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Moving Towards Intimacy:

A Literature Review on the Use of Dance/Movement Therapy with Couples

Capstone Thesis

Lesley University

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Dance/Movement Therapy Specialization

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Abstract

Since its development in the early 20th century, dance/movement therapy has sought to help individuals strengthen communication, deepen empathy, build trust, and experience physical closeness. Incidentally, couples counseling tends to address many of the same goals. This Capstone thesis investigated the overlaps between the fields of dance/movement therapy and couples counseling to the effect of understanding how those fields may work together. An initial review revealed that the current research only examined dance/movement therapy with couples who are privileged in the areas of race, gender, sexuality, and socioeconomic status. Thus, the review broadened to explore how dance/movement therapists work with marginalized individuals and how couples counselors work with couples in which one or both partners identifies with an oppressed community. The result of this review is an increased understanding of an important gap in the existing literature. It is recommended that dance/movement therapists strive for greater cultural competence by developing a deeper understanding of global dance forms and their healing abilities, integrating queer and feminist theories with dance/movement therapy, and continuing to fight for greater access to higher education for oppressed individuals. Ideally, the result of this action will be a stronger body of research and a broadened capacity for healing both individuals and couples.

Keywords: dance/movement therapy, dance therapy, couples counseling, sex therapy, sex, intimacy, queer couples, interracial couples, cultural competence, marginalized populations

Moving Towards Intimacy:

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Introduction

Once upon a time, there was a girl who believed in the power of romantic love. From a young age, her interest in any given piece of art or media was dependent on the depth of a romantic plotline and, perhaps more significantly, whether or not that plotline yielded a desirable result. Her own romantic entanglements dominated her experience of life, taking up space in the pages of her journal, as well as in conversation with friends and strangers alike. Though she found value and meaning in platonic and familial relationships, nothing compared to the simultaneously elevating and defeating nature of romantic love.

As this girl grew into a young woman, her lived experiences provided her with the knowledge and understanding that a successful romantic relationship does not simply *happen*; rather, it develops over time as the result of two (or more) partners working together to tackle obstacles that inevitably arise as a result of being alive. This teamwork occurs in small and large ways, and often requires that all individuals involved look beyond themselves—their experience, their communication style, their means of giving and receiving support—and strive to capitalize on areas of synchrony and to balance areas of disparity.

For my Capstone Thesis, I explored how dance/movement therapy (D/MT) can be a helpful tool for improving intimacy in romantic partnerships. I will examine this topic by means of a comprehensive literature review, a process that requires critically examining the available literature on the subject, as well as drawing conclusions based on what aspects of the literature may be unavailable. In the case of my thesis, the latter proved to be as informative as the former.

My interest in this topic stems from a combination of my own fascination with the functioning of romantic relationships and my strongly held belief that some of the primary mental health issues addressed by D/MT relate nearly perfectly to the skills required for a successful partnership. Based on my experience as a student of D/MT, as well as the reported experiences of classmates and clients alike, the areas that may be effectively addressed by both D/MT and traditional couples psychotherapy include: a lack of productive communication; broken or insufficient trust; an inability to empathize; and the absence of physical closeness, which encompasses quality time spent together, meaningful touch, and fulfilling sexual encounters.

Though these are areas of struggle that have the potential to affect all partnerships, regardless of cultural identity factors, my research has revealed a significant gap, in such that researchers are using overwhelmingly homogenous samples when investigating the efficacy of D/MT with couples (Eckhaus, 2019; Kim, Kang, Chung, & Park, 2013; Shuper-Engelhard, Shacham, & Vulcan, 2019; Wagner & Hurst, 2018). Thus, the focus of my research broadened to incorporate the use of couples counseling with marginalized populations (e.g., queer, gender non-conforming, people of color, or interracial couples), as well as how D/MT is used with those individuals, to make sense of the lack of available information on D/MT with couples in which one or both partners identifies with a marginalized group.

Overall, the objective of this Capstone Thesis is to clearly understand how dance/movement therapy may or may not serve those struggling in romantic partnerships. In understanding that, I hope to illuminate the potential for growth in the field, to the effect that dance therapy may become more accessible to a wider range of populations, thus broadening its healing abilities.

