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Elizabeth Jezorski

Lesley University, jezerski@lesley.edu

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Patterns of Stigma:

Dance Therapy as an Intervention Method for People Living with HIV

Capstone Thesis

Lesley University

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Elizabeth Jezorski

Dance Movement Therapy

Catherine Borbotsina, LMHC, LCMHC, ATR-BC

Abstract

This paper will explore the impact that dance movement therapy (DMT) has for people living with HIV. DMT is an evidence-based modality that engages the body in the therapeutic process for individuals and groups in various settings. DMT has been shown to increase social connectedness, empathy and body awareness in many populations; however, there is a lack of research using DMT as an intervention for people with concealable stigma. Concealable stigma is an experience of oppression that can often be hidden or concealed. To explore this, four DMT sessions were implemented with people living with HIV. These sessions were analyzed using Laban Movement Analysis to assess for patterns of movement related to the experience of stigma and oppression. Patterns of movement emerged that reveal both the experience of and the relationship to stigma. These patterns were then discussed in a broader conversation about how people living with HIV experience stigma, how it impacts their relationships and how DMT can support the process of decreasing the negative impacts of concealable stigma.

Keywords: concealable stigma, HIV/AIDS, dance movement therapy, movement patterns

Patterns of Stigma: Dance Therapy as an Intervention Method for People Living with HIV

A concealable stigma is a socially constructed aspect of identity that is negatively valued or stereotyped, and which can be hidden from public view (Roberts, 2016). Two examples of concealable stigmas are people living with HIV/AIDS or with substance abuse issues. DMT is a modality of therapeutic practice that engages the body and expressive faculties in the healing process. In addition to being a psychotherapeutic treatment, it also includes some research methods of observing and assessing movement within the individual body, as well as the implementation of movement-based interventions to meet treatment goals (ADTA, 2016). This capstone will examine the questions, *how is stigma experienced in the body? And how can DMT techniques promote positive change for those living with concealed stigma?* Observations, as mentioned above, will be the primary source of data collection; data analysis will include interpretations by this author using Laban Movement Analysis (LMA) techniques.

Literature Review

Following is a summary of the literature surrounding concealable stigma including: the emotional, relational and psychological impact of concealed stigma, how the creative process has been used therapeutically with people maintaining stigmatized identities, and how dance therapy, including the use of LMA, might be helpful for people living with concealed stigma. These topics were chosen for review to inform the reader about the issues stigmatized populations may encounter and how they can be supported.

The Impact of Concealable Stigma

The impact of stigma can negatively impact the psycho-emotional health of the individual and make them susceptible to violence and discrimination. In addition to the depression, anxiety

and grief common in stigmatized populations, those with a concealable stigma may experience the additional psychological burden of maintaining secrecy, including social isolation and hypervigilance about being “found out” (Bosson, Weaver & Prewitt-Freilino, 2012). These concerns are often rooted in legitimate concerns for safety, threats of discrimination and social and familial rejection. Furthermore, the act of concealing an aspect of one’s identity interrupts the formation of a coherent sense of self. Bosson, Weaver & Prewitt-Freilino (2012) write:

If people with concealable stigmas sacrifice their need to be themselves in favor of their need to be accepted—by allowing their stigmatized identity to remain hidden—they may be chasing externally imposed standards of worth. In doing so, they may forfeit the need to function with autonomy and agency. (p.116)

Quinn and Chaudoir (2009) identify four constructs that contribute to the presence of psychological distress and ill health experienced by populations maintaining concealable stigma: anticipated stigma, centrality, salience, and cultural stigma. Anticipated stigma describes the expectation of being stigmatized by others if the concealed identity is discovered. Salience refers to how often individuals think about their concealable stigmatized identity. Centrality is the criticality of the identity to the individual; and, cultural stigma refers to the externally constructed devaluation perceived by the individual with a concealable stigmatized identity.

