

Getting to Know Dance/Movement Therapy: Exploring the Historical and Contemporary Theories

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Abstract

This paper is divided into four chapters. The first focuses on the development of Dance/Movement Therapy (DMT) in psychology and in dance. Throughout its development little interaction is seen between theories until the work of DMT pioneers who utilized these separate theories in the clinical setting. Chapter 2 focuses on the contemporary theoretical framework of DMT, specifically, the concept of kinesthetic empathy and how a therapist may develop this within a session. The third chapter discusses current problems in DMT regarding cross-cultural bias and poses possible solutions using Culture Analysis as a guide. The fourth chapter discusses the author's personal observations from this research and the relation to her own field placement.

Keywords: Dance/Movement Therapy, DMT, kinesthetic empathy, cross-cultural bias

Chapter 1: The Development of Dance/Movement Therapy: Through the Lenses of Psychology and Dance

Dance/Movement Therapy (DMT) is a physically active form of psychotherapy that gains its theoretical framework from theorists studying both dance and psychology. Its focus according to the American Dance Therapy Association (ADTA) is to use movement to “promote emotional, social, cognitive, and physical integration of the individual, for the purpose of promoting health and well-being” (ADTA, 2020). While DMT relies on developments stemming from both psychology and dance, prior to the establishment of DMT as an official form of therapy, research was conducted in both fields without any interaction. Early studies on the body and expression of emotion were conducted in the field of psychology in the late 19th and early 20th Centuries by Charles Darwin and William T. James. Darwin’s work focused on naming core emotions, describing how emotions evolved, and classification of emotions (Chodorow, 1992; Darwin, 1871/2009; Rossberg-Gempton & Poole, 1992), while James’s work studied the connection between emotional expression and posture (Collier, 1985; James, 1932). Further additions to the theoretical framework of DMT were made by psychologists Sigmund Freud and Carl Jung with the development of psychotherapy and their work relating to the expression of the unconscious (Jung, 1977; Noack, 1992). DMT relies heavily on the techniques and theoretical applications of psychotherapy. In the dance world, Rudolf Von Laban and Irmgard Bartenieff developed Labanotation, a written system for recording movement, and Laban Movement Analysis, a system for analyzing and making meaning of movement (Lepczyk, 2009; Serlin & Levanthal, 2019; White, 2009). These theories all functioned separately until the 1960s when the pioneers of DMT — Marian Chace, and Mary Whitehouse — put these theories into practice within the clinical setting (Chaiklin, 2009).

Psychological Studies of Emotion

While one could theoretically trace the roots of emotion and expression back to the Ancient Greeks, the most logical (and most psychologically relevant) place to begin the story of DMT is with the work of Charles Darwin (Chaiklin, 2009). Darwin's work was groundbreaking in the sense that he was the first to thoroughly study individual emotions and the universality of their expression (Chodorow, 1992). It is also important to note that his subjects included infants, children, and adults, as well as individuals from cultures other than his own. In *The Expression of the Emotions in Man and Animals*, Darwin's observations include people from England, Australia, China, different areas of Africa, New Zealand, India, and different tribes in the Americas (Darwin, 1871). Many of these were done in correspondence with other researchers who reported back to Darwin. Nevertheless, it is significant that Darwin was able to include such a diverse range of peoples in his theories. It was the culmination of these observations that led Darwin to the development of three principles of expression.

These three principles of expression describe the origins and development of emotions. The first of which is that of "serviceable associated Habits" (Darwin, 1871). These are emotional expressions that are innate; they serve to scratch a metaphorical itch in the brain. When one has a certain desire, sensation, or state of mind, one performs an action to relieve or gratify the sensation. In time these expressions become habit. These expressions are then performed when the same state of mind occurs regardless of how useful the expression is at the moment that it is performed, thus involuntary. In some instances, one may be able to repress certain displays using their will. However, muscles that have the least ability to be controlled by the will will still be engaged. The second principle is that of "Antithesis" which holds that if the first principle is true then the opposite of such must be true. Thus, if certain states of mind lead to a specific reaction

then opposite states of mind must lead to a specific opposite reactionary display of expression. Similar to a habitual expression of emotion, these anti-expressions may have no real or logical use. The third principle is that of “actions due to the constitution of the Nervous System, independently from the first of the Will, and independently to a certain extent of Habit”. This principle was written in reference to phenomena such as an increased heartbeat when angry or increased sweating when anxious. These are expressive bodily reactions that act independently of the will due to excitation of the nervous system. Darwin’s principles of emotional expression act as one of the first theories on the nonverbal expression of emotion which forms one of the most basic assumptions of DMT.