Literature Review

Dance Therapy vs. Dance-as-Therapy

Dance/movement therapy (D/MT) is a form of psychotherapy in which movement is used as the primary method of healing (Levy, 2005). The connection between dance and psychotherapy was famously drawn by Marion Chace, an American modern dancer, while she was working simultaneously in hospitals and dance studios in the 1940s (Levy, 2005). Her theory centered around the use of dance as a powerful form of nonverbal communication, and over the last century, this theory has been developed by her disciples to create the version of D/MT that is taught at the graduate level and practiced by licensed counselors in the United States and abroad (Levy, 2005).

However, dance-as-therapy practices existed long before the development of D/MT in America. For example, the Kalahari Bushmen of southern Africa use dance to embody their past, rather than creating an oral or written history (Keeney & Keeney, 2014). Similarly, Indigenous North American groups rely on ceremonies, including music and dance, for their community healing (Koithan & Farrell, 2010). In some ways, these practices, and others like them, are quite similar to D/MT, in such that they rely on expressive (i.e., unstructured) movement for communication and community engagement.

What differentiates the aforementioned dance-as-therapy practices from D/MT is in the theoretical attitude towards healing: that is, dance/movement psychotherapists are often beholden to the Western biomedical model, which requires a diagnosed illness (mental or otherwise) must be present for healing to occur, while indigenous groups often believe that people are inherently in need of healing, whether or not the source of suffering is easily definable (Kleinman, 1973).

Partner dancing (e.g., tango, rumba, salsa, foxtrot, waltz, etc.) represents another form of dance-as-therapy that reveals another nuanced divergence from D/MT. While D/MT is characterized by expressive, improvisational movement (Behrends, Müller, & Dziobek, 2012), partner dance requires technical development in order to execute codified steps. Despite lacking the freedom afforded by improvisational dance, partner dance has been shown to reduce symptoms of depression and increase self-esteem and overall satisfaction with one's own life (Pinniger, Thorsteinsson, Brown, & McKinley, 2013). Mood improvement as a result of ballroom dancing can be attributed not to any specific therapeutic intervention, but rather to the social element inherent in partner dance, the release of endorphins from the exercise, and the use of popular, familiar music in the dance classes (Haboush, Floyd, Caron, LaSota, & Alvarez, 2006).

On a similar, though arguably more poorly researched note, passionate opinion pieces are popping up all over the internet preaching the physical *and* emotional benefits of proscenium dance (i.e., dance performed on a stage, such as ballet or contemporary dance). *Dance Magazine*, a popular publication for all things related to dance, regularly publishes pieces on how the combination of movement and verbal cuing used in ballet helped a woman begin to heal from childhood sexual trauma (Oppenheim, 2018), and how a studio owner teaches dance classes in prisons to help incarcerated woman find freedom and power in their bodies (Schrock, 2019). Some of these articles are more general, highlighting how collegiate dance training deserves as much appreciation as more traditionally intellectual pursuits, due to dance's ability to foster empathy, non-verbal communication, and the psychosomatic connection (Blumenfeld, 2018). Again, these articles highlight the innate healing aspects of dance without using dance in an explicitly therapeutic context.

The following research originally aimed to look most specifically at the expressive, improvisational D/MT within the context of couples psychotherapy. However, as the true goal of any literature review is to discuss a comprehensive compilation of literature, it would be irresponsible to completely ignore the use of dance-as-therapy with couples. It feels especially important to note the cases in which these types of dance (especially partner dance) are used with the explicit purpose of therapeutic growth, as opposed to therapy occurring incidentally alongside the dance training.

Contemporary Practices in Couples Counseling

Overall, the goal of couples counseling is to deepen *intimacy*, a term that eludes a concrete definition, as it is most simply defined as *closeness*, but tends to take on more intense and often sexual connotations (Popovic, 2005). The desire for some sort of intimacy is universal, regardless of age, gender, race, sexual orientation, class, nationality, etc., and there are infinite pathways that lead to the development of intimacy (Popovic, 2005; Patrick & Beckenbach, 2009).

From its origins, couples counseling used a problem-centered model that required those in the partnership to identify and discuss the issues within the relationship (Nielsen, 2017). Over time, the focus shifted to include the therapeutic process itself, and how partners interact within that space, as well as outside of it (Nielsen, 2017). Most recently, couples therapists have started incorporating psychodynamic exploration and communication skill training, which has opened up the therapeutic exploration to include education and training around acceptance, reframing, and sexual activity, in addition to basic problem-solving (Nielsen, 2017).

