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Johnee Border

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**“Nope. Don’t Like That.”**

**In Search Of Justice And Commitment To Nonmaleficence In Dance/Movement Therapy**

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May 2023

Submitted in partial fulfillment  
of the requirements for the degree of  
Master of Science in Dance Movement Therapy  
Sarah Lawrence College

### **Abstract**

The American Dance Therapy Association (ADTA) and Dance/Movement Therapy Certification Board (DMTCB) have ensured those dance/movement therapists who have been educated, registered, and board-certified share a commitment to equity, justice, and nonmaleficence according to the ADTA and DMTCB's Code of Ethics and Standards (The Code) (ADTA, 2015). "Nope. Don't like that," has been the actual, verbal, expression of the embodied experience of intersectional harm from a lack of assessed, decolonized dance/movement therapy practice and pedagogy. The ADTA, students, educators, and credentialed dance/movement therapists hold an established, ethical responsibility to justice and nonmaleficence, and as such, must demonstrate a commitment to the pedagogy and practice of assessment of intersectional cultural competence. The effort toward intersectional cultural competence has spanned decades (Chang, 2015), but has the effort been critically examined? Has dance/movement therapy sought to dismantle the oppressive systems in which White, Western culture has been rooted (Nichols, 2019)? Disrupting the status quo, dismantling White supremacy, and decolonizing dance/movement therapy has been the requirement to demonstrate commitment to justice, nonmaleficence, and The Code in the United States.

*Keywords:* race, intersectional cultural competence, dance/movement therapy, decolonization, social justice, intersectionality

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**Table of Contents**

Introduction/Harm, Justice, and The Code . . . . .	5
Dance/Movement Therapists in the United States . . . . .	7
The Communities Being Served . . . . .	9
Literature Review/Cultural Competence in DMT. . . . .	11
Intersectional Cultural Competence. . . . .	11
The Standards for Education . . . . .	14
“Effort” in Diversity . . . . .	17
Method/Harm in DMT. . . . .	23
Reflecting on Mirroring . . . . .	23
Discussion/Whiteness in DMT. A Reckoning . . . . .	27
Intersectionality. . . . .	29
Spotlight on Whiteness. . . . .	32
Vulnerable White Woman Oppressor . . . . .	35
Conclusion/Committing to Justice with Intention . . . . .	39
References. . . . .	44

### **Harm, Justice, and The Code**

The embodied experience of harm and trauma caused by oppression has been investigated in counseling and somatic therapies (Johnson, 2014), such as dance/movement therapy. “Nope. Don’t like that,” has been the actual, verbal, expression of the embodied experience of intersectional harm due to the lack of assessed, decolonized, intersectional culturally competent dance/movement therapy practice and pedagogy. The effort toward intersectional cultural competence has spanned decades (Chang, 2015), but has the effort been critically examined? Has dance/movement therapy sought to dismantle the oppressive systems in which White, Western culture has been rooted (Nichols, 2019)? Dismantling White supremacy and decolonizing dance/movement therapy has been required to demonstrate commitment to justice and nonmaleficence.

The foundational and accrediting institution for dance/movement therapy in the United States, the American Dance Therapy Association (ADTA) has defined dance/movement therapy as “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (ADTA, 2020). The ADTA and Dance/Movement Therapy Certification Board (DMTCB) have established a mission, principle, and ethical responsibility to social justice. Per The Code of Ethics and Standards of the American Dance Therapy Association and Dance/Movement Therapy Certification Board, hereafter referred to as The Code, there has been laid the responsibility to ensure the protection of the communities within which dance/movement therapy has served to have reflected, investigated, and assessed what dance/movement therapy has been, what dance/movement therapists have been doing, learning, and teaching, and the intersectional impact from the subjective experiences of those communities. However, there has continued to be a lack of accountability and commitment to

justice and equity within the pedagogy and practice of dance/movement therapy. Without the institution of a strategic plan for decolonization and intersectional cultural competence, supported by research and assessment of interventions, best practices, and demonstrable pedagogical accountability, there cannot be a claim to be a just and equitable practice.

The Code has established rules of conduct and principles to which the practice of dance/movement therapy has been held. The ADTA (2015) has stated, “The Code and Standards offer protections to the client, the public, student or supervisee, the practitioner, the research participant, and the profession... as well as set down the requirements of ethical dance/movement therapy professional practice” (p. 2). Without having consistently assessed practices of dance/movement therapy, there cannot be a guarantee that no harm has been experienced by vulnerable communities, despite nonmaleficence being a “foundational ethical principle” of The Code (ADTA, 2015, p. 2). The Code has explicitly stated an ethical commitment to “nonmaleficence, beneficence, autonomy, fidelity, veracity, and justice to the practice of dance/movement therapy,” (ADTA, 2015, p. 2) yet assessment to determine if and how well dance/movement therapy has upheld that commitment has not been established. The ethical commitment to nonmaleficence has claimed to hold the practice, practitioners, and educators of dance/movement therapy to the principle of avoiding harm with *intention*. However, dance/movement therapy in the United States has lacked reflection on the impact on vulnerable communities.

The Code highlighted advocacy and justice as core elements of dance/movement therapy ethical practice. Directly from The Code, the section on social justice reads;

#### 6.0 Advocacy and Promotion of Social Justice

Dance/movement therapists promote social justice with a recognition that a just society contributes to individual, family, and community health. (See 2.3. Multicultural Competence)

6.0. a. Dance/movement therapists cultivate awareness of and address oppression and disparities in power and privilege, resulting in barriers to wellness, at individual, institutional, and societal levels. Dance/movement therapists advocate for equitable access to services and culturally competent care.

6.0. b. Dance/movement therapists encourage clients to advocate for their rights to appropriate, competent, and respectful treatment and, with client permission, may initiate advocacy on a particular client's behalf.

6.0. c. Dance/movement therapists foster respect and support in personal, professional, and public arenas, for those marginalized by mental illness. (ADTA, 2015)

According to The Code, dance/movement therapists have held a responsibility to actively confront racism and promote awareness of disparities of power and privilege. Actively confronting racism has required the assessment of the cultural competencies of dance/movement therapists and educators, including the subjective intersectional impact of the communities being served. The assessment of dance/movement therapist cultural competence must include a reflection on the impact of colonization and White supremacy on dance/movement therapy. Throughout this piece, Voices of Color have intentionally been uplifted. Quotes from White dance/movement therapists have been included directly from research studies. For decades there have been repeated calls to action to develop cultural competence and promote social justice in counseling psychologies and dance/movement therapy (Cantrick et al., 2018). However, harm has continued through the lack of assessment and decolonized practice.

### **Dance/Movement Therapists in the United States**

The body of board-certified dance/movement therapists in the United States has primarily been composed of White women. The disproportionate demographics have been visible and discussed in dance/movement therapy research and education, however specific and official data from the U.S. Bureau of Labor Statistics has not been available. Data regarding dance/movement therapists have been included among other arts therapies under "therapist, all other" (Torpey, 2015). The following data, from an established industry navigation software company, has

correlated with available research and assertions of the demographics among dance/movement therapists in the United States. As of 2022, 74.9% are White, 92.9% are female, 7.1% are male, and 27% identify as LGBT, with an average age of 44.9 years. (Dance Therapist Demographics and Statistics in the US, 2022). According to the data, nearly three out of four dance/movement therapists have been White. More than nine out of ten have been identified as female, although the source material states gender then discusses “male” and “female,” which have been terms to describe sex assigned at birth, not gender, and has excluded and erased trans, 2-spirit, non-binary, intersex and other non-cisendosexual identities. Nearly one out of three dance/movement therapists have identified as LGBT, however, that does not explicitly include 2-spirit, queer, intersex, ace, or other identities under the queer umbrella. Also, with an average age of about 45 years, the average dance/movement therapist has been at least one generation removed from the most vulnerable age groups, young children and the elderly (Mid-America Regional Council (MARC), 2017; Vulnerable Populations: Who Are They?, 2006). The available data has demonstrated there has been an overwhelming disproportion of Generation X and older, White, women dance/movement therapists in the United States.