Half a Century later, William T. James conducted a series of experiments on posture and emotion which built upon the work of Darwin (Rossberg-Gempton & Poole, 1992). James’s three experiments were conducted with the goals of determining the degree to which bodily posture is expressive, the expressive values of the individual parts of the whole body, and “whether or not there is in the experience of the observer a correlated attitudinal or emotional pattern” (James, 1932, p. 406-407). In the first experiment, James presented participants with a mannikin assuming different postures and asked the participants to indicate what was expressed. Participants either attributed a posture to related emotions or as indicating a behavior. This finding suggests that there are specific postures that humans will naturally assume in specific situations. In the second experiment, participants were once again asked to name the expression shown by the mannikin as well as what they experienced while viewing the photo. With the purpose of determining if participants experienced the emotion that they observed the mannikin showing. In this experiment, many participants imitated the posture presented when attempting to determine what the image showed. Some participants reported actually experiencing the

feeling or emotion, though James describes these experiences as “weak and ephemeral” (James, 1932, p. 419). James describes the participants’ feelings as such because the experiences are short-lived and only occur when participants imitate the mannikin. These observations led James to speculate that emotional experience may not feel as intense unless one can feel the changes occurring within the body (Collier, 1985). It was these observations that led to the third experiment, in which James asked participants to assume the posture shown. Once the posture was assumed, the photo was taken away and participants were asked to report the expression of the posture they were holding. The participants’ reports showed that the expressions were generally attributed to the same posture as they had been in the first experiment. This demonstrates a certain universality of postural expression.

The results of these experiments led James to make some important conclusions and propositions. One of which is that posture as a whole is a compilation of many different parts (James, 1932). In some cases, it is the posture as a whole that denotes meaning. In other cases, the significance of one part may outweigh the other parts so that meaning is interpreted simply from that one part. James denotes the head and trunk (torso and legs) as the most important for the generic expression of the whole posture as these determine focus or direction. The hands and arms are important for the specification of the posture as these denote gesture. Additionally, the distribution of weight, expansion or contraction of the chest, and height of the shoulders can also be important in interpreting posture. Another important proposition James makes is that posture can be divided into four generic expressions — “approach”, “withdrawal”, “expansion”, and “contraction” — each of which can be associated with certain states of being (James, 1932, p. 432). These same categories are later seen in the works of Rudolf Von Laban and Irmgard Bartenieff.

Psychotherapeutic Framework

In terms of therapeutic framework, DMT relies on the psychotherapeutic work of Freud and his work with the unconscious. The unconscious, according to Freud, is where an individual's desires and drives lay (Wengrower, 2009). In his work *Writings on Art and Literature*, Freud studies well-known works by artists such as Shakespeare. Within this collection of essays, Freud attributes these works as revealing of the unconscious (Wengrower, 2009). They are often symbolic of the creator's own desires and their creation, the specific work of art, is the symbolic realization of them. Though Freud is not a trained artist, he referred to forms as meaningful. Many dance therapists operate on the belief that dance or movement is simply another form of expression of the unconscious (Wengrower, 2009). Operating on this belief, the forms of dance or movement such as heaviness, lightness, bound, free-flowing, quickness, or slowness also have meaning.

Another Freudian concept, the "notion that spontaneous expression allows unconscious aspects to appear, decreasing their repressive control" is visible in DMT (Wengrower, 2009). In Freud's work, this occurs through the free association of words. This concept is paralleled in DMT in instances such as when the therapist gives the client or group a word and they respond through improvised movement. In some instances, the therapist may ask the clients to move in ways responding to how the word makes them feel. In other instances, the therapist may ask the clients to demonstrate a specific emotion through improvisation. And in other instances, the therapist may ask the clients to simply improvise movement with no specific prompt. According to Wengrower (2009), improvisation "encourages the mover to detach from typical or stereotyped reactions and connotations, so that new psychophysical forms may emerge and be

explored” (p. 16). This improvisation allows the client to express their unconscious thoughts or desires in a healthy manner so that they may be addressed by both therapist and client.

Carl Jung’s contributions to DMT primarily stem from his idea of individuation and archetypes (Noack, 1992). According to Noack, Jung’s main concern in terms of development is his process of individuation. In simplistic terms, individuation is the process of “becoming a single, homogenous being” or even more simply “self-realization” (Noack, 1992, p. 185). Individuation is a process of “conscious reflection of so far unconscious aspects of the personality” (Noack, 1992, p. 185). This is one of the most important goals if not the ultimate goal of DMT. The goal of individuation in which one is born out of the world and into the inner-reality aligns with the definition of DMT in which the “emotional, social, cognitive, and physical integration of the individual” is promoted as set forth by the ADTA (ADTA, 2020).