One popular example of this more contemporary, psychodynamic form of couples counseling is collaborative couples therapy (CCT). In this form of therapy, couples are guided to

see each other as allies (confiding), rather than enemies (attacking) or strangers (withdrawing) (Wile, 2020). This form requires the therapist to develop a collaborative relationship with the clients, in which they work together to find solutions, rather than a more old-fashioned take on therapy in which the therapist directs the therapeutic space (Wile, 2002).

As a result of broadening the scope of *what* is addressed in couples therapy, CCT is a good illustration of how clinicians have also been able to become more creative in *how* it is addressed. For example, play therapy began as an intervention exclusively used with children, but has become increasingly popular among adults, and can be a useful tool for instilling couples with a sense of play in their sexual relationships (Yadave, Hinchliff, Wylie, & Hayter, 2015).

Similarly, Johnson and Zuccarini (2010) take an emotionally focused approach to sex therapy, in which couples learn to view sex as an emotional act that transcends the physical pleasure of intercourse and encompasses the deep internal feelings expressed in a simple, loving touch. This method incorporates the use of touch as nonverbal communication in order to build trust in the partnership and ultimately lead to more successful sexual experiences.

Mindfulness meditation has become another significant therapeutic tool for working with couples (Lord, 2017). Mindfulness practices have grown in popularity in recent years, and can increase empathy, openness, and nonjudgment in relationships (Lord, 2017). Meditative dialogue, in which two people use aspects of mindfulness meditation, such as deep listening, time spent in silence, and noticing reactions and judgments, can be an especially useful way for couples to more deeply understand themselves as individuals, their partners as individuals, and their unique relationships to the partnership itself (Lord, 2017).

Though the aforementioned contemporary forms of couples counseling don't specifically incorporate dance or movement, they rely on many of the same principles that occur in D/MT,

such as creative and collaborative problem-solving, verbal and nonverbal communication skills, empathy development, and nonjudgmental witnessing. As a result of these particular commonalities, D/MT (as well as dance-as-therapy) could be an incredibly useful tool for couple therapists.

The Use of Dance in Couples Counseling

D/MT has been used to help people improve nonverbal communication and expression, deepen the mind/body connection, and use the body and its expressive abilities as a window to the inner world (Shuper-Engelhard, 2019). Despite the ways in which these tools may naturally translate to work with romantic partnerships, there was no theoretical framework for the use of D/MT with couples as recently as 2017 (Wagner & Hurst, 2018).

Wagner and Hurst (2018) sought to create such a framework, drawing from a variety of existing theories: Polyvagal Theory, which explores the natural functioning of the central nervous system to ultimately avoid states of aggressive and defensive hyperarousal; Attachment Theory, which similarly investigates the central nervous system's effect on how two people attune to each other; Internal Family Systems Theory, which identifies an individual's Core Self in order to explore how aspects of the Self interact with members of the individual's relational system; Relational-Cultural Theory, which examines the healing that can occur when individuals are able to be in relationship with others, rather than succumbing to the fear of rejection that is inherent in all people; and, of course, D/MT Theory, which relies on observing and understanding the ways in which the aforementioned theories, as well as many others, may manifest nonverbally.

When exploring the nonverbal space, most dance/movement therapists rely on concepts from both Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP) to make

sense of all that which cannot be expressed in words (Wanger & Hurst, 2018). As Wagner and Hurst (2018) employed tactics from each of the aforementioned existing theories in order to create a working model for D/MT with couples, they were able to identify D/MT interventions that specifically targeted issues faced in romantic partnerships:

- Following, leading, and contrasting addressed power differentials;
- Mirroring addressed attunement;
- Moving from point A to point B using Effort dynamics with regard to Space, Weight, and Time addressed functionality;
- Supporting each partner's bodies using a variety of holding and shaping techniques addressed interdependence, trust, and differentiation;
- Exploring Shape Qualities addressed emotional expression; and
- Kinespheric (i.e., the amount of actual and potential space that is or can be filled by an individual's body) relation addressed boundaries and expression of needs.

Both before and after Wagner and Hurst (2018) began developing their theoretical framework, other researchers aimed to employ one or more of the aforementioned D/MT interventions in couples counseling. For example, Kim, Kang, Chung, and Park (2013) aimed to study how a movement-based expressive therapy program may help married couples in Korea rebuild their relationships in the wake of conflict. Their study closely examined three heterosexual couples as they worked through specific marital conflicts (Kim et al., 2013).