The lack of diversity among dance/movement therapists has been concerning and efforts toward inclusion, such as The Multicultural and Diversity Committee (MDC) of the ADTA Affinity Groups (AG) have been in effect since 2009 (ADTA, 2020). The Multicultural and Diversity Committee (MDC) has designated the ADTA Affinity Groups (AG) as “support groups that are positioned around creating space for people who have been historically underrepresented or experienced systemic oppression,” and function under the scope of the MDC (ADTA, 2020). The aim of the ADTA Affinity Groups have been “to serve particular constituencies and to give voice to non-dominant groups within the DMT (Dance/Movement Therapy) community.”

(ADTA, 2020). Further, the ADTA has suggested “advantages” of participating in affinity groups such as:

Minimize feelings of isolation experienced by ADTA members within the organization and creates intergroup solidarity; aid in the attraction, recruitment, and retention of new and historically underrepresented ADTA members and to foster a broadening cultural understanding and diversity within the organization; nurture an environment that values and supports all members’ voices and interests to support a positive culture and morale; support diversity, inclusion, and culture change by increasing the visibility of diverse members in the ADTA community; provide mentorship opportunities (ADTA, 2020).

Affinity groups have been necessary as opportunities for people with marginalized and underrepresented identities to find safety among others who have shared their experiences (Racial Equity Tools, 2020). However, the effort toward justice and inclusion has been immured to the auxiliary spaces for “non-dominant” identities (ADTA, 2020). Demonstration of the commitment to justice has been a responsibility of the organization as a whole. Diversity as visibility has not changed the culture or environment in which harm occurs and the labor toward inclusion has not been just if done primarily by the oppressed to the advantage of their oppressors.

### **The Communities Being Served**

In 2016, 18.3% of adults in the United States reported having any kind of mental illness (CDC, 2019). Since then, bias incidents that cause harm and emotional distress have increased and have been exacerbated by social media and digital communication. During a House Homeland Security Committee Meeting, the significance of digital harm and the marginalized communities it has impacted was discussed.

The digital world facilitated hate, harassment, racism, extremism, and the proliferation of conspiracy theories. The Asian, Jewish, Muslim, Latinx, immigrant, and LGBTQ+ communities, in particular, are experiencing an onslaught of targeted hate. (Examining The Domestic Terrorism Threat In The Wake Of The Attack On The U.S. Capitol, 2021)

According to the House Committee on Homeland Security, The Asian, Jewish, Muslim, Latinx, immigrant, and LGB2TQIA+ communities have been experiencing significant amounts of harassment, racism, homophobia, transphobia, and harm as a result of digital media. There have also been repeated recorded experiences of systemic violence and injustice against Black bodies exposed on digital media that cause harm and trauma. Lynching In America has stated that racial terrorism has “inflicted deep traumatic and psychological wounds on survivors, witnesses, family members, and the entire African American community” (Equal Justice Initiative, 2017, sect. 4). Witnessing graphic videos, which has been deemed “vicarious trauma” by Dr. Monnica Williams, clinical psychologist and director of the Center for Mental Health Disparities at the University of Louisville, along with lived experiences of racism, can cause severe psychological issues similar to post-traumatic stress disorder (Downs, 2016). Public health researchers have claimed “adverse physiological responses that increase morbidity” and “integrated oppressive structures that cause systematic disempowerment” link poor health outcomes among Black people (Alang et al., 2017, p. 662).

The United States Department of Homeland Security added the LGB2TQIA+, Jewish, and migrant communities to the FBI threat of terrorism list (Hansen, 2022; Ainsley, 2022). The Anti-Defamation League has reported invigorated antisemitism with data from 2022 having been the highest on record since 1979 (Anti-Defamation League, 2023). People in the United States have been victims of mass shootings, school shootings, and the continuous, agonizing discourse

over gun laws. The impact of COVID-19: widespread isolation, panic, deaths, [re]surge of violence against the Asian diaspora, and digital media as primary means of socialization; all having impacted the population's mental health and well-being (Panchal et al., 2023; Coley & Baum, 2022; Hahm et al., 2021). Depression and anxiety have been on an incline (CDC, 2021; National Center for Health Statistics, 2023; Vahratian, 2021) with rates of trauma from experiencing bias (Hahm et al., 2021), sexual assault and exploitation (The Center for Family Justice, 2023; RAINN, 2023; CDC, 2022) poverty, hunger, and unstable housing (Becarra et al., 2015; Pruitt et al., 2016; Fang et al., 2021; APA, 2022) all having affected people in the United States, particularly those with multiple marginalized identities (Coley & Baum, 2022; Kim, 2022), including the opioid epidemic.

The complex factors that cause people to turn to drugs are no more prevalent in minority communities than elsewhere, but these communities and their inhabitants face more stress while having fewer opportunities to receive private counseling and treatment for their problems. (Lipsitz, 1998, p. 81)

Intersectionally marginalized communities have been in growing need of mental health intervention. Culturally competent and trauma-informed dance/movement therapists armed with assessed skills have been critical to addressing the needs of a growing, intersectionally diverse, and traumatized population (Bryan, 2021).

### **Cultural Competence in DMT**

#### **Intersectional Cultural Competence**

Cultural competence has been an ongoing discussion in dance/movement therapy (Hervey & Stuart, 2012; Chang, 2015; Golonka Carmichael, 2012; Sue et al., 2007).

Conversations within dance/movement therapy of cultivating cultural competence and the need

for research and assessment include Boas's (2006) theory of transcultural competence, which included a framework with implications for training. Golonka Carmichael (2012) explored nonverbal cultural competence in dance/movement therapy skills; the qualitative study discussed "multicultural diversity competence, which incorporates historical, social, and political dimensions" (Golonka Carmichael, 2012, p. 100). Multicultural diversity competence has been understood as "cultural competency across a spectrum of marginalized identities that recognizes the impact of historical and social contexts, and advocates for change on an individual, institutional, and societal level" (Golonka Carmichael, 2012, p. 100). Intersectional cultural competence can be expressed as multicultural diversity competence that has recognized, acknowledged, and adjusted for the uniqueness of the combined experience of existing with multiple marginalized and oppressed identities alongside, or exclusively, identities of power and privilege. Intersectional cultural competence would encompass the spectrum of power, privilege, and oppression in relation to the cultural experience of multiple identities. Intersectional cultural competence would include understanding the dynamics between the identities of the dance/movement therapist/educator and those of the person seeking therapy/student.

Chang (2006, 2009) and Caldwell (2013) drew attention to inherent bias in the theory and practice of dance/movement therapy and challenged foundational elements of dance/movement therapy training that suggested a universal understanding of movement observation and analysis (Hervey and Stuart, 2012). Boas (2006) highlighted the lack of multicultural and diversity research on nonverbal interventions "with microaggressions being the partial exception" (Golonka Carmichael, 2012, p. 101). However, since the mid-1970s, much of the vanguard of dance/movement therapy literature exploring cultural dynamics have been master's theses (Hervey & Stuart 2012; Henderson, 2017; Murdock, 2019). In the commitment to

dance/movement therapy's ethical code of justice and nonmaleficence, further exploration has been needed into the intersectional cultural competence of dance/movement therapy interventions and their impact on the communities being served.