The process of individuation goes through several stages relating to archetypal images and patterns. These archetypes are the structural elements of the collective unconscious, they represent a “psychological instance of the biological pattern of behavior” (Noack, 1992, p. 184). Archetypes are a recognizable pattern or mold in the psyche that can be used to help one establish order in the world (Ohno, 2010). These archetypes are universally recognized and can be molded to fit one’s experiences. In DMT, it is believed by those who follow a Jungian framework that the archetypes can be represented by movement. Noack (1992) describes a session with a patient in which she uses the “Great Mother” to interpret and make meaning of the patient’s movements. Noack describes the patient’s movements at the beginning of the session as “stiff and rigid” relating this to a brittle, leafless tree in winter. Over time, the patient developed a sense of groundedness which led to small movements of their distal ends. This then led to a release of tension in the body, causing the patient to lift her arms upwards and outwards as if

reaching for the sky. By the end, the patient appeared “open, relaxed, and alive” and reportedly said “Spring has come” (Noack, 1992, p. 195). Noack interprets this phrase of movement as a change from the negative aspect of the Great Mother, “who deprives and starves”, to the positive aspect, who is “nourishing, and supportive, and allows growth” (Noack, 1992, p. 195). This interpretation of the patient’s movement follows Jung’s archetypal framework.

Movement Analysis

So far all contributions to DMT mentioned have been from psychologists, however, there have also been very important contributions to the framework of DMT from dance theorists. This statement refers to the work of Rudolf Von Laban and his contemporary/legacy Irmgard Bartenieff. Laban is best known for the development of the first written system for documenting dance in a universal manner (Lepczyk, 2009). This system, known as Labanotation or Kinetography Laban, was first published in 1928. Labanotation consists of a system of symbols which represent the body in space. These include elements such as — levels in space (high, mid, or low), distance (very near, near, mid, far, or very far), or direction (forward, backward, left side, or right side). When recording movement, one places these symbols on a timeline, taking dance from a 3-dimensional art form to a 2-dimensional record (Laemmeli, 2017). According to Jungian psychotherapist Dr. Irene Champerknowne, Laban’s work was “an attempt to capture the eternal in time and space” (Bradley, 2002, p. 106).

Labanotation utilizes scientific language as opposed to technical dance terminology and contemporary ideas about physiology, space, and bodily effort to describe movement (Laemmeli, 2017). The universality of Labanotation serves dance therapists in multiple ways. Firstly, it allows for dance therapists to quickly and efficiently record patients’ movements so that they can refer back to it as needed (White, 2009). Secondly, Labanotation allows dance therapists to

record movement without interpretation (Laemmeli, 2017). Meaning, the therapist can record and talk about the movement in an unbiased manner, they are not applying meaning or their own interpretations to the movement. Lastly, Labanotation allows dance therapists to effectively communicate with other mental health professionals about what they are observing within the therapy session (White, 2009).

Laban's second contribution to DMT is the system of Laban Movement Analysis, later renamed Laban/Bartenieff Movement Analysis (LMA). This system analyzes movement through the lenses of 4 different categories — Body, Effort, Space, and Shape — though depending on the time period there may only be two or three categories, as Effort and Shape were later developed into their own categories by Bartenieff (Lepczyk, 2009; White, 2009). Each category is present in all movement because movement cannot occur without a change in the body, an exertion of energy, or a change in one's relationship to space (Lepczyk, 2009).

The first category, Body, is used to describe what is moving. In DMT when a patient continuously uses the same body part, this can carry meaning (White, 2009). Similarly, when a patient suddenly changes which body part is initiating movement this can be indicative of an emotional change. The Body category can be divided into postural movement describing full-body movement or gestural describing movement that occurs in one part of the body that does not affect the rest of the body (White, 2009). According to White, postural movement indicates "a fuller expression of emotions" (2009, p. 240). Body movement can also be simultaneous referring to movements happening in multiple body parts at the same time. Or movement can be successive, initiating in one body part and traveling through the body to finish in another body part.

Effort is the category that carries the most significance when making meaning of movement, as the factors associated with Effort are “the ways in which inner impulses and energies are manifested in movement, whether conscious or unconscious” (White, 2009, p.246). The Effort category is divided into four factors which all exist on a continuum between polarities (White, 2009). The four categories within effort are; space, weight, time, and flow. Space denotes focus in terms of direct or indirect. Weight consists of light or strong weight. Light weight is gentle, while strong weight is forceful and often grounded. Time is divided into quick or sustained. Quick often denotes a sense of urgency or franticness, while sustained refers to a movement that seems to linger. The Flow category exists between free and bound. Free flow refers to movement that is fluid and seems almost difficult to stop, while bound flow incorporates more restrained movement. When analyzing movement using the Effort Factors, a dance therapist can begin to apply meaning and determine why a person may be moving in a certain manner.