This study relied heavily on mirroring, perhaps the most classic D/MT intervention (Kim et al., 2013). Mirroring requires thoughtful listening in the body in order to successfully reflect the movement of another, thus making it a helpful practice for partners struggling to communicate (Shuper-Engelhard, 2019). In Kim et al.'s (2013) study, participants were tasked

with observing and then imitating each other's walks, thus promoting empathy-building as partners literally take a walk in the other's shoes. This experience allows partners to understand how different people really are, and how it requires a willingness to really observe and listen to others in order to understand them. As a result of more deeply understanding each partner's embodied experience, partners can become more aware of each other's wants and needs in other areas of life.

In addition to empathy enhancement, D/MT has been used to improve both verbal and nonverbal communication with couples. Shuper-Engelhard, Shacham, and Vulcan (2019) studied how D/MT helps couples to understand the individual and shared embodied experiences that can affect relationships. This was accomplished by deepening an awareness of experiences residing in the body and developing the skills to verbalize the impact these experiences (Shuper-Engelhard, Shacham, & Vulcan, 2019). The act of understanding the nonverbal and striving to communicate it is key to both dance therapy and couples counseling.

Eckhaus (2019) found that partner dance (i.e., tango, rumba, and merengue) was a helpful therapeutic tool for couples. Nonverbal communication is an indisputable necessity for a successful partner dance, as partners navigate leading/following, musicality, and artistry. Beyond that, the simple act of taking the time to dance, and spend uninterrupted time engaging in a shared activity, is tremendously helpful for couples who may feel like their relationship takes a backseat to other areas of life, such as work, school, children, or individual hobbies (Eckhaus, 2019).

It feels important to note that the partner dance lessons that occurred during this study were done as a supplement to traditional couples counseling, and therefore any relationship enhancement was not necessarily as a result of the partner dance alone (Eckhaus, 2019). That

said, participants reported greater success in the dance as a result of improved communication, intimacy, and synchrony, which is a beautiful metaphor for success in the relationship (Eckhaus, 2019).

Though the aforementioned studies indicated successful usage of D/MT and dance with couples, they also reveal a significant shortcoming: the samples are homogenous, featuring white, cisheteronormative partnerships (Eckhaus, 2019; Shuper-Engelhard, Shacham, & Vulcan, 2019). While Kim et al. (2013) uses non-white (Korean) couples, other factors (e.g., being cisgendered, heterosexual, upper-middle class, and married) indicate that these couples were privileged within the context of their own culture. Wagner and Hurst (2018) describe a case study in which they do not specifically include any cultural information on the couple, but the researchers do use male pronouns (he/him/his) to describe one partner and female pronouns (she/her/hers) to describe the other, indicating to the reader that the couple is heterosexual. This raises the question: is there a reason for the lack of research into the use of D/MT with couples in which one or both partners have marginalized cultural identity factors?

Dance/Movement Therapy with Marginalized Individuals

In the next two sections, the term *marginalized* refers to any identity factor that experiences oppression. This includes but is not limited to individuals who are non-white, multiracial, queer, transgendered, gender non-conforming (GNC), and/or low socioeconomic status. That is by no means an exhaustive list of oppressed identity factors; however, it does include many of the identity factors that may be most relevant in couples counseling.

A 2018 study by Kawano, Cruz, and Tan aimed to discover the dance/movement therapists' attitudes and actions towards working with individuals who identify as LGBTQI and gender non-conforming. This study used a 42-question survey that was completed by 361

individuals, all of whom were either currently working or retired from the field of D/MT, or students training in D/MT (Kawano, Cruz, & Tan, 2018). The vast majority (91%) of respondents identified as cisgendered females (Kawano, Cruz, & Tan, 2018). The results of the study indicate that dance/movement therapists are generally open and affirming in their attitudes towards queer clients, but, as most dance/movement therapists are cisgendered, heterosexual women, they may lack the knowledge of queer-specific issues to work effectively with these individuals (Kawano, Cruz, & Tan, 2018).

Lykou (2018) found that historically, D/MT as a field has failed to address sexuality in research. There are many possible reasons for this, perhaps the most significant being that D/MT has not successfully integrated feminist and/or queer theories into the theory and practice of the field (Lykou, 2018). This may explain why many currently practicing dance/movement therapists are unable to find cohesion between their attitudes and actions when working with queer individuals. On the flip side, Cantrick (2018) posited that D/MT may be a useful tool for “embodying the erotic,” or, becoming more in tune with the sensory experience of creativity and positive risk-taking for the purpose of empowering individuals and promoting social change.