Quinn and Chaudoir (2009) designed two studies to research the impact of concealable stigma on psychological and physical wellbeing. The first study surveyed 300 individuals with concealable stigmatized identities and was used to develop a model for predicting psychological distress in people maintaining stigmatized identities. The second study designed by Quinn and Chaudoir (2009) was formulated to test the model, which anticipated that stigma, centrality, salience, and cultural stigma would have an impact on psychological distress and illness

symptoms, as well as a comorbidity between the two. 235 participants were analyzed by replicating the process completed in the first study. The results of these two studies “present a framework for understanding how intra-individual factors and external stigma can impact both psychological distress and health for people living with concealable stigmatized identities” (Quinn & Chaudoir, 2009, p. 647); and confirmed that distress is the strongest predictor for illness symptoms.

These studies reveal that anticipated stigma, centrality and salience directly affect psychological distress as well as physical symptoms of illness; whereas cultural stigma alone increased only the risk of illness symptoms. Quinn and Chaudoir (2009) write, “People often do not know what will happen when they reveal the identity, but their concerns about it will likely affect their behavior” (p. 647). Supporting this research, Dickerson, Gruenewald and Kemeny’s (2009) study reveals that threats to social inclusion and acceptance result in psychobiological responses including self-conscious emotions, increased cortisol, and pro-inflammatory cytokine activity. This increased activity can be detrimental to a person’s wellbeing, particularly if exposure is prolonged or activation is repeated. It is possible that populations maintaining concealable stigma would experience prolonged and repeated activation of these processes, thus making them more vulnerable to negative health aspects. However, no research was found by this author into the specific biochemical processes of those with concealable stigmatized identities.

Stigma can be understood as a form of oppression. Oppression occurs when a group or individual is forced down through unjust authority. According to Karcher and Caldwell (2014) “oppression takes root when differences between individuals or groups are manufactured or highlighted, and these differences are leveraged to create narratives that legitimize and normalize

some groups while delegitimizing and making abnormal the ‘others’” (p. 478). Individuals with stigmatized identities are frequently marginalized and devalued by dominant individuals, groups or systems. Johnson (2015) discusses oppression as a social construction whose behaviors are learned, and therefore able to be un-learned through educational strategies and experiences that challenge power structures, both at individual and cultural levels.

Oppression appears in the body via somatic processes that include sensory, expressive, kinesthetic, social and psycho-emotional bodily experiences (Karcher & Caldwell, 2014). The body has its own nonverbal intelligence in the form of direct experience that impacts our inner states and understanding of the world (Norris, 2001). Furthermore, human beings experience shared somatic states enabling communication to occur directly from body to body. Research regarding the mirror neuron system and the development of empathy and social awareness in clients with schizophrenia and autism (Hildebrandt, Koch & Fuchs, 2016) supports this perspective.

Stigma and the Creative Process

How can the creative process support individuals who experience oppression due to their concealed stigmatized identities? Karcher and Caldwell (2014) present a case study investigating the somatic experience of gender transition via dance and art. Arts-based research approaches were used to explore and document the experience of transition. The dancer, a transgender man, identified somatic experiences, such as feeling constricted when mis-gendered. After systematically exploring somatic experiences through drawings depicting the torso, the data was translated into dance and performed for over 600 people. This process resulted in a deeper understanding of personal identity, for the case study as well as the co-researchers involved in the project.

Another study, completed by Teti, Massie, Cheak-Zamora and Binson (2012), explores the lived experience of women living with HIV through photography. The photos, taken by the women, revealed the intersections related to living with HIV including the importance of social support, the impact of stressors, maintaining health and positive transformation. This project was able to provide the women with a space to define themselves which, write the authors, “is helpful for women themselves, but it may also help to address AIDS-stigma overall, an important component of an effective, comprehensive HIV prevention plan” (Teti et al, 2012, p. 176).

Finally, Kaimel and Gerber (2007) reveal, through the integration of community mural-making at an urban outpatient HIV/AIDS clinic, the positive impact artistic expression and the creative process has on stigmatized populations. This study revealed how the creative group process was able to decrease feelings of alienation and isolation in clients living with HIV/AIDS as well as transform the perspectives of staff and community members as well. These studies each suggest that the creative process holds therapeutic and transformational potential for populations living with concealed stigmatized identities.