The third category of LMA, Space describes where the body is moving (White, 2009). This can either be in general space or in relation to the body within the kinesphere. One can move with spatial intent either towards or away from a specific point in space. In general space, one can move along different pathways such as straight, curved, circular, or zigzag. Use of general space can denote the ways in which a person emotionally relates to their physical or imagined environment. The kinesphere describes the invisible bubble around the body that can contract or extend depending on how far the limbs are extended (Preston-Dunlop, 1983). In DMT, a small kinesphere might denote an unwillingness to share or a sense of self-reflection, while a large kinesphere could denote openness. The kinesphere can also be divided into high, medium, and low, as well as right and left and forward, backward, and center. Accordingly, there

are 27 different points in space which correlate to the horizontal, vertical, and sagittal pulls of the body (White, 2009).

The fourth category of LMA is Shape, which describes how the body changes from position to position (White, 2009). There are three different Modes of Shape Change that can be used to denote why the person is moving (Broughton & Stevens, 2012). The first, Shape flow describes movement performed to satisfy a personal need such as shivering when cold. The second, Directional shape changes, occur when the individual shapes their environment to fit their needs. An example of this would be grabbing a glass of water off of a table. In the third category, Carving (or Shaping) occurs when the individual actively interacts with their environment. The individual shapes themselves to fit their environment and their environment to fit themselves. The Shape categories also include qualities such as rising and sinking, advancing and retreating, and spreading and enclosing. These are directly related to the four generic expressions observed by William T. James.

LMA has important uses within DMT other than attaining meaning from movement. It can be used along with Labanotation to inform DMT practitioners about their patients as well as educate other mental health staff (White, 2009). It also allows dance therapists to understand their own movement affinities or repertoire. By understanding their own habits, dance therapists can work to expand their movement repertoire which in turn allows them to better empathize with their patients.

Connecting the Past - DMT Pioneers

DMT officially began as a therapy in the 1960s with the formation of the ADT, however, many of the Pioneers of DMT were already practicing (Devereaux et al., 2016). These pioneers include Marian Chace and Mary Whitehouse (Chaiklin, 2009). These two women were dancers

who developed DMT out of their dance classes and into the clinical setting. Both of these women had a basic understanding of the psychoanalytic work of Freud, Jung, and Adler either through studying or through their own experiences in therapy.

Marian Chace was the most influential pioneer on the East Coast of the United States (Chaiklin, 2009). Chace studied, performed, and choreographed with the Denishawn company, a modern dance company, through the 1930s. Following her retirement from the stage, Chace taught modern dance classes in New York City and Washington D.C. When observing her students, Chace began to pay attention to the different ways in which her students moved and shifted her method of teaching to focus on the needs of the individual students. Chace organized her classes in such a way that promoted harmony of mind and body in order for students to fully conceptualize their sense of self. Her work quickly came to the attention of medical professionals who began sending her their psychiatric patients. In the 1940s, Chace was invited to continue her work at St. Elizabeth's Hospital with many returning World War II veterans. Within her sessions with these patients, Chace would often start with the group in a circle listening to music. She usually chose a piece of music that would not likely have strong memories associated with it, such as a waltz. Chace would then ask her patients to simply dance how they feel. For Chace, movement is a bridge through which the inner experiences can be communicated to the outer world (Chaiklin, 2017). She would then mirror back to the patient what they were expressing to her, thus creating a "dialogue of movement" (Fischman, 2009, p. 34). This created the feeling for patients that they were accepted and understood. Chace believed that people, in general, want to be seen, heard, and understood (Chaiklin, 2017).

Mary Whitehouse was a DMT pioneer based on the West Coast of the United States. Whitehouse was influenced by her time training in modern dance under Mary Wigman and her

time studying Jungian analysis. For Whitehouse, the Jungian concept of active imagination was the foundational keystone of DMT used to facilitate an “introspective investigation” (Fischman, 2009, p.44). According to Chaiklin, “by making use of spontaneous body movement that arose from inner kinesthetic sensations, individuals recognized the symbolic nature of their communication, which then opened the door to self-awareness and possible change” (2009, p. 7). Whitehouse further believes that human beings are all in touch with the collective unconscious and that “spontaneous expressive movement” originates from there (Fischman, 2009, p. 44). The unconscious is able to emerge through the active imagination through free association which can take the form of improvisation, games, painting, or simply word association.