Nichols (2019) aimed to examine how racial diversity both is and is not included in the field of D/MT. Because D/MT was founded on the existing principles of the Western psychological model, which historically (and in some ways presently) ignored the specific needs of non-white individuals, some staple elements of D/MT are not cross-culturally accessible (Nichols, 2019). An example of this are the movement observation and analysis systems that are most commonly used by dance/movement therapists: Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP) (Nichols, 2019). These systems are grounded in Eurocentric movement styles, and therefore, do not necessarily allow for accurate interpretations

of non-white movement (Nichols, 2019). Furthermore, Nichols (2019) points out the lack of culturally sensitive assessments, interventions, and research related to D/MT.

That said, many dance/movement therapists continue to strive for true cultural competence in their practice. The American Dance Therapy Association (2015) offers these codes of ethics specifically related to multicultural considerations:

1.6. e. Dance/movement therapists utilize formal assessment instruments only with appropriate training and/or supervision. Dance/movement therapists consider the limitations of assessment instruments with regard to cultural sensitivity and validity.

1.6. f. Dance/movement therapists consider cross-cultural factors in the therapy relationship and therapy experience that may influence client presentation and therapist interpretation.

1.6. g. Dance/movement therapy assessment acknowledges the role of the family, community, and societal systems in client strengths and limitations.

1.6. h. Dance/movement therapists examine their assessment practices taking into consideration biases inherent in body/movement cultural norms.

2.3. d. Dance/movement therapists are sensitive to individual differences that exist within a cultural group and understand that individuals may have varying responses to cultural norms.

7.2. a. Dance/movement therapists take into consideration the influence of cultural variables on the research investigation.

Though these codes come from the most recent American Dance Therapy Association Code of Ethics (2015), dance/movement therapists have been striving for cultural competency for quite some time. For example, in 2008, Murrock and Gary conducted a study that used a

culturally-specific dance intervention with sedentary African American women in the hopes of increasing functional capacity, wherein functional capacity is defined as the ability to complete daily household and occupational tasks, such as walking up and down stairs and lifting objects, with relative ease. Jain & Brown (2001) defined culturally-specific dance as dance that relates to the traditional practices, cultural transmission, social acceptance, or connectedness of a specific community (as cited in Murrock & Gary, 2008).

Because dance is such an integral part of African American culture, it yielded positive results when provided in a culturally-specific manner (Murrock & Gary, 2008). The researchers found that functional capacity increased in women who participated in the duration of the program (Murrock & Gary, 2008). Murrock and Gary (2008) also suggested that the success was not a result of taking a general dance class; rather, women were able to succeed due to the researchers' cultural considerations, such as dance style and skill level, music, location, scheduling, and teacher.

Nichols (2019), as well as many other young dance/movement therapists and dance/movement therapists-in-training, aimed to call attention to the blind spots in the research in order to bring about change in how the field of D/MT approaches culture in both research and practice. Chang (2016) refers to *self-awareness* as a key component in dance therapy that allows for consciousness of biases and a positive emergence of self-identity and development: anyone who aims to interact with a person or group of people of another culture must be willing to investigate their own conscious and unconscious biases.

While many often consider biases as existing only in the mind, the concept of *psychophysical habitus* illuminates the idea that the body also reflects culture, relationships, and biases (Chang, 2016). Therefore, developing an awareness not only of one's personal biases

themselves, but of how those biases may manifest both verbally and somatically, goes a long way in developing the skills to effectively interact with people of different backgrounds in the D/MT space and beyond.

Couples Counseling with Marginalized Populations

Perhaps the most significant consideration when working with marginalized populations is *minority stress*, or the negative psychological effects of social oppression (Addison & Coolhart, 2015). Though couples in which one or both partners holds one or more marginalized identity factors struggle with the same interpersonal issues as couples comprised of more privileged individuals, there is an added weight inherent to being non-white and non-cisheteronormative.