Dance/Movement Therapy and Concealable Stigma

Despite such a positive impact regarding the artistic process, very little research explores the use of DMT with populations that experience concealable stigma. However, DMT, as a body-based, expressive practice is well adapted to explore and treat issues related to living with a concealed stigmatized identity, including somatic trauma, social isolation, grief and loss and improving self-esteem (Roberts, 2016). DMT can facilitate nonverbal communication allowing for feelings and sensations to be externalized and explored safely and with objectivity (Brown, 2009). As a group process, DMT can reveal the patterns a person occupies in the larger world via the microcosm of group belonging (Wittig & Davis, 2012). DMT can also create a sense of

belonging and transcendence; Norris (2001) writes, “Community participation through dance and ritual is one manifestation of the universal nature of the need for transcendence of the self” (p. 121). The space the individual occupies is part of a whole; as the body becomes competent in ritualized embodiment, a sense of belonging develops; an ego-release is experienced.

Roberts (2016) explores the hypothetical use of DMT in populations with concealable stigmatized identities. This paper delineates how the tools of dance therapists, including Bartenieff fundamentals and Kestenberg rhythms, as well the work of Mary Whitehouse and Authentic Movement, could potentially be used to support clients with stigmatized identities to work through issues of shame, safety, and belonging. Embodiment practices allow the individual to observe and influence the experience of inner and outer; by consciously changing body shape or posture, rhythms, tension flows and use of space we can affect cognition and perceptions of experiences (Koch & Fuchs, 2011). Roberts (2016) writes, “A general lack of embodiment may be felt and observed in clients who have concealable stigmas as they might lose their internal connection to themselves in order to stay attuned to the external environment” (p. 72).

Embodied Simulation (ES) is a process of recognition whereby a person’s own cognitive system internally simulates the observed movements of another thus creating intersubjectivity (Payne, 2017). Specifically, research into the mirror neuron system (MNS) has provided insight into the neurological basis of embodiment. Mirror neurons respond to various stimuli and enable an individual to interpret the actions, movements and postures of others (Winters, 2008). This knowledge is particularly relevant in the field of DMT where the process of mirroring is used to enhance the therapeutic relationship and support attunement, as well as facilitate the development of empathy and improve social connectedness (Hildebrandt, Koch & Fuchs, 2016).

Mirror neurons are biologically present in the brains of every human and are activated through external stimulation (Berrol, 2006). According to Payne (2017), mirror neurons and associated neuroscience studies show that witnessing the actions of others rather than being simply a visual exercise, is one that co-involves our own actions and emotions. Consequently, our motor and affective systems, which are inevitably shaped by our history of personal actions and emotions, will always infiltrate our perception of the emotions and actions of others, and thus be intrinsically subjective. (p. 169)

In other words, our own movements, behaviors and emotions are informed by the movements, behaviors and emotions that we perceive in others. A connection is created through the act of observing and being observed. ES is present in two techniques inherent to the work of dance therapists: witnessing and mirroring.

Witnessing, a technique inherent in the work of dance therapy and first described by Mary Whitehouse, is a form of embodied practice. The witness, in the practice of Authentic Movement, observes the spontaneous movements of another person without judgment and with attention to their own internal experiences and processes. Often, after the period of movement is complete, the witness will offer verbal reflection of their own experiences as witness. As a form of action-empathy, this practice allows the mover and witness to connect through the process of ES, to develop a “meaningful understanding” of the mover’s experience (Payne, 2017).

Similarly, the mirroring technique, developed by Marian Chace, makes use of ES when one person acts as an embodied reflection of another. One person moves, and the other, often the therapist, will adopt these same movements, directly or indirectly, within their own body. Often this mirroring will happen as part of a ‘Chace circle’; a group process that invites each mover to

synchronize by initiating and following movements while in a circle. Of Chace circles, Payne (2017) writes, “The therapist is bodily engaged in the active, expressive movement dialogue and expression; she is relating non-verbally to participants and nurturing a sense of belonging by incorporating members’ movements (whether they are conscious of this or not) to form a cohesive group process” (p. 169). This process differs from witnessing in that there is direct body to body engagement, rather than an internal reflective process.