Conclusion

Dance/Movement Therapy is a unique form of psychotherapy in that it combines theoretical framework from both psychology and dance into one cohesive practice. The development of DMT is also unique due to the lack of interaction between theorists whose theories make up the framework of DMT. Early research on emotion and expression was conducted in psychology by Charles Darwin and William T. James (Rossberg-Gempton & Poole, 1992). Also within psychology, Sigmund Freud and Carl Jung developed theories relating to the unconscious (Chaiklin, 2009). Especially important within DMT are Jung’s concepts of individuation and archetypes from the collective unconscious. Within dance, Rudolf Von Laban and Irmgard Bartenieff developed a system for recording movement, Labanotation, and system for analyzing movement, Laban/Bartenieff Movement Analysis (Lepczyk, 2009). While many of these theorists were certainly aware of each other and may have been influenced by each other’s work, the actual theories did not interact with each other until the work of Marian Chace and

Mary Whitehouse. These pioneers of DMT took these theories and applied them to the clinical setting (Chaiklin, 2009)

Chapter 2: Psychological Framework: Kinesthetic Empathy

Within Dance/Movement Therapy, therapists incorporate a wide variety of techniques in order to connect with, understand, and help the patient or client. One such technique is that of kinesthetic empathy (Fishman, 2009). Empathy itself is important within the therapeutic relationship; thus, kinesthetic empathy is important within the dance therapeutic relationship. Kinesthetic empathy is the bodily and cognitive understanding of another person's movements (McGarry & Russo, 2011). In order to fully understand kinesthetic empathy, one must first understand Embodiment theory which posits that it is time for psychology to overcome the Cartesian model of the body-mind connection and accept a more unified model (Marshall et al, 2021). Under this more unified model, body and mind are one, rather than separate entities, which allows for the assumption that movement is representative of the inner self. Thus, by developing a sense of kinesthetic empathy one can understand their fellow humans. There are several techniques that the dance therapist can use to develop kinesthetic empathy such as — mirroring, synchronous movement, or motoric cooperation (Behrends et al, 2012).

Embodiment

The theory of embodiment requires one to view the mind-body connection through a non-dualistic lens (Rova, 2017). Thus, the mind and body are one being, ever connected. In this perspective, “the mind is not located in the head, but is embodied in the whole organism embedded in its environment” (Fischman, 2009, p.35). According to Marshall et al (2021), one can view embodiment as “a bridge between three standpoints: the form of the body (in the sense

of bodily morphology), the body as actively engaged with the world, and the body as lived experience” (p.1). Knowledge then is conceived as “action in the world” (Fishman, 2009, p. 36). Individuals come to know the world through their own actions and these actions require movement. Repeated actions can come to shape the body in certain ways as specific effort dynamics are repeated, meaning repeated actions shape the body. This shaping of body structure can sometimes limit an individual’s movement repertoire to what is familiar, thus inhibiting the body from moving in different, unconditioned ways. This means that the acquisition of knowledge in this sense can sometimes be limited. However, a kinesthetic embodiment in which an individual has a sense of bodily-kinesthetic intelligence can combat this limiting phenomenon (Rova, 2017). Thus, the more aware one is of their own embodied actions, the more one is able to truly recognize or understand others. If the mind and body are so deeply connected, as if fully intertwined, then movement is representative of the innermost aspects of the human mind. If this is true, then understanding another person can be facilitated by imitating their movements. This then allows the observer to glean a deeper understanding of the other person.

Empathy

Empathy as a therapeutic concept is not at all unique to DMT. Empathy can be defined as “a visceral and cognitive understanding of another’s emotions or motivations” (McGarry & Russo, 2011, p.179). Empathy in the therapeutic context should be contextualized as a dialogic and embodied understanding drawing on one’s body as a source of empathy” (Rova, 2017, p. 165). In any therapeutic relationship, the ability of the therapist to understand the client and be able to put themselves into the metaphorical shoes of the client is of utmost importance for fostering growth and development. Empathy itself has many different dimensions, though, the most important for DMT is the bodily or kinetic dimension (Behrends et al, 2012).

Kinesthetic Empathy

Kinesthetic empathy is unique to DMT due to DMT's movement-based approach or its kinetic nature (Gonzalez, 2019). Developing a sense of empathy can become rather difficult when all or most of the therapeutic sessions are non-verbal. This is where the concept of kinesthetic empathy comes into play in DMT. Kinesthetic empathy requires the observation of movement alone in order to develop a cognitive understanding of another's emotions or motivations. The imitation of another's movement in addition to observation can help one to better develop kinesthetic empathy for another person. Kinesthetic empathy takes place "in moments of perception when the subject that moves and the subject which is moved seem to dance at the same time" (Gonzalez, 2019). Developing this kinetic empathy requires the therapist to be able to interpret and understand the movement of the client. This can be done through analysis using Laban/Bartenieff Movement Analysis as a guideline for applying meaning to movement. Or it could be done through a more active approach such as mirroring.

