapists may feel struck by the massive nature of capitalism, but the first step to dealing with it is being able to name and recognize its presence. Dance/movement therapists ask clients to witness themselves in their wholeness and acknowledge who they are in their entirety. Therapists cannot do this work while simultaneously denying the presence of capitalism within the therapeutic space.

Dance/movement therapists know that oppression is experienced first through the body and that suffering will manifest within the body. Dance/movement therapists should investigate in themselves how capitalism presents in their bodies and observe how it may influence, harm, and manipulate. Therapists should take it upon themselves to get educated about how oppression and subjugation affect mental health and consider adopting a psychoeducational approach in practice that allows clients to fully process their oppression under capitalism.

The absolute solution to keeping capitalism out of the therapeutic relationship is the eradication and dismantling of capitalism. A solution that might be easier to fathom is Medicare for all that includes mental health services, or some similar national health insurance program. Until such a day that the United States does not live under capitalism, dance/movement therapy must be transparent about wellbeing as a process, a state of being that one can participate in rather than possess, and demonstrate how fulfillment, authentic wellbeing and true selfhood are by-products of relating well with ourselves, our communities, and our world. This discovery can itself be liberating, meaning individuals have agency to form their own experience of wellbeing, rather than believing that they must purchase fulfillment through a specific product, or perhaps thinking that they have been locked out of it altogether. It is a pristine picture of wellbeing that is so often sold to us: of relaxation and *me-time*, both of which may be good in and of themselves. However, it is not true that joy and wellbeing are only attainable when conditions are perfect. In

fact, genuinely being well needs to include space for a full range of feeling, which allows an individual to express darkness, as well as enjoy their light. Therapists should be aware of and willing to explore the ways in which capitalism and oppression arrive not only structurally but within the therapeutic space. Dance/movement therapists that can resist a consumer model in their therapeutic practice enable a different narrative of wellbeing to emerge and create space for a more honest and safe therapeutic relationship.

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