Bräuninger (2014) suggested defining specific dance/movement therapy interventions to allow preciseness in the development of research questions and in determining efficacy and guidelines for usage. This was expressed in 2014, yet there has continued to be a lack of research and examination of efficacy and intersectional cultural competence within specific dance/movement therapy interventions. Bräuninger's (2014) investigation sought to provide an "overview of practice-based evidence of DMT interventions, defines specific DMT interventions and connects specific DMT interventions to the improvement of QOL [quality of life] and the reduction of stress" (Bräuninger, 2014, p. 3). Quality of life (QOL), as defined by the World Health Organization, can be understood "(...) as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Bräuninger, 2014, p. 445). Bowling (2009) highlighted the importance of assessing QOL by obtaining, integrating, and validating the perception of people receiving therapy. To assess the impact on the QOL of people receiving dance/movement therapy, an investigation into their subjective experience must have occurred.

Bräuninger (2014) examined the QOL of people receiving dance/movement therapy over 10 weeks. This study provided an important and unwonted inquiry into the efficacy of dance/movement therapy using the subjective experience of the person receiving therapy. However, limitations of the study included a lack of cultural context for therapists and people receiving therapy. Demographic identifiers were not included or relevant to the hypotheses as presented, aside from sex (or gender - unspecified) and age. The study also took place in

Germany, which does not share cultural values or demographic diversity with the United States. Further, the study expressed limitations to a global application without cultural context and highlights the need for additional research (Bräuninger, 2014). The therapeutic relationship has been influenced by the intersectional identities and roles of the therapist and the person receiving therapy. Dance/movement therapy has needed further inquiries that include QOL investigation with a focus on intersectional contexts to sustain a just practice and claim nonmaleficence.

### **The Standards for Education**

Graduate dance/movement therapy training programs approved by the ADTA have required students demonstrate “the capacity to engage in therapeutic relationships informed by self-awareness, an understanding of cultural context, recognition and respect for diversity, and a commitment to social justice” (ADTA, 2009, p. 2). The curriculum must include “theoretical information and practical application relating to individuals, families, and groups in their psychosocial and cultural contexts, including knowledge of group processes” (ADTA, 2009, p. 4). Hervey and Stuart (2012) conducted an investigation into the pedagogical accountability of cultural competence in ADTA-approved graduate dance/movement therapy programs by inquiring: “How are the programs meeting these standards? Are DMT students being educated in ways that result in a culturally competent body of professional dance/movement therapists?” (Hervey & Stuart, 2012, p. 86) In this investigation, several issues regarding the cultural competencies of dance/movement therapy educators and students were uncovered. One issue in dance/movement therapy cultural competence education has been that, as Hervey and Stuart (2012) have put it, “knowledge of the worldviews of others was somewhat of a challenge, especially because of the homogenous nature of many of the student and faculty bodies (primarily White, female, and privileged in many ways)” (Hervey & Stuart, 2012, p. 91). An

overwhelming majority of dance/movement therapy students, practitioners, and educators have been White women who lack awareness of the intersectional experience of being a White woman and having white privilege. The lack of intersectional awareness “seems to be exacerbated by the minimal exposure students have with students and faculty representing diverse cultures and other minorities” (Hervey & Stuart, 2012, p. 93). Respondents also identified a challenge in educating students in cultural competence while lacking knowledge of other cultures from their own limited exposure and understanding (Hervey & Stuart, 2012).

According to the Hervey and Stuart (2012) study, respondents demonstrated consistent disappointment in the lack of diversity among dance/movement therapy students and faculty and suggested a consensus among the respondents that cultural competence can be improved by developing cross-cultural relationships with student peers and faculty. To demonstrate commitment and adherence to The Code and avoid exploitative engagements in “trickle-up pedagogy,” (Borges, 2022; Nichols, 2012) assessment of the diverse subjective experience of students, faculty, and the communities being served has been necessary. The ADTA Standards for Education and Clinical Training, hereafter referred to as The Standards for Education, have stated

programs must provide evidence of:

5.6 Faculty competence in assigned teaching areas, including examination of how race/culture/gender identity is addressed in course content and instruction

5.7 Formal and anonymous student evaluation system of faculty and site supervisors, including their cultural competence. (ADTA, 2019, p. 10)

Dance/movement therapy masters degree programs, approved by the ADTA within the United States, have been held to The Standards for Education which “ensure that students receive an inclusive and diverse education in a manner that exemplifies best practices in administration, teaching, and supervision,” and has suggested, “a globally minded and multi-culturally

competent education will prepare dance/movement therapists to be leaders and practitioners who continuously strive to contribute to a more just and equitable society” (ADTA, 2019, p. 4). The Standards for Education established the learning outcome “Identify and articulate the historical, cultural, racial, and societal context on the development of dance/movement therapy” (ADTA, 2019, p. 4) to meet the standard for a multi-culturally competent education. However, there has been no criterion for best practices in multicultural competence education and practice nor has the ADTA in any capacity established a strategic plan for decolonizing dance/movement therapy or actively pursuing justice and equity.

All participants in the Hervey and Stuart study were White women with some having indicated that “teaching about other races, cultures, and genders was not always comfortable, or some felt appropriate, for them” (Hervey & Stuart, 2012, p. 94). Without intersectional education and training, and the space to have conversations about racial identity, power, privilege, oppression, and the sociohistorical context of colonization, many White counseling students have found addressing intersectional dynamics in their professional practice challenging, which has restricted the opportunity for People of Color receiving therapy to discuss challenges they face due to racial “bias, discrimination, and prejudice” (Sue et al., 2007, p. 283).

Hervey and Stuart’s (2012) investigation into cultural competency education in dance/movement therapy programs conveyed students received exposure to diverse cultures and other minorities through active learning experiences. Active learning experiences have included clinical field placements, internships, and service learning, where people receiving therapy held vulnerable and marginalized identities (Hervey & Stuart, 2012). The study also stated the impact on students’ cultural competencies as a result of cross-cultural encounters with faculty, site supervisors, and peers versus with people receiving therapy (in terms of the power and privilege

differential) has been “worth exploring further” (Hervey and Stuart, 2012, p. 93). The evaluation of students’ cultural competencies from cross-cultural exposure as well as the subjective experiences of the communities being served, has been not only worth exploring but has existed as a necessity to claim students have been receiving “a globally minded and multi-culturally competent education,” (ADTA, 2019, p. 4) within a non-maleficent and just practice.

By not engaging in research investigating the impact of dance/movement therapy on marginalized and traumatized communities from their subjective experience, there has been no method of direct assessment that has evaluated intersectional cultural competence from the perspective of the person seeking therapy. It is this author’s understanding that the consensus of dance/movement therapy education (Hervey & Stuart, 2012; Caldwell, 2013) has been complicit in the exploitation of people seeking therapy as learning tools for White women to better understand themselves and the harm they have been doing. The Code has proposed to be a protective assurance for students and those receiving therapy that the dance/movement therapist/educator has made a commitment to nonmaleficence. Students of dance/movement therapy and the vulnerable communities being served have been failed by the continued lack of assessed, effective, and intentional standards and accountability of intersectional cultural competence and evidence-based, trauma-informed practice.