Mirroring is a process that is exactly what it sounds like, when mirroring the therapist is literally imitating the client's movement in some way (McGarry & Russo, 2011). The ways in which a therapist can mirror the client may differ depending on the therapist, the subject matter expressed, or the purpose for the mirroring. Simplistically, mirroring occurs when the therapist makes body movements similar to the client's at the same time as the client or slightly echoed. In some instances, the therapist may choose a particular movement quality to mimic. This could include qualities such as weight. If a client is moving in a way where their movement appears heavy and rooted to the ground, the therapist may choose to imitate that specific quality. When a specific movement quality is being imitated by the therapist, the client may not even notice that the mirroring is taking place. It is likely that when specific movements are mirrored by the

therapist exactly that the client will notice the mirroring. By mirroring, the therapist is developing a “somatic-emotional-cognitive understanding of how the patient feels” (Xi, 2020, p. 99). During moments of mirroring, the therapist is reflecting the client’s own experience back to them (Fischman, 2009). Additionally, when one mirrors another they are “sharing the same somatosensory pattern as the others, as if entering into others’ bodies to participate in their internal experiences” (Xi, 2020, p. 94-95). This in turn creates a greater connection and deeper level of shared understanding between the client and therapist. A good dance therapist will work with the client to begin to initiate mirroring themselves. Eventually, a client may begin to mimic or mirror the therapist. This demonstrates that a reciprocal communicative relationship has been established.

Another method for the development of kinesthetic empathy is that of synchronous movement (Behrends et al, 2012). According to Behrends et al, synchronous movement is defined as “intentional coordination of behaviors” over time which can consist of similar or different changes in posture or full movements (p.111). The emphasis here is on the synchronization of the movement rather than the exact coordination of the movement. An example of synchronous movement is when two people walk together for an extended period of time and they begin to match strides. Recent research has shown that group synchronous movement can lead to greater amounts of cooperation and personal sacrifice in the group setting. Research also suggests that synchronous movements within a group can lead to enhanced levels of perceptual sensitivity towards others’ movements.

Motoric cooperation, a similar method to synchronous movement, can also help develop kinesthetic empathy (Behrends et al, 2021). Motoric cooperation, also known as embodied cooperation, requires two or more individuals moving in time and space in a coordinated manner

in order to bring about change in their environment. In motoric cooperation, movements could be the same movements performed at the same time such as two individuals pushing a heavy couch from the same end. Or it could consist of two individuals performing complimentary movements with the purpose of achieving the same goal. An example of this would be one individual pushing the heavy couch from one end while the other pulls the couch from the other end. Motoric cooperation requires the individuals involved to “share representations, to predict actions, and to integrate predicted effects of one’s own and others’ actions” (Behrends et al, 2021, p. 112). This in turn allows the individuals to develop a better understanding of others.

Conclusion

Empathy is the understanding of others’ inner emotions and motivations, a concept which is of utmost importance in the therapeutic relationship. While empathy is not specific to DMT, a version of empathy, kinesthetic empathy, is more specific to DMT. Kinesthetic empathy is the process by which one comes to understand the inner emotions and motivations of others via their movement. Embodiment theory can be used to better understand kinesthetic empathy as it promotes the oneness of mind and body. By accepting the mind and body as one, it can be assumed that the behaviors displayed by others are a direct representation of an individual’s inner emotions and motivations. Thus, by simply observing and understanding their movement their emotions and motivations can also be understood. There are several different ways in which dance therapists can promote kinesthetic empathy within the therapeutic relationship. The first of these is through mirroring, a process in which the therapist imitates all or certain aspects of the client’s movement. The second technique is through synchronous movement whereby individuals match their movements over time. The third technique is that of motoric cooperation in which individuals move in a coordinated fashion to bring about change in their environment.

Chapter 3: Dance/Movement Therapy's Shortcomings: An Example of Cross-Cultural Bias in Psychology

Dance/Movement Therapy (DMT) is a type of psychotherapy that combines creative movement with a psychological framework originally derived from Jungian theories. In the Western world, DMT developed out of the emotional movement of modern dance and Rudolf Von Laban's methods for movement analysis (Carmichael, 2012). DMT combines a "non judgemental attitude regarding personal preferred movement, individual self-expression through uninterrupted improvisation, and emotional content in expressive dance and movement" (Ko, 2020, p. 1) Human movement acts as a bridge between the inner world of the individual and the outer world in which they participate. DMT incorporates these ideas within a setting that allows the client or patient to freely move and interact with the therapist in a constructive manner (Chaiklin, 2017). While the theoretical framework behind DMT is rooted in the Eurocentric influence of psychology, dance and movement are innate emotional human experiences that give DMT the potential to be applied more universally than other psychotherapeutic techniques (Chaiklin & Wengrower, 2009). This potential, however, seems to be unrealized within the field as certain cultural biases still exist preventing DMT from being utilized to its maximum potential. This paper will cover the issues that arise when utilizing psychotherapeutic techniques outside of the setting they were developed in, how this arises within DMT and possible solutions to this cross-cultural problem.