Both witnessing and mirroring have been shown to increase empathy, which can be defined as “an embodied affective resonance that involves some level of cognitive processing” (Berrol, 2017, p.308) and leads to the experience of “being seen”. These techniques, it is hypothesized, result in a firing of mirror neurons increasing connection, empathy and attunement between two or more individuals (Berrol, 2017). Johnson (2015) writes that “embodied interactions are learned implicitly from our earliest social encounters onwards, and are deeply entwined with our sense of personal identity (p. 84); and describes oppression as “embodied trauma” (p. 85). Johnson outlines strategies that allow the participants to explore and express oppression as a layered and multidimensional experience, as well as to transform the experience in a meaningful way. These strategies include somatic and nonverbal processes that center the experience of the body.

One article by Hildebrandt, Koch and Fuchs (2016), explores the use of embodied approaches to treatment in patients with Autism Spectrum Disorder (ASD) and Schizophrenia. The article states that these disorders have proven resistant to conventional treatment approaches and therefore stand to benefit from nontraditional approaches, such as DMT, which employ body-based practices that stimulate the MNS. The concept of Embodied Cognition suggests that our experiences are mediated by the body; Hildebrandt et al (2016) write “Rather than solely

focusing on the causative influence of the mind on the body, this notion highlights the reciprocal conjunction of both entities, thereby providing a new theoretical starting point for therapeutic interventions” (p. 3).

Martin, Koch, Hirjak, and Fuchs (2016) explore the use of manualized movement therapy on patients with Schizophrenia. The authors state that Schizophrenia can be seen as a disorder of disembodiment which includes a poor sense of self and disrupted implicit bodily functioning leading to a disconnected sense of inter-corporeality with others. The individual experiences a lack of implicit understanding of and therefore a lack of appropriate responses to internal sensations and emotions which may then be experienced as a lack of agency resulting in delusions and paranoia. The authors suggest that body-based approaches to treatment may help the patient reconstruct a coherent ego structure and learn to communicate with a wider expressive range. This study expands on the work of Röhrich and Priebe (2006) who found significant reduction in negative symptoms using body-based approaches to treatment.

Research on embodiment reveals the basic connectedness of the body to affect and cognition (Koch and Fischman, 2011). The body’s movement influences how a person feels and vice versa. Movement is therefore essential to a person’s perspective of and belonging within the world and society. Koch and Fischman (2011) write that, “existence is related to our own way of experiencing” (p. 66). It stands to reason that when a person is able to become aware of and transform patterns of movement, their negative experiences will also shift. LMA is a tool that can assist with the development of awareness around movement patterns.

Developed by artist and performer Rudolf Laban, LMA is system for analyzing and assessing movement in individuals (Moore, 2014). Defining movement as a “dynamic process involving simultaneous changes in spatial positioning, body activation and energy usage”

(Moore, 2016, p. 23), LMA provides a systemic and precise method of understanding human movement. By “focusing less on *what* is done and more on *how* it is done” (Moore, 2016, p. 66), the LMA system provides a language of movement often used within the context of DMT to promote understanding and communication of movement patterns.

LMA describes the effort used to engage in movement, through the descriptors of weight (light to strong), space (direct to indirect), time (sustained to sudden) and flow (bound to free) (Moore, 2016). Combinations of efforts create drives. LMA also describes the extent to which a person makes use of the space around them and qualities of shape. Observing how a person does and does not move can provide insight into their internal experience and functioning. While much too extensive of a system to describe in detail, this basic explanation should suffice for the needs of this paper.

Methods

Participants

This Capstone project used dance movement therapy to explore stigma with adult men living with HIV. Members of this group lived within a rural community, identified as gay and, in some cases, were recovering addicts. Each client lived with HIV for many years and was adherent to prescribed medical protocols to maintain health. As such they were each undetectable by medical standards and maintained fewer than 200 copies of HIV per milliliter of blood. As such, the virus was considered under control and could not be transmitted to another person (CDC, 2017). Despite this, the clients involved in this project reported historical and ongoing experiences of stigma as a result of their diagnosis and sexual identities. One client stated that “stigma against HIV is really stigma against gay people”.