### **“Effort” in Diversity**

Effort in dance/movement therapy movement observation has been defined as “human movement as related to a mover’s inner attitudes toward different combinations of the effort elements of flow, space, weight, and time” (Van Koningsveld, 2011, p. 2). Effort elements have been understood in dance/movement therapy as binaries on a scale of resistance and indulgence (Moore, 2014). Space has been considered in terms of direct or focused and indirect or

meandering. “Space is the effort exerted to aim and orient movement” (Moore, 2014, para. 3). “Time is the effort exerted to pace the movement” (Moore, 2014, para. 4) and can be sudden, quick, and accelerating or sustained, lingering, and decelerative. Weight has been expressed as strong or light. A resistant, or fighting, attitude has been considered strong weight, “in which firm pressure and forcefulness prevail” (Moore, 2014, para. 5), with soft weight representing delicacy and gentleness. Lastly, Flow has considered effort in terms of control. Resistant attitudes have been expressed as bound flow; conversely, an indulgent attitude has been expressed as free flow and “difficult to stop” (Moore, 2014, para. 6). Effort toward diversity in the field of dance/movement therapy can be considered along the same elements. How much and what spaces have existed for diversity in dance/movement therapy? How much weight or emphasis on diversity has there been? How much time and labor has been dedicated to the pursuit and maintenance of diversity? What has the flow of diversity been in the field: consistent, interrupted, staccato?

Initiatives such as diversity scholarships and international student receptions demonstrate efforts in space to diversify the field of dance/movement therapy and broaden intersectional cultural competence (Hervey & Stuart, 2012). Davis (2002) analyzed successes and failures of diversity in colleges and universities through the percentage of Black and Latine students and faculty. Davis determined, “successful schools possess greater commitment to, and knowledge about, diversity, [and] the campus climate at the successful schools offers greater support for racial diversity” (Davis, 2002, p.137). Davis (2002) also demonstrated that successful diversity has required not only a commitment to, but knowledge about, diversity, knowledge that Hervey and Stuart (2012) uncovered has been lacking among dance/movement therapy educators. The invitation of diversity into spaces, particularly educational and therapeutic spaces, without

assessed intersectional competence, may result in “tokenization” (Anti Oppression Resource and Training Alliance (AORTA), 2023) and “trauma-mining” (QuakeLab, 2020), which cause harm to vulnerable communities. Trauma-mining has been coined by QuakeLab as:

the process of creating an environment that demands that Black people, Indigenous peoples, women, Disabled people, members of the LGBTQ2S community share experiences of discrimination. This process is branded as necessary for the moving forward of an organization in its journey to become more equitable. However, it serves no purpose to those who are forced to relive their trauma, but attempts to prove to their colleagues that racism, sexism, ableism, homophobia, transphobia, etc. is in fact real. (QuakeLab, 2020, para. 7)

Reliance on the sharing of experiences of oppression can occur in dance/movement therapy spaces and classrooms when exposure to diverse identities has been a primary means of developing cultural competence. AORTA has discussed “tokenization” as the:

- Belief that we can understand community needs by hearing from a few representatives of color.
- Expecting people of color to speak for everyone. Insignificant amounts of people of color to integrate[d] into an organization that is culturally white.
- Treating people of color and their needs, contributions, as the exception (centering white normativity).
- People of color do not have support, and can only succeed by internalizing dominant values of the organization.
- People of color play a “decorative” role. (AORTA, 2023, para. 2)

The extreme minority of people of color and the existence of Affinity Groups in the ADTA have necessitated an investigation into the tokenization of marginalized identities in dance/movement therapy. Exploration into the experience of students and faculty with vulnerable, marginalized identities would provide insight into the lack of diversity. Have vulnerable communities benefitted from dance/movement therapy practice and pedagogy has been a critical investigation

to establish a nonmaleficent practice. Assessed intersectional cultural competence within dance/movement therapy would provide insight into the lack of diversity and has been necessary to demonstrate intentional commitment to justice.

Golonka Carmichael (2012) emphasized the efficacy of dance/movement therapy skills with marginalized identities. The study participants, experienced dance/movement therapy practitioners, unanimously affirmed the importance of self-awareness and consistent effort toward identifying implicit and explicit biases through qualitative interviews. An interview question in the study explored Golonka Carmichael's (2012) assertion that a critical component of understanding and discerning implicit and explicit bias has been through multicultural and diversity training. "Participants were asked if they had undergone any special training, educational coursework, or other preparations for the purposes of skillfully working with diverse populations" (Golonka Carmichael, 2012, p. 106). Two main themes were identified: *working in the field* and *self-study*. "*Working in the field* requires a commitment to one or more diverse populations for an extended amount of time in addition to educating oneself about those populations through reading, research, and consultation" (Golonka Carmichael, 2012, p. 106). The field of dance/movement therapy has relied on the experiences of students, faculty, and vulnerable communities receiving therapy to build exposure to and competence with diverse, intersectional people. When considering harm and exploitative practice, an investigation of who has received benefit must have been conducted. Exploitation has lied in the difference between labor by the oppressed for the benefit of the oppressed and labor by the oppressed for the benefit of the oppressor. Without an assessment of the impact from the perspective of the communities being served, the exploitation of labor and trauma of marginalized and vulnerable identities has the potential to increase, particularly during the process of skill building.

In an overwhelmingly White field, the potential for harm in working with and educating diverse communities can be guaranteed without effective, evidence-based, and assessed intersectional culturally competent methodology. Mistakes and discomfort can be expected as part of the learning and growing process. However, The Code has established a standard and ethical commitment to nonmaleficence and equity. There have been repeated calls for action and accountability for social justice and intersectional competence yet research into the subjective experience of, and the implications of skills and interventions with, vulnerable communities have continued to be limited. Biases and harm may not be intentional, but the responses must be.

*Self-study* has been defined as “a personal experience that requires courageous commitment in order to explore one’s own identities to the fullest extent.... Firmly admitting to and accepting very challenging biases was viewed as necessary” (Golonka Carmichael, 2012, p. 106). It has been necessary to further assess dance/movement therapy cultural competency, however, if self-study has been a primary means of knowledge and skill acquisition the potential to cause harm has increased. Some issues regarding self-study particularly include a lack of awareness and ability to prioritize critical topics and discern appropriate data including perspectives from the subjective experience of the vulnerable communities being served. Self-study of cultural competence has been done through self-determination and motivation and as such has been limited by the interests and scope of the individual. This author has proposed that external reviews of self-studies by culturally competent and intersectional reviewers may offer additional support in harm reduction, knowledge, and skill building of cultural competence.

Golonka Carmichael (2012) investigated specific questions regarding cultural competence in dance/movement therapy.

Does DMT as a discipline address the need for cultural competence? Does it contribute a nonverbal approach to existing guidelines? Are dance/movement therapists, equipped with a wide communicative repertoire and holistic methodology, in a unique opportunity to help cultivate a more inclusive psychology? (Golonka Carmichael, 2012, p.103)

One participant in Golonka Carmichael's study indicated we "can't know everything about every culture;" however, there are cultures you "gravitate towards and end up having a lot of experience in" (Golonka Carmichael, 2012, p. 106). According to respondents of this study, culturally competent dance/movement therapy skills have been developed through exposure to cultures in which the dance/movement therapist has been intrigued. Respondents to the study expressed concerns with developing cultural competency skills in the field, including the challenge of 'not knowing,' 'not making assumptions,' and also being controversial, or 'pushing' when appropriate (Golonka Carmichael, 2012, p. 106). Knowing how or when to do this comes from experience, being 'authentic,' 'sensitive,' and 'not perpetuating power dynamics' (Golonka Carmichael, 2012, p. 106). Dance/movement therapists have been intersectionally diverse practitioners engaging with intersectionally diverse communities. To demonstrate a commitment to nonmaleficence, there has been a responsibility to develop a criterion for assessment and standards for intersectional cultural competency. While immersion and active learning may be successful methods for building awareness of diversity, without assessment that has included the subjective experience of the vulnerable communities being served, there cannot be stated that no harm has been occurring nor the efficacy of the methods for the development of intersectional cultural competence or the skills utilized.