For example, LGBTQI and GNC communities have higher levels of anxiety, depression, and suicidality in youth and adults (Goldblum et al., 2012; Haas et al., 2011). Similarly, African American and Mexican American communities have a higher prevalence of dysthymic disorder than their white counterparts (Riolo, Nguyen, Greden, & King, 2005). Cross-racially, low socioeconomic status was a significant risk factor for depression (Riolo, Nguyen, Greden, & King, 2005). As a result, counseling marginalized couples requires providing support around minority stress in addition to improving interpersonal communication, empathy, and intimacy. Oriti et al. (1996) suggested that cultural sensitivity and acceptance are even more important than theoretical framework or strategy when it comes to successfully counseling interracial couples (as cited in Kenney, 2002).

This is made difficult by the fact that, like dance/movement therapists, couple and family therapists lack the training and research related to doing therapy with queer couples (Hartwell, Serovich, Reed, Boisvert, & Falbo, 2017). Hartwell et al. (2017) sought to illustrate this gap in

research by reviewing the body of literature related to gay, lesbian, and bisexual individuals. That review revealed a lack of research relating to bisexual individuals, and gay and lesbian individuals who are also racial minorities or of a lower socioeconomic class (Hartwell et al., 2017). The practical implications for these oversights in the literature is that a therapist may not be able to fully address minority stress if all aspects of a client's identity are not taken into account (Hartwell et al., 2017).

Americans are entering a time of increased openness about the complexities of cultural identity, and along with this openness comes the responsibility to shift expectations in counseling. Chan & Erby (2017) attempted to identify non-intersectional frameworks in both research and practice and offer insight into how couples counseling may become more helpful to intercultural and/or queer couples, offering that counselors must develop greater competency in the following areas: privilege and power; masculinity ideology, power, and toxic masculinity; patriarchy and genderism; and cultural identity and differences. All of these areas are related to the idea of minority stress, further highlighting how important it is for counselors to understand the unique issues that face intercultural and/or queer couples, and thus, reevaluate existing monocultural, heteronormative frameworks when working with marginalized populations.

Though it is clear at this point that these gaps in research exist, only a few researchers aim to explore *why* they exist. Gabb and Singh (2015) aimed to do just that, using their research to turn their attention inward and examine how their own biases affect their ability to counsel couples cross-culturally. The researchers earnestly and thoughtfully express a growing awareness of their expectations when counseling couples of varying ethnic identities, and then allow their expectations to be altered in the process of getting to know couples in a deeper way (Gabb & Singh, 2015).

Gabb and Singh (2015) noted that Western culture dictates many of the existing theoretical constructions of romantic partnerships; this suggests to me that perhaps many couples counselors and researchers simply lack the base-level knowledge of other cultures to design studies that accurately measure improvement or lack thereof in a study about relationship satisfaction. Kenney (2002) recommended that counselors working with interracial couples need not only to have an awareness of the worldviews associated with each individual's cultural identity, but also to understand the historical context of how racial and ethnic mixing is perceived in the place where the couple is living. That is to say that not only can minority bias exist as a result of an individual's cultural identity, but also as a result of the mixing of two different cultural identities.

The overarching theme of the aforementioned studies is that counselors need to be proactive when it comes to working with marginalized couples, to the effect that counselors are taking the time to more deeply understand the specific cultural needs of the individuals within the couple. Continued effort to understand these needs give the counselor a better chance at a successful therapeutic relationship, in which all parties feel truly seen and heard.

Discussion

When I began my research, I had a preconceived understanding of the fundamental issues that most often occur in romantic partnerships and might cause couples to seek therapy. I identified those issues and I felt like dance therapy could be a really helpful tool. There was research that supported my hypothesis (Eckhaus, 2019; Kim, Kang, Chung, & Park, 2013; Shuper-Engelhard, Shacham, & Vulcan, 2019; Wagner & Hurst, 2018), and yet, there was so much more to the story.

It is important to remember that a researcher must be prepared to examine the information through a critical lens, especially in terms of cultural representation and impact (Iantaffi, 2012). It was easy for me—a white, cisgendered woman in a heterosexual partnership who spends time with a lot of people whose identity factors are similar to mine—to feel like I really understood what couples struggle with and what they need to overcome those struggles. And I was right, to an extent. I just wasn't seeing the big picture. My own monocultural, heteronormative perspective clouded my hypothesis and made me unable to imagine beyond that which would affect myself.

Quickly, it became clear that there was something missing. All of the studies featured the same type of couple: mostly white, middle-aged, middle-class, heterosexual, cisgendered. While these studies indicated successful usage of dance and movement in couples counseling, it is impossible to say whether or not that success might extend to a different sort of couple, in which one or both partners holds marginalized identities.