These clients had been participating in weekly DMT sessions as offered by a clinical intern, also this author, through an agency that provided case management services. These sessions occurred in a conference room at the agency, that was also used by these clients for other support groups. Clients had long, established histories at this agency and with its employees. Supervision of these sessions was provided weekly by a licensed social worker. Clients were self-selected and there was no financial requirement for participation. Ethical considerations for this project included the relative inexperience of the facilitator, who was also significantly younger than the participants as well as the potentially challenging content that was explored.

Therapeutic work within this group prior to this intervention, had centered on establishing trust, decreasing social isolation and increasing body awareness. Having drawn upon the techniques discussed above, the facilitator engaged the participants in movement experiences to meet their goals, followed by periods of reflective discussion. This preliminary work served as a foundation for the intervention provided in this capstone. The basic format, as well as opening and closing rituals remained the same throughout the intervention and are discussed below.

Data Collection

As a means to discuss and understand the patterns of movement observed in these DMT sessions, a basic Laban Movement Analysis (LMA) framework was applied. The author spent time after each session notating, according to LMA, the various efforts, use of space, body shapes and body patterns observed. The author also made note of any significant statements made by clients before, during or after the sessions. The author also journaled her own reflections and embodied experiences as supplementary information.

Intervention

Over the course of four DMT sessions, participants engaged in movement experiences that centered around the theme of stigma. Clients were informed of their option to refuse participation at any point in time. Each session began with approximately 25 minutes of self-guided movement to music with the objective to safely warm-up the body and allow participants to emotionally prepare for deeper work. Before and after theme development, a Chace circle was facilitated to ensure group connection and cohesiveness. The closing ritual incorporated a summarizing word, gesture or movement, and mirroring by other group members, as well as an offering of thanks. Approximately 15-20 minutes of time was left at the end of each session to allow for verbal processing.

The first session in this series of interventions allowed clients to externalize the experience of stigma through an object of their choosing. A variety of objects were placed in the center of the room. These included common items such as an apple, a silk scarf, a green army man, a wooden spoon, a dollar bill and others. Clients were directed to choose one that symbolized their unique experience of stigma. Participants then, for several minutes, engaged in a movement dialogue with this object. The facilitator was available to offer support as necessary. After returning to the group, clients each demonstrated one aspect of their movement dialogue, which the rest of the group mirrored. Clients then spent a few minutes crafting a haiku incorporating their chosen object, their movement and the experience of stigma.

The second session offered clients the opportunity to explore the connection between experiences and feelings. Clients blindly selected words written on slips of paper from a cup. The words chosen were “the ocean”, “Donald Trump” and “HIV”. Clients then moved their feelings about the word (as opposed to moving the actual word) while the remaining group

members witnessed the movement. Clients alternated moving and witnessing. After each turn, the group mirrored back the movements to the client who moved and had a chance to verbally describe some of their experience witnessing.

Session three explored the expression of emotions through movement. After the warm-up, clients embodied different emotions such as anger, sadness, joy and peace while walking through the room. The clients then embodied, through movement, gestures or postures, their own emotional responses to different cues, such as “HIV”, “stigma”, “childhood”, “community”, “positive” and “loneliness”. These responses were observed by the group, who then reflected back their own felt experience as witnesses, through verbalization and mirroring. Clients were encouraged to use I-statements and let go of judgement.

Session four allowed participants the opportunity to experience contrasting dynamics. Clients explored movement with opposing dynamics, such as heavy/light, strong/weak, opened/closed, controlled/surrendered, oppressor/oppressed, at first individually and then in dyads. While in dyads each client expressed through movement one polarity while their partner expressed its opposite; for example, one client moved the experience of “light” and the other moved “heavy”. After switching roles and partners several times, clients were then asked to express through movement the roles of oppressor and oppressed. This last cue was chosen because of its particular relevance to the client’s experience.

Results

At least two participants were present for each session, with the maximum participation in one session being four individuals, not including the facilitator. There were five participants over the four sessions: one client attended all four sessions, three clients attended three of four sessions, and one client attended only one time.