Opportunities for cultural competence skill building have included self-disclosure of identity as a potential therapeutic tool (Golonka Carmichael, 2012). Self-disclosure, as an

intervention, may support a safe and stable environment when used skillfully and in the right setting to promote communication around intersectional dynamics (Golonka Carmichael, 2012). However, this conclusion would require input from the communities being served to gain insight into the perceived benefit. Additionally, the “right setting” and “skillful means” (Golonka Carmichael, 2012, p. 108) must be defined and assessed as part of a standard of intersectional competence to develop a just and nonmaleficent practice. The study also suggested nonverbal skills in dance/movement therapy, such as mirroring, may be important when working with vulnerable communities (Golonka Carmichael, 2012). The study’s suggestion for the importance of mirroring with vulnerable communities has elicited questions regarding investigating mirroring as an intervention specifically. Has there been an all too familiar sensation of imposition, oppression, and appropriation when a colonized person has been mirrored by a therapist or others who represent the dominant culture? What is the efficacy of mirroring in therapeutic relationships with intersectional power/privilege identities between therapists and the person receiving therapy?

Investigating the efficacy of interventions such as mirroring lends itself to the responsibility of the organization as a whole. What harm has been perpetuated by the lack of demonstrable commitment to assessment, nonmaleficence, and justice? What has been necessary to develop an intersectional culturally competent practice? If inner attitudes such as resistance or “indulgence” have been exemplified by effort qualities (Moore, 2014) what can be said about diversity efforts in dance/movement therapy?

### **Harm in DMT**

#### **Reflecting on Mirroring**

Mirroring has been identified as a nonverbal dance/movement therapy intervention that has involved being immersed in another's "total movement experience" (Sandel, 1993, p. 100) by engaging in and reflecting their movements (Golonka Carmichael, 2012). Mirroring has been interpreted physically as the synchronized or slightly echoed reflection, replication, or imitation of a person's movement qualities by a witness (McGarry & Russo, 2011). Mirroring has been psychologically understood as a conscious or unconscious attempt to build or establish relationship and enhance empathy with others utilizing non-verbal communication and emotional perception through movement (Pfeifer et al., 2007; Sandel, 1993). Dance/movement therapists mirror to nonverbally express "I see you" and "I understand you" (Chaiklin & Schmais, 1986), "which may reinforce group members' self-confidence and their physical resilience. Future studies could test this belief" (Bräuninger, 2014, p. 22). It has been necessary to investigate mirroring as a dance/movement therapy intervention to support the beliefs behind mirroring's efficacy and minimize harm to vulnerable populations.

Mirroring as a natural human action is present through all stages of human development and exists and is understood within specific cultural contexts (Marshall & Meltzoff, 2014; Chiao, 2018). Theories in dance/movement therapy have stated a dance/movement therapist or person receiving therapy may mirror the movement of another to establish empathic connections and build empathic reflection within the therapeutic relationship (Fischman, 2009; Kleinman, 2009; Schmais, 1985). Mirroring has been identified as a specific dance/movement therapy intervention from the "Chace Approach" (Bräuninger, 2014, p. 446), derived from mirroring witnessed in many Indigenous dances and communal experiences (Serlin, 1993). A sense of belonging and relationship has been suggested as a result of mirroring through Chace's approach

(Witting & Davis, 2012). Current dance/movement therapy literature has suggested further exploration into the claims of mirroring's efficacy (McGarry & Russo, 2011; Willke, 2007).

Neurological evidence for mirroring as a therapeutic intervention has existed through a neuroscientific investigation into mirror neurons (Berrol, 2006). Mirror neurons are part of the human nervous system and, "like a mirror image, the same sets of neurons are activated in an observer as in the individuals actually engaged in an action or the expression of some emotion or behavior" (Berrol, 2006, p. 303) which, for the witness, has created similar sensations or replication of movement actions (Levy, 2005; Gallese, 2003). Unconscious motor processes have been perceived as mimicked motor actions (Berrol, 2006), and include when one has witnessed and copied another's yawn, smile, the crossing of their legs or arms, or by leaning in or away. Mirror neurons can be understood as the "neurological building blocks of empathy" (Gambrel, 2012, p. 21) by allowing us to understand others by sharing in their embodied experience. In the social process of constructing our bodies, our movements become embodied expressions of the cultures in which we are formed, identify, and affirm (Byczkowska-Owczarek, 2019).

Understanding culture as shared, learned behavior frames nonverbal communication within a cultural context. "Nonverbal communication is learned; it is not universal, and is influenced by culture" (Golonka Carmichael, 2012, p. 102). The interpretation of nonverbal communication and dance, like verbal language, has existed within a cultural context (Halverson-Wente, 2018; Byczkowska-Owczarek, 2019). "The gap between white perception and minority experience can have explosive consequences" (Lipsitz, 1998, p. 85). There has been harm caused by imposing intersectionally oppressive, Eurocentric perceptions and methods of analysis on vulnerable and marginalized people.

In order to study, assess, and therapeutically utilize nonverbal behavior, observational models or assessment tools are needed. Nevertheless, this presents a challenge in navigating the potential complexities of meaning within movement, as well as the meaning-making processes of the potentially biased observer (Moore & Yamamoto, 1988). Caldwell (2010) called attention to the possibility that current movement observational and assessment tools may not be adequately culturesensitive, and that further development in this area would benefit the needs of marginalized clients. For example, Laban Movement Analysis (LMA) may not be sufficient to meet the needs of a diverse population (Chang, 2009; Desmond, 1997; Landgarten, 1994). (Golonka Carmichael, 2012, p. 102).

The Hervey and Stuart (2012) study also expressed concern about cultural bias in movement analysis among dance/movement therapy educators. “Five interviewees from three programs questioned the cultural bias of the most often-used movement analysis method” (p. 92). While continuing to use any interventions and theory, there has been an imperative to continually acknowledge and reassess their use within the intersectional cultural context in the therapeutic relationship between the person receiving therapy and the dance/movement therapist.

Development of an evidence-based practice that has included the identification of correlations between specific dance/movement therapy interventions and the perception of their impact from the subjective experience of vulnerable communities has been necessary to confront injustice.

Perceived appropriated nonverbal communication can cause harm in the same way as verbal communication. Lehn (2020) discussed the harm caused by the appropriation of African American Vernacular English (AAVE). Davis (2019, 2022), Sue, et al. (2007), and Golonka Carmichael (2012) discussed implicit bias and microaggressions that occur and cause harm

during dance, movement, and nonverbal communication. Movements of vulnerable and marginalized identities being mirrored by identities of power and privilege may be experienced as microaggressions and appropriation, which cause harm and trauma. Dance/movement therapists have an ethical responsibility, per The Code, to assess their intersectional cultural competence and the assessment must include the subjective experience of vulnerable populations. The practice of dance/movement therapy must commit to decolonizing, otherwise, harm has been guaranteed.

The use of mirroring with marginalized and traumatized communities may have the potential to cause harm if not considered through an intersectional culturally competent and trauma-informed framework. Current literature around mirroring as an intervention lacks reflection on intersectional cultural competence and the potential impacts of using mirroring as an intervention among vulnerable populations. The development of evidence-based interventions and direct assessment of intersectional and trauma-informed competencies of practitioners of dance/movement therapy has been limited. However, there has been research offering insight into dance/movement therapy's perception and the necessity of intersectional culturally competent, and trauma-informed dance/movement therapists. Intentional commitment to evidence-based, trauma-informed, and intersectional cultural competence in dance/movement therapy must be demonstrated to have adhered to The Code.