Problems with Psychoanalysis Across Cultures

Psychology developed as a scientific discipline in Europe as a "byproduct of individualism" (Dwairy, 2015, p. 8). It was meant to fill a need to understand the newly developed "self" as society had changed from a collectivist society that emphasized the group to

a more individualistic society in which the individual had a sense of freedom. In this sense, the individual became emphasized over the group. Thus, the individual became its own entity which was subject to study, with psychology filling this newfound need. This, however, means that psychology without adaptation can only be accurately applied within cultures that fit this individualistic model. When attempting to apply therapeutic techniques within non-individualistic cultures, one will likely find that there are certain issues. These may include disappointment among clients who would prefer something more concrete such as medication, resistance, and embarrassment when attempting to address personal or intimate issues with the client, an inability to express or discuss feelings, the clients' norms and customs dictating what issues are discussed within the therapeutic setting, projection of responsibility by the client onto others rather than taking personal responsibility, or a lack of understanding of terms relating to the self (Dwairy, 2015). These potential issues demonstrate that many psychological theories and therapeutic techniques are not universally applicable and need to be adapted to fit the people within the culture that they are being used in. When considering the application of psychological theories within a culture there are certain aspects that need to be assessed as these cultural differences are very important.

Important Differences Between Cultures

For the purposes of this paper, culture will be divided into two types that exist on a continuum, these are individualistic societies and collectivist societies. Culture itself is defined as “shared learned meanings and behaviors transmitted across generations within social activity contexts for purposes of promoting individual/societal adaptation, adjustment, growth, and development” (Dwairy, 2015, p. 8). Between individualistic cultures and collectivist cultures, the major difference lies in where the emphasis is placed, either on the individual or the society as a

whole. Within a collectivist culture, people identify with the collective rather than independent personalities or selves. They place themselves as a part of the society that serves a function according to the needs of the society rather than an independent operator. This has important implications for the expression of emotions and behavior.

In Western cultures, many believe that it is culturally acceptable to express what are considered private or internal feelings in the appropriate public setting (Dosamantes-Beaudry, 1999). Such emotional releases could include confiding in a friend or a therapist or breaking down in a group therapy session. Additionally, the expression of anger or other negative emotions is seen as socially acceptable, so long as it is in the appropriate setting (Dosamantes-Beaudry, 1999). This does not hold true cross-culturally. People in more collectivist cultures often “appear highly motivated to find a way to fit in with relevant others and to fulfill and create a sense of obligation with them” (Dosamantes-Beaudry, 1999). It is believed by many in such cultures that individuals should not burden society with their personal problems. Instead, individuals should remedy their problems on their own in order to avoid criticism from others (Ko, 2020). Included in this is the suppression of displaying or revealing the innermost thoughts and feelings. Inhibition of these feelings is considered a sign of maturity while emotional outbursts are considered to be a sign of immaturity (Dosamantes-Beaudry, 1999). In social situations, both verbal and nonverbal expression is often limited to positive and pleasant emotions. As DMT relies on the nonverbal expression of emotions, it is natural to assume that DMT would not work with the same efficiency within a collectivist society as it does an individualistic one.

Problems With DMT Across Cultures

As previously mentioned, DMT relies heavily on the framework from psychotherapy and nonverbal emotional expression within a mostly group setting. This can cause issues when attempting to apply unadapted techniques outside of individualistic cultures.

Dosamantes-Beaudry (1999) notes these issues by comparing individuals' responses to the same movement tasks in a DMT workshop. Two workshops were conducted, one in Zurich and the other in Taipei. All participants were dance or mental health professionals active in their respective communities, mostly females in their mid-20s to late 30s. At the onset of the respective workshops, participants were gathered into a circle facing one another and asked to state their names, then "tune in to how they experienced themselves and then through some gesture or movement express how they felt in the moment" (Dosamantes-Beaudry, 1999, p. 226). In the Zurich workshop, participants generally showed a wide range of emotional expressiveness from the extremely positive to the extremely negative. Dosamantes-Beaudry noted that the Zurich participants seemed comfortable expressing their own emotions as there was considerable emotional variability between participants. Additionally, when asked to discuss the experience, the Zurich participants willingly shared their experience with the exercise with the group.