Client's movements and gestures often created patterns. A clear example of this is when one client, during session three embodied the word "bad" by bringing his arms into near space, rounding his spine and holding his head in his hands in a gesture-posture merger. This same gesture-posture was again expressed when the client was offered the word "stigma", later in the same session. This client also expressed a similar movement in session 1, after his dialogue with an object symbolizing stigma, and again while embodying "closing" in session 4. However, in the latter two movements, the client covered his face instead of holding his head. This client summarized his experience of stigma in session 1 by stating "the world is hard". While mirroring this movement, one client stated, "I feel ashamed".

A similar dynamic was witnessed by this author from a different client, whose movements during session two in response to "Donald Trump" cues mirrored his movements for the cue for "stigma", as well as "oppressor" and "anger". This client expressed all three directives using punching efforts moving from near to far space. For two of the four cues, this client threw a pillow around the room and pretended to beat on the walls. This differs from his expressions of both "strong" and "HIV". "Strong" was expressed through a stereotypical gesture of arm flexing and chest puffing. "HIV" was expressed with arms in horizontal, mid space with palms facing up, a shrugging of the shoulders and the words "oh well", suggesting the client's hopelessness and feelings of complacency.

Again, this pattern was observed in a client's movements and gestures regarding "the ocean", "openness" and "community". His movements for these cues included extending arms into far space, rising through the chest and lifting his chin using floating efforts. He smiled deeply and opened his eyes. For the latter two cues, the client engaged in a sustained swaying

motion in horizontal space. Words used to summarize these movement experiences included “peaceful” and “free”.

Several patterns also emerged across the group, particularly about “HIV” and “heaviness”. These cues provoked a slumping forward of the shoulders into sagittal space with arms hanging free by the sides and torsos very bound. When asked to exaggerate the heaviness, these clients sunk forward even more. One client stated it was “like being dead”. This author experienced a noticeable feeling of sadness and grief in her mirroring of these movements as well as a sense of being stuck.

Another noticeable group pattern occurs through what didn’t happen in movements. Clients rarely, if ever, moved their hips or torsos freely. Movements were quite bound as a general theme, with little to no shape flow and movements occurring most often in the arms. Most movement occurred in wheel plane, with sagittal movement being the primary dimension. This became exaggerated with the cue to embody “control”, with supportive descriptions of “being in control, being deliberate and intentional with every movement”. Client’s bodies become rigid. One client extended his arm sagittally using glide efforts and then held it there. When asked to embody “surrender” to “release control” and “let go”, all three clients appeared unsure and uncomfortable, creating very little movement. “Spontaneity” was offered as another cue, with little change. Later comments confirmed this experience, with one client stating that he doesn’t “know how to let go”.

Another dynamic occurred in the way that these individuals moved relationally to the experience of stigma. Two patterns were observed. The first, several clients used retreating movements in response to cues around stigma. Their bodies would move descended and enclosed, folding down through the spine into near space, often covering their faces with their

hands or arms. However, other clients would advance with punching efforts and a fighting attitude, suggesting an attack. As discussed above, one client demonstrated this type of movement with cues about “Donald Trump”, “stigma” “anger” and “oppressor”. Another example of this, was a client’s movement response to the object he chose to symbolize his stigma in session one; he made a punching gesture with his right arm, while walking and stated, “I hate guns and our gun-loving culture”.

Advancing was also observed in positive movements, especially cues for “childhood”, “light” and “happy”. These cues revealed light and indirect efforts, most commonly flicks and floats, as well as a greater use of space and body. Client’s lengthened their bodies and used their lower bodies more to propel them through the space. Movements were at their largest during these cues; particularly “light” and “happy” which were nearly identical for all clients. Clients also became more engaged with each other through these cues as demonstrated by consistent eye contact, smiling and mirroring. The group became more cohesive and embodied for these cues. This facilitator noticed more breath moving as well.

A particularly potent demonstration of this retreating/attacking dynamic was observed in the movements and embodiment cues for oppressor and oppressed. Individual movements for “oppressor” including more use of vertical and horizontal space, strong weight and angry expressions. Individual movements for “oppressed” include indirect movements in near space and retreating. As discussed above, clients explored these roles individually and within dyads.