### **Whiteness in DMT. A Reckoning**

Current dance/movement therapy practice, theory, and ethics were developed and rooted in a White, Western, colonial system. Golonka Carmichael's (2012) research referenced psychology and dance/movement therapy's White, western, colonial origins, perspectives, and applications. "DMT, like modern psychology, derives influences from a predominantly [White]

Western perspective” (Golonka Carmichael, 2012, p. 102). “Counseling approaches have been applied universally, without serious consideration of worldviews” (Golonka Carmichael, 2012, p. 99). Justice and nonmaleficence have required a critical investigation of identities of power and privilege. Intersectional cultural competence would require an intentional investigation into Whiteness and the role of White women in dance/movement therapy.

There have been alternatives suggested for developing cultural competence. “Boas (2006) challenged the reliance on social constructs and proposed the possibility of transcending identity” (Golonka Carmichael, 2012, p. 103). To suggest there has been a reliance on social constructs has denied the systemic nature of White supremacy and structures of colonization. An attempt to transcend identity can only be accomplished through justice and once systemic oppression and privilege have been eliminated. Identity extends beyond what has been acknowledged by the individual. Perceived identities, statuses, and roles impact a person’s lived experience regardless of their awareness and acceptance. To attempt to transcend identity in a culturally unjust society, there must be the development of awareness, accountability, and agency within the intersection of identities, society, and sense of self.

As a result of the growing body of literature revealing the crippling effects of an unjust use of power within the therapeutic relationship, it has become best practice for clinicians to observe and be aware of the racial and cultural power differentials occurring within the relationship. (Rot, 2018, p. 46-47)

Intersectional cultural competence has required investigation into the “prism” of intersecting identities (Coaston, 2019) and the experiences of power in the therapeutic relationship. Rot (2018) expressed that “engaging in anti-oppressive practice necessitates that clinicians observe and understand where they exist in the matrix of domination (Collins, 2000), their own power

and privilege as it relates to others, and decide intentionally how to use these elements (Benjamin, 2007)” (Rot, 2018, p. 47). Intentional awareness of intersectional cultural competence has been required to have been committed to justice and nonmaleficence.

### **Intersectionality**

Crenshaw (1989) introduced the term intersectionality to highlight the specific ways in which Black women experience discrimination. Crenshaw (1989) exposed the absence of the experience of Blackness in feminist theory, which had focused on the oppression of women through a White lens. Racism discourse neglected the differences in the ways in which Black women and Black men face anti-Black discrimination (Crenshaw, 1989). Black women experience discrimination differently than that of Black men, or White women (Crenshaw, 1989; Coaston, 2019; Brazaitis, 2004). “Black women are both black and women, but because they are black women, they endure specific forms of discrimination that black men, or white women, might not” (Coaston, 2019). The unique experiences of oppression that result from the intersection of racism and sexism demonstrated in the discrimination of Black women have been the crux of intersectionality. The subjugation of Black women has been more than the experiences of racism and sexism. The intersection of multiple marginalized identities created a different experience of oppression for Black women entirely.

An interview with Crenshaw discussed critiques of Crenshaw’s theory of intersectionality. According to Crenshaw,

the most common critiques of intersectionality — that the theory represents a “new caste system” — are actually affirmations of the theory’s fundamental truth: that individuals have individual identities that intersect in ways that impact how they are viewed, understood, and treated. (Coaston, 2019, sect. 5)

Intersectionality has applicability to all. Intersectional cultural competence has incorporated the way race and other identities intersect to create unique experiences of power, privilege, and oppression as well as how those roles and their power exist within the dynamics of the dance/movement therapist and the communities being served. The interview with Crenshaw discussed the effort intersectionality, and consequently, intersectional cultural competence, have required.

Intersectionality is intended to ask a lot of individuals and movements alike, requiring that efforts to address one form of oppression take others into account. Efforts to fight racism would require examining other forms of prejudice (like anti-Semitism, for example); efforts to eliminate gender disparities would require examining how women of color experience gender bias differently from white women (and how nonwhite men do too, compared to white men). (Coaston, 2019, sect. 5)

Building awareness and understanding the intersections of the identities of therapists and the communities being served have been imperative to substantiating the claim of a just and nonmaleficent practice.

Hervey and Stuart (2012) investigated cultural competence in ADTA-approved dance/movement therapy graduate degree programs. The study received responses from educators regarding developing cultural competence among dance/movement therapists. Responses directly from the dance/movement therapist participants included:

‘Dance/movement therapists have to learn their way out of the roots of racism that are deep in nonverbal communication.’

‘Students have to know themselves in movement very well in relation to their cultural, racial, and gender identity, because that is the filter through which they see and assess and are with their patients.’ (Hervey and Stuart, 2012, p. 92)

All participants in the Hervey and Stuart (2012) were economically advantaged, White women. In order to demonstrate effort toward justice and decolonization, an authentic reflection of the impact of Whiteness and the intersectional expression of White womanhood in dance/movement therapy must occur. White women have held a profound majority in dance/movement therapy and as such, usurped the role of oppressor. Despite holding vulnerable identities, unless the work to be intersectionally culturally competent has been conducted and assessed, White women can and have been causing harm.

Sue et al. (2007) stated that “the prerequisite for cultural competence has always been racial self-awareness” and affirmed the necessity of students in the mental health field exploring their own racial identities and beliefs (conscious or otherwise) about others (p. 283).

Dance/movement therapists have had a particular responsibility toward addressing cultural biases, not only as part of The Code, but as practitioners with a body-based modality. “In the DMT community, it is commonly accepted that the human body, which is not separate from the mind, not only expresses, but also intrinsically contains, cultural beliefs and values” (Golonka Carmichael, 2012, p. 102). It has been believed self-awareness would expose implicit and explicit biases a person may hold, which can be expressed as microaggressions (Golonka Carmichael, 2012).

Microaggressions are considered seemingly small forms of consistent prejudice, which may or may not be conscious, and are often expressed through gestures, common sayings, and general tone (Constantine, 2007; Sue et al., 2007). Microaggressions are both verbal

and nonverbal forms of communication and behavior. (Golonka Carmichael, 2012, p. 101)

Nonverbal microaggressions have been of particular concern for dance/movement therapists who utilize nonverbal communication and interventions such as mirroring. Golonka Carmichael (2012) discussed the potential for harm in nonverbal communication.

With training, practice, and self-reflection, a therapist may succeed in developing choice when conversing, or displaying overt forms of biased behavior, but implicit nonverbal communication is often less easily controllable and potentially more harmful (Boas, 2006). According to Reich (1942/1961), “Words can lie. The mode of expression never lies.” (Golonka Carmichael, 2012, p. 101)

Body-based expressions of harm have more challenging to confront as nonverbal expressions of unconscious bias. Standards of intersectional cultural competence have been necessary to confront unconscious bias and demonstrate commitment to nonmaleficence. Rot (1999) explained a “lack of awareness of the effects of one’s skin color on themselves and others, that is common among White counselors, continually generates racism as it endorses the non-existence of race“ (p. 45). A commitment to justice and nonmaleficence has required a critical investigation of identities of power and privilege. A spotlight on how Whiteness has been centered has been needed to truly decolonize. Critical exploration into Whiteness and the role of White women have been a necessity for justice in dance/movement therapy in the United States.

### ***Spotlight on Whiteness***

Colonization has upheld the power and privilege of Whiteness in the United States. Rot (2018) discussed power and identity as “this concept of power, existing through and within

relations and systems, becomes embedded in one's identity and is expressed through actions and behaviors" (p. 45). Rot (2018) further examined the relational dynamics of power.

There is no community in existence immune to the effects of power (Foucault, 1994).