Contrarily, participants at the Taipei workshop were not nearly as willing to express their emotions publicly even though many of the participants were acquaintances prior to the workshop. Dosamantes-Beaudry noted that participants "watched each other carefully and frequently imitated each others' movement patterns while adding something of their own or doing the pattern slightly different from the way it had been performed by the original mover" (Dosamantes-Beaudry, 1999, p. 226). In response to this, the participant whose movements were imitated seemed to take pleasure in the fact that their movements were chosen for imitation. Participants generally showed restraint regarding which emotions they exhibited outwardly

within the group setting. The emotions chosen for display were positive and pleasant.

Additionally, when asked to verbally articulate their emotional experience, participants in the Taipei workshop were reluctant to share with the group.

Even though all participants worked within the DMT field, the task given was only compatible with Western “individualist” cultural ideals. This explains the differences in comfort levels expressing emotions between the two groups of participants. Upon noticing the reluctance among participants in the Taipei group, Dosamantes-Beaudry adapted the workshop for this group to use partner movement tasks rather than group movement tasks in order to give the participants a greater sense of privacy, thus more closely aligning with cultural norms. This particular study demonstrates the issues with utilizing DMT in non-Western cultures without adaptation and ways in which a Dance/Movement Therapist might begin to adapt the craft to be better suited for non-Western cultures.

Possible Solutions

In order to solve this problem derived from cultural differences within the DMT setting one can look to solutions developed to make psychology as a whole more applicable to non-individualistic cultures. Dwairy (2015) puts forth the theory of culture analysis. The purpose of this technique is to direct therapists in how to use a client’s culture in order to facilitate change (Dwairy, 2015). It is purposefully designed to adapt psychoanalysis to be used with clients from collectivist cultures. Culture analysis operates on the assumption that culture is a dynamic force with coexisting belief systems. Thus, people often adopt some aspects or values of their culture while rejecting others. Rather than addressing conflict within the self, culture analysis addresses conflicts between the client and their culture (Dwairy, 2009). When a client’s needs conflict with a value or belief within their culture the therapist works with the client to help them adopt other

values within their culture which may better exist with their needs. This brings new or previously existing but ignored content into consciousness which facilitates the process of dynamic change within the client (Dwairy, 2015).

When applied to DMT, culture analysis may look a little different as most of DMT is non-verbal and movement-based. This could include reworking a session so that it fits the ideals of the culture from which the client or clients come. In cultures where public emotional displays are unwelcome, this may mean working with clients individually rather than in a group setting as clients may be more likely to openly express emotion in a one-on-one setting. Adaption to fit culture using culture analysis could also resemble the group session described by Dosamantes-Beaudry in which clients were tasked with partner movement rather than group movement to create the feeling of a more intimate setting (Dosamantes-Beaudry, 1999). This allows for clients to feel more comfortable expressing themselves openly rather than inhibiting emotion for the sake of group harmony as is common in collectivist cultures (Dwairy, 2015). Additionally, using culture analysis in DMT could also resemble the therapist taking on more of a teacher-student relationship with the clients rather than that of the “participating-observer” as is common in DMT (Dosamantes-Beaudry, 1999; Fischman, 2009). This may alleviate pressure to act in discordance with cultural ideals regarding the more formal appearing group setting. Establishing a more student-teacher type relationship may better fit the expectations of the clients allowing them greater comfort. This could allow for the client to in turn push themselves outside of their comfort zone while, in another sense, they remain inside of their comfort zone. There are a great many other potential applications of culture analysis within the DMT setting, those mentioned above are only the metaphorical tip of the iceberg.

Conclusion

Psychology as a field of study developed out of a need to study the newly developed idea of “self” within Western culture following a great many changes which led to the development of individualistic culture in Europe (Dwairy, 2015). This implies that psychological theories and practices are applicable in their pure, unadapted form only in said individualistic cultures. As Dance/Movement Therapy is one of said practices, there are problems that arise when trying to use DMT in collectivist cultures. This is due to the emphasis placed on society rather than the self which leads to the repression of emotional displays within the group setting (Dosamantes-Beaudry, 1999; Dwairy, 2009, 2015). However, using culture analysis, a dance therapist may be able to overcome these setbacks through potential adaptations such as moving from a group setting to working with an individual or breaking the group into pairs to create this effect or adopting a student-teacher relationship with the client rather than the usual participant-observer relationship traditional in DMT (Dosamantes-Beaudry, 1999).

Chapter 4 redacted to remove personal reflections and any identifying information.

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