Because three clients were present for this session, one client would witness the dyadic movement. Each client occupied all three roles. Instead of movements, clients worked with postures as this seemed more aligned with the needs of the group. A brief discussion around touch was had before this exercise and each client consented to “nonintrusive” touch. Each pair

made a “sculpture” with their bodies to express the oppressor/oppressed dynamic, while the third client and facilitator witnessed. Clients stood facing each other and then, when cued, would take their posture.

One client pretended to run from the oppressor who reached his arms forward as though to grab him. There was an element of humor in this sculpture. Another client lifted his arms vertically as though to strike his victim who pretended to cower. The third client used a pillow as a shield which he held up to the “oppressor” who again postured as though to strike. These movements were generally stereotypical and seemed to lack sincere engagement. Clients had to be encouraged to hold their positions and laughter often accompanied the movement. This author perceives this behavior as a way to create safe distance from the intense content by using humor to break the tension.

During this exercise, one client explored a unique movement by initiating a pressing effort in his upper body, as though pushing against something. His movement became very sustained and direct. To this facilitator, this movement felt significant. When asked about this movement, the client stated, “we have to resist”. In response to this unique movement and statement, this facilitator actively engaged the clients in a similar pressing movement, as though pushing against a large object. With some prompting, clients verbalized what was being resisted, naming experiences such as “violence”, “death”, “being hurt” and “bigots”. Together the group “pushed” the stigma away, moving our bodies across the floor, finally imagining its release at the far end of the room. There was brief and spontaneous celebration over this accomplishment.

Later discussion about this exercise was revealing and emotional. Client’s shared that they did not like playing the role of oppressor and that it felt “unfamiliar”, “scary” and “ugly”. One stated that it made him feel “guilty”; another stated that the experience reminded him of his

own anger and times that he “hurt others”. This led to a discussion about “real power”, why some people choose to oppress others, and dynamics of systemic oppression. One client stated “Oppression is never personal. It’s always about some need of the oppressor”.

Discussion

The results from these dance therapy sessions reveal movement patterns as they relate to concealable stigma. Stigma can be a defining experience for many people. It can impact whether a person perceives the world as safe or hostile. It can influence a person’s perception of self-worth as well as their belonging to the world. This author, who was also the facilitator of these dance therapy sessions, observed several themes. First, client’s embodiments of stigma-related content mirrored their embodiments of negative emotions. Second, clients related to stigma-related content in two ways; through retreating or attacking. Third, when clients were able to move together their experience seemed to shift in a positive direction. These patterns are explored further in this paper.

Many of the movements around stigma in the dance therapy sessions described above mirrored other movement patterns. This reveals a relationship between these experiences and the experience of stigma. For example, the client who moved the same way for several cues, including “openness”, “the ocean” and “community” reveals a deeper pattern and a relationship between these dynamics. Simply translated, the client experiences both “the ocean” and “community” as having an “opening” effect.

It is possible to observe a similar dynamic emerge through one client’s movement responses to “bad”, “stigma” and “closing”. The same logic applies; the experience of “stigma” is experienced as “bad” and “closes” one off from the world. The client closed and/or covered his eyes, while making his body small, in what felt to this author like an attempt to hide. The

parallel movement suggests a similar feeling state between the different cues and provides insight into the client's internal associations with the words.

It is worth noting that client's verbalizations of the experience of mirroring these movements also reveals a collective pattern. A client stating that he feels "ashamed" while embodying another participant's movement can be linked back to the experience of stigma. The shared experience of stigma can be recognized in the client's inability to "let go" and "surrender control" as well as in the overall bound movement of the group.

This author also observed that clients were much more engaged in mirroring when movements were positive as opposed to dynamics that felt challenging. This was noticeable when clients resisted or struggled to mirror another client's movements in response to some cues, in particular any expression of aggression, such the client's fighting response "Donald Trump". While mirroring this response, clients appeared only half engaged, offered little to no verbal response, and readily desired to move forward with the session. However, for more positive movements, such as "the ocean", clients mirrored with much more enthusiasm, stayed in the movements longer and offered more verbal reflection. This possibly suggests a discomfort with the negative experiences and enjoyment or acceptance of the positive ones.