Historically, there was one concept of power—power-over—which is the use of power for domination and personal gain (Fay, 2011). As this concept of power is utilized by the dominant class, race, gender, or person(s) of higher socioeconomic status, oppression is produced and those oppressing continue to benefit. (Rot, 2018, pp. 44-45).

The ADTA has expressed the desire to reconcile the dynamics of power and White privilege in the organization and practice of dance/movement therapy (ADTA, 2020). However, to truly address oppressive structures and commit to justice in health care, public health scholars have determined actively anti-racist advocacy and policy must exist.

[Public health scholars] must ask whether our own research, teaching, and service are intentionally antiracist and challenge the institutions we work in to ask the same. To reduce racial health inequities, public health scholars must rigorously...advocate policies that address racist oppression. (Alang et al., 2017, p. 662)

Lipitz (1998) suggested addressing Whiteness has been important to antiracist movement. "...An explicitly antiracist interethnic movement that acknowledges the existence and power of whiteness might make some important changes" (Lipsitz, 1998, p. 86). Lipsitz (1998) has recognized race as a social construct, "but one with sinister structural causes and consequences" (p. 78). Further, Lipsitz (1998) has stated,

to identify, analyze, and oppose the destructive consequences of whiteness,... requires an understanding of the existence and the destructive consequences of the possessive

investment in whiteness that surreptitiously shapes so much of our public and private lives. (Lipsitz, 1998, p. 78)

The possessive investment in Whiteness has been the implicit and explicit expression of and commitment to the status quo that maintains White privilege and power. Addressing the possessive investment in Whiteness has required investigation and acceptance of harm done by, and critical evaluation of, the role of White women in dance/movement therapy. “Changing the status quo would involve each group shifting, altering, and reclaiming disowned parts” (Brazaitis, 2004, p. 116). To address oppression there must be an organization-wide commitment to decolonizing and dismantling White supremacy by critically investigating and reforming dance/movement therapy standards.

Golonka Carmichael (2012) highlighted, “In 2008, the American Dance Therapy Association (ADTA) formed a multicultural and diversity committee with specific affinity groups, and continues to provide educational opportunities through conferences, panel discussions, and online forums” (p. 103), however, as Lipsitz (1998) explained, “studies of culture too far removed from studies of social structure leave us with inadequate explanations for understanding racism and inadequate remedies for combating it” (p. 78). Intersectional cultural competence has been necessary to address social inequities. To develop intersectional cultural competence, the dynamics of Whiteness and the role of White women in dance/movement therapy must be in the spotlight and critically analyzed.

Critical influences of White oppression have not been absent in dance/movement therapy. “Research by Mary Edsall and Thomas Byrne Edsall indicates that many whites structure nearly all of their decisions about housing, education, and politics in response to their aversions to black people” (Lipsitz, 1998, p. 85). In light of this, dance/movement therapy’s pursuit of justice has

required investigation into the ways in which Whiteness has exerted power. Lipsitz (1998) discussed contemporary racism's development and presence in liberal spaces. "Contemporary racism has been created anew in many ways over the past five decades, but most dramatically by the putatively race-neutral, liberal, social democratic reforms" (Lipsitz, 1998, p. 79). It has been important to understand that effort in justice and anti-racism must be continual, persistent, and reflective. "It is a mistake to posit a gradual and inevitable trajectory of evolutionary progress in race relations; on the contrary, our history shows battles won at one moment can later be lost" (Lipsitz, 1998, p. 79). Efforts toward intersectional cultural competence that have not addressed White supremacy specifically, intentionally, and consistently organization wide have not demonstrated commitment to The Code.

### ***Vulnerable White Woman Oppressor***

Society has socialized White women into submission to maintain the possessive investment in White privilege.

Females develop 'the inability to act, to decide, to think, and the like – weakness, and helplessness' because of their gender subordination ...subordinates who express these characteristics are deemed well-adjusted.... White women who take on these projections are judged normal and accepted. White women who attempt to reject such rigid role prescriptions are then subject to being deemed deviant, unacceptable, or incompetent.

(Brazaitis, 2004, p. 110)

This socialization has cast White women into roles in groups that support the status quo.

Brazaitis (2004) has described the submissive role of White women. "White women take on the role of being fragile or emotionally sensitive in groups. They are the ones who cry. White women's historical legacy is that of delicateness and fragility" (Brazaitis, 2004, p. 105). Taking

space in this role has been required and expected of White women. Brazaitis (2004) continued to explain that for White women “inclusion is dependent on complete and constant submission” (p. 104).

It has not been the fault of White women to be in the position to uphold White supremacy and White male patriarchy (Brazaitis, 2004).

Group Relations theory suggests the particular roles White women take up in groups are, in part, based on projective processes of the group-as-a-whole. White women have a particular valence, or predisposition, for these roles and hence collude in internalizing the projections of others expressing them (Brazaitis, 2004, p. 109).

Brazaitis (2004) explained the role of race and identity in group relations theory. “Every social identity group has a particular position in race relations, and each group is related to and influences each other in particular ways based on this position” (Brazaitis, 2004, p. 100).

White women usurped the role of sensitive and submissive as part of the group’s “*élan vital*,” “an unconscious, tacit, agreement of shared fantasies and collusive projections which form the...Gestalt. (...)Each social identity group contributes to the Gestalt” (Brazaitis, 2004, p. 101) in service of maintaining White supremacy, the status quo, unless actively engaged in decolonization. “White women have an investment in maintaining these stereotypical roles. When White women are passive and docile, Black women are left with rage and aggression” (Brazaitis, 2004, p. 110). However, ignoring the role of White women in maintaining White privilege in dance/movement therapy has been harmful, not only to Black women and other marginalized identities, but to White women themselves. “White women’s silence on the reality of this position preserves their own racial power while it ensures their gender oppression” (Brazaitis, 2004, p. 104). Building awareness of the position of White women has been the

responsibility of dance/movement therapy to nurture decolonization in commitment to justice and nonmaleficence. An organization-wide commitment to justice and nonmaleficence has involved dismantling certain archetypes. White women have been the dominant demographic of dance/movement therapists in the United States. Part of the decolonization process has been reflecting on the specific qualities and roles White women take up, such as delicate and sensitive. Attachment to White womanhood and delicacy can further alienate identities who have not had access to qualities of delicacy as well as the role assertiveness can have in healing.

Dance/movement therapists, particularly White women, must acknowledge their intersectionality, the experience of being both vulnerable and oppressive, *and* the uniqueness of being oppressive as a consequence of that vulnerability. “White women are in a position of being vulnerable to oppression based on their gender and capable of oppression based on their race” (Brazaitis, 2004, p. 107). Brazaitis (2004) suggested White women may not have wanted to acknowledge their intersectional experience out of a desire to reject their ability to be oppressive. “White women who ignore their capacity to be oppressive may not want to own their hostility and ability to hurt or harm” (Brazaitis, 2004, p. 110). Brazaitis continued having explained “It may be far more palatable for White women to maintain the image of being sweet, passive, and submissive, or oppressed, than capable of intense rage, racism, and violence” (Brazaitis, 2004, p. 110). However, ignoring Whiteness and the ability to be oppressive has caused harm. “White women, who ignore their race privilege and focus solely on their gender oppression, deny a fundamental piece of who they are and the status, power, and authority...they have” (Brazaitis, 2004, p. 108). As evidenced by the ADTA MDC and Affinity Groups, “formed around personal identity dimensions such as race/ethnicity; sexual orientation, gender or religion/spirituality.” (ADTA 2020), effort toward decolonization has begun. However, to have truly committed to

justice and nonmaleficence, a critical examination of Whiteness (Racial Equity Tools, 2020) and the role of White women in dance/movement therapy has needed to occur.