When opportunities to explore stigma relationally were presented, the participants generally expressed this through two primary patterns: either retreating or attacking. Examples of the former occurred in session 4 when each client attempted to escape their "oppressor". Retreating also occurred when clients closed their bodies and eyes in response to negative cues like "bad" and "stigma". In the first sense, the attempt to escape was more literal; clients physically trying to get away. It is valuable to mention that, in these instances, the role of the oppressor, as embodied by these clients, always expressed some kind of violent action; either

hitting or grabbing. However, the second version of retreating seems more emotional; as a “closing off” to the experience of the external world, because, as one client so poignantly stated, “the world is hard”.

In contrast, several clients related to the experience of stigma through what appeared to be attacking movements. This was shown very clearly in one client’s movement responses to “Donald Trump” and another’s regarding gun violence. These clients appeared to actively move toward the experience of stigma instead of away (as described above) but used motions or gestures meant to express an intent to harm. Instead of shrinking away from the experience, these clients readily confronted it.

It is important to observe that these patterns of moving relationally to stigma, although different, both imply an attempt to reduce and protect against the impact of stigma. The drives between these two movement patterns are dynamically very different. The retreating movements suggest a remote drive; whereas the advancing movements appear in action drive. This author considers that while the retreating movements suggested a feeling of hopelessness and a loss of personal agency to create change; the attacking movements implied something entirely different. Clients engaging with these types of movement seem to desire change and the ability to pursue it, even aggressively.

This dynamic was noticeably different when the group joined together in an effort to “resist” the different manifestations of the stigma experience. The group went from holding a feeling of tension and angst, to a more cohesive and collaborative group process. This author feels that the work of being actively engaged with others to overcome the stigma experience, even through metaphoric movement, had a positive effect on the overall morale of the group.

It may be productive for these client's healing processes to begin to actively and consciously explore these embodied patterns and movement associations. As revealed during the resistance exploration, overcoming the stigma experience relates to feeling connected to a group of others and moving toward a common goal. The embodied process supports this by taking the work "out of the head", and placing it into the body as a felt, and therefore unifying, experience. Moving toward a goal can create emotional as well as tangible results toward decreasing the stigma experience.

This relationship between group movement and overcoming stigma is supported by this author's experience using mirroring in these sessions. This author observed that when clients mirrored each other's positive movements, either in dyads or as a whole group, that the group became more cohesive, more stable and in general radiated more positive energy, as shown through smiling, open eyes, more use of space, bigger movements, and positive verbal communication. Mirroring provided an experience of social connection that at times was very intimate and profound for these clients. In this author's opinion, the mirroring exercises explored in these sessions provided the most beneficial and positive results.

The research done in the literature review of this paper reveals the impact of concealable stigma (Bosson, Weaver & Prewitt-Freilino, 2012; Karcher & Caldwell, 2014; Dickerson, Gruenewald & Kemeny, 2009; Quinn & Chaudoir, 2009). It also reveals how the creative process may influence populations who have experienced stigma (Kaimel & Gerber, 2007; Karcher & Caldwell, 2014; Teti et al, 2012). Finally, the research reveals how dance movement therapy interventions might impact people with concealable stigma (Koch & Fuchs, 2011, Norris, 2001; Payne, 2017; Roberts, 2016; Wittig & Davis, 2012). This paper tests these ideas on

a small scale. The sessions described in this paper were moving and powerful for this author. Each session was a reminder of the resilience and interconnectedness of the human experience.

People who maintain stigmatized identities share common experiences that reveal themselves through the language of movement. Observing how a person responds and relates to cues through movement, can provide insight into how the client experiences these dynamics internally, through emotions, sensations and cognitive processes. Associations between feeling states and movements create patterns that, once made conscious, can be transformed. In general, these sessions reveal that clients living with concealable stigma experience discomfort with stigma unless they are working to transform it.

Experiences that promote group effort and unification may be pivotal in decreasing the experience of stigma for marginalized populations. These experiences provide a necessary sense of belonging as well as an embodied sense of decreasing the overall negative impact of stigma, for self as well as other. Mirroring, witnessing and other forms of embodied practice allow people with concealed stigma to explore and transform the experience of stigma. Dance movement therapy can promote a sense of belonging and decrease social isolation in people living with concealable stigma.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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