White dance/movement therapists may have elevated other forms of marginalization to distract from their investment in White privilege. "One way White women attempt to obfuscate the issue of race privilege is by focusing on a social identity other than race: ethnicity, class, religion, or sexual orientation" (Brazaitis, 2004, p. 108). A lack of critical examination of the intersectional experience of the vulnerable White woman oppressor has served White privilege in dance/movement therapy.

Rather than exploring their Whiteness and femaleness and the intersection of a third social identity, it seems White women would rather just forget their own race all together and explore rather, for example, being a Jewish woman, lesbian woman, or working-class woman.... White women are quick to highlight their experience of oppression based on gender or other minority identities, especially when interacting with people of color.... This appears to be an attempt to disavow their capacity to be oppressive and perhaps, to identify with people of color's experience, as a means of collaborating across racial boundaries.... It may additionally be an attempt to increase their sense of being oppressed so as to gain power with the idea that among disenfranchised groups, the more oppressed you are the more power you have. (Brazaitis, 2004, p. 108)

Cultural competence in dance/movement therapy has been framed within the understanding and "appreciation" of "other" cultures and identities. However, a spotlight on how Whiteness has been centered has been required to truly decolonize. Without intersectional cultural competence White dance/movement therapists may continue upholding harmful systems of oppression.

Brazaitis (2004) demonstrated that the role of White women in society has been to maintain the status quo, and as such, have been in a unique position to disrupt it.

Were White women to disrupt the system, change their position, renounce unearned White privilege, and refuse the role White men have prescribed for them of being a complicit partner in maintaining the status quo, the entire structure of race relations might be altered. (Brazaitis, 2004, p. 104)

In the structure of White supremacy, if white men are the weight-bearing foundation of colonization, the role of White women has been the support beam. By this design, White women have been uniquely positioned to dismantle White supremacy in dance/movement therapy. This author has not sought to scapegoat White women or provide a narrative for White saviorism. However, the profoundly White, woman majority in dance/movement therapy have a responsibility to critically examine their Whiteness and the roles they take up. The organization as a whole must be intersectionally culturally competent to demonstrate a commitment to justice and nonmaleficence.

### **Committing to Justice with Intention**

Cultural competence in dance/movement therapy has been framed within the understanding and "appreciation" of "other" cultures and identities. Intersectional cultural competence would require an intentional investigation into Whiteness and the role of White women in dance/movement therapy. Dance/movement therapists have an ethical responsibility according to The Code to consider race and other aspects of intersectional cultural competence when engaging in theory and interventions. The field of dance/movement therapy has made a commitment to social justice. In order to truly demonstrate adherence to The Code, dance/movements therapists must "address oppression and disparities in power and privilege,

resulting in barriers to wellness, at individual, institutional, and societal levels” (ADTA, 2015).

To address oppression there must be an organization-wide commitment to decolonizing and dismantling White supremacy by critically examining and reforming dance/movement therapy standards.

Disrupting the status quo, dismantling White supremacy, and decolonizing dance/movement therapy must include reflection on the dance/movement therapy education standards. The decolonization process has required investigation into the ways in which various approaches have been valued and prioritized in dance/movement therapy and the education of dance/movement therapists. The Standards for Education stated the following as criteria for the development of dance/movement therapy students:

Major founders, their contributions, and the impact of historical and societal trends on the emergence of the profession

1.1 Identify and articulate the development of theoretical perspectives by the major founders in dance/movement therapy

1.4 Describe the importance of modern dance in the US and Europe and its impact on the emergent field of dance/movement therapy (ADTA, 2019, p. 34)

Not only has decolonizing The Standards for Education been an opportunity for justice but it has also been required as a commitment to The Code. The Association for Multicultural Counseling and Development outlined the necessity of developing a multicultural approach to counseling (Sue et al., 1992). A proposal of 31 multicultural counseling competencies was made by the Professional Standards committee in hopes of establishing a standard “for curriculum reform and training of helping professionals” (Sue et al., 1992, p. 64). Sue et al. established counseling psychology techniques rooted in White cultures “have been shown to be widely ineffective when

used with non-white clientele” (Rot, 2018, p. 45). Assessment of dance/movement therapy interventions and techniques and their intersectional cultural competence has been necessary to have adhered to The Code. Further, reflection on the individual intersectional cultural competence of dance/movement therapists themselves and the organization as a whole has been required to claim nonmaleficence and commitment to justice.

In 2009, the ADTA required dance/movement therapy students to develop, “the capacity to engage in therapeutic relationships informed by self-awareness, an understanding of cultural context, recognition and respect for diversity, and a commitment to social justice” (ADTA, 2009, p. 2) and the curriculum must include “theoretical information and practical application relating to individuals, families, and groups in their psychosocial and cultural contexts, including knowledge of group processes” (ADTA, 2009, p. 4). However, according to the Hervey and Stuart (2012) study, dance/movement therapy educators found “teaching about other races, cultures, and genders was not always comfortable, or some felt appropriate, for them” (Hervey and Stuart, 2012, p. 94). Intersectional cultural competence has involved a critical examination of Whiteness, and the role of White women in dance/movement therapy. Assessed standards for reflection of the space intersectional identities take up in dance/movement therapy as a whole have been necessary to commit to justice.

Hanna (2010) aimed to explore Whiteness and multicultural counseling competency among dance/movement therapists. Notably, among respondents, there was a shift in the White therapists’ awareness of the dynamics of power and privilege (Hanna, 2010). Hanna (2010) discovered the themes of “Invisibility of Whiteness, White privilege, and White guilt” (p. 27) among the dance/movement therapist participants. The Invisibility of Whiteness and White privilege were closely linked. The Invisibility of Whiteness referred to the respondents’

perceived lack of significance in White identity (Hanna, 2010). White privilege concerned the belief that their White identity “had never been a primary concern” (Hanna, 2010, p. 27). White guilt has been broken down by Haggerty (2009) into institutional and liberal White guilt. Institutional White “guilt project(s) [White people’s] guilt onto the institution at large, rather than consciously attaching to the ideologies, while also doing nothing to assist in altering the ideologies” (Hanna, 2010, p. 8). Liberal White guilt “often results in racially White people averting responsibility for racist acts due to a sense that they had no role in constituting the superiority of Whiteness” (Rot, 2018, p. 49). Reflecting on the centeredness of Whiteness in dance/movement therapy must be an organization-wide commitment. Dance/movement therapy’s roots were within an oppressive, colonized system and upheld by the dominant, intersectionality of White women. If White women have been in a position to disrupt the status quo, Brazaitis (2004) questioned what that implied. “What would disrupting the status quo look like? White women who acknowledge and take responsibility for their Whiteness, renounce unearned White privilege, and speak up and out even when it is not safe....” (Brazaitis, 2004, p. 111).

The effort toward dance/movement therapy being a just and nonmaleficent practice must be continuously reflective. “Ronnestad and Skovholt (2003) stated that ‘continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience’” (Rot, 2018, p. 49). While using any interventions and theory there has been an imperative to continually bring attention to and reassess their use within the intersectional cultural context of the therapeutic relationship between the person receiving therapy and the dance/movement therapist. There must be organization-wide commitments to the development of an evidence-based practice that has included the identification of correlations between specific

dance/movement therapy interventions and the perception of their impact from the perspective of the communities being served. Intersectional cultural competence that has critically examined White supremacy and the role of Whiteness must be incorporated into dance/movement therapy education and practice. The institution of a strategic plan for decolonization and intersectional cultural competence, supported by research and assessment of interventions, best practices, and demonstrable pedagogical accountability has been necessary for justice and nonmaleficence in dance/movement therapy.

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