My guiding question necessarily had to expand to include this gap in the research. I began searching not only for evidence to support my original hypothesis, but also for answers to questions about why there weren't studies on the use of D/MT with queer, non-white, or interracial couples.

Because there was no research that specifically addressed practicing D/MT with oppressed couples, I began by investigating how couples counseling as a field has created space for couples in which one or both partners belongs to one or more marginalized groups, as well as how the field of D/MT accommodates individuals with marginalized identity factor(s). These two areas of study ultimately accounted for a significant portion of my research. During the

process of discovering, considering, and writing about this particular concept, I was reminded of a piece of personal writing I did before even beginning my graduate studies:

“Are you ready to go or are you still...” He gestures to her half-full cup of coffee, and half a bagel on her plate.

She lifts the cup. “I mean, I’m still finishing my coffee.”

“Okay, okay!” He holds his hands up in surrender. “I was only asking!”

They continue to talk for a couple minutes, mostly, ironically, about her inability to stand up for herself against those who take advantage of her passive nature, until he pauses abruptly. “I just like - I’m really ready to go.”

She finishes her coffee in a hurry, without another word, and they leave.

The people next to me seem very unhappy. I don’t feel bad for them or anything. In fact, I almost appreciate their willingness to share that unhappiness with the few of us who are sitting in this small coffee shop, not talking, all privy to their sparring. Or perhaps no one else is listening – [my companion] certainly isn’t - but I don’t know how to ignore it. I am fascinated by those public displays of intimacy, even when it’s the bad kind of intimacy. That’s what it means to be close, isn’t it? Not wholly, of course, but there is definitely something to be said for the ability to fight with another person, be it publicly or privately. We don’t fight with people we don’t care about, or with people we don’t feel close to. In my world, there is always love beneath anger - but then, for other people who live different, less sheltered, less privileged lives, that isn’t true at all. Anger is disgust and contempt and violence; it does not spawn from closeness, but rather, from separation, from fear of that which we do not know or understand. How

lucky I am to live in my world, to experience “microaggression” rather than actual aggression, to fight about my own insecurities and not true disdain for another person, a person who I trust will still be there when the anger dissipates. But how, in a way, unlucky - to be someone whose understanding of the world and those who live in it is limited by the experience of privilege (Kuntz, 2017, p. 1).

I remember the experience vividly, sitting in a coffee shop, contemplating the complexities of intimacy. I began from a place of believing that I understood something very deep and universal about how people intimately relate to each other, much like I did with this Capstone. However, the more I thought about it, the more I realized how culture-bound my own experience was, and thus, how my conception of intimacy was colored by my privilege.

What my research showed me is that I am not alone in this. The pattern of cultural blindness that affected me a year before even beginning my own clinical training affects students and clinicians alike in the fields of couples counseling and D/MT. However, I also discovered that many other researchers were asking some of the same questions that I was. Answers, however, were not as abundant.

Thus, I uncovered how my Capstone might contribute to the field of D/MT. Though I do not consider myself qualified to provide solutions to problems that have plagued the field of clinical psychology since its inception, I do feel that the research I’ve compiled can provide some guidelines for future study and practice.

It is still my sincere belief that an embodied approach to couples therapy has the potential to be successful for a variety of people if for no other reason than this: every person has a body, and every body both stores and communicates emotion. However, in a practical sense, the intersection of couples counseling and dance therapy requires a much more culturally competent

framework to truly be effective for a diverse population, and that begins with how dance/movement therapists approach working with marginalized individuals.

I was struck by the term *minority stress* (Addison & Coolhart, 2015), which neatly describes the variety of mental health issues that arise as a direct result of an individual's marginalized identity factor(s). Awareness of this concept is important for two reasons. The first is practical: it provides clinicians with a broader lens with which to view mental health issues. This would ideally result in dance therapists identifying their own biases and developing greater competence when working directly with clients who have experienced some form of oppression. The second reason for deepening knowledge of different forms of minority stress is structural: as a field, D/MT may understand how its historical and contemporary practices may contribute to a marginalized individual's experience of minority stress. This harmful contribution may occur in practice (e.g., strictly adhering to European styles of movement analysis when working with a non-European client), in education (e.g., using movement and verbal cuing that inspire improvisational modern dance in a classroom setting with students whose dance backgrounds are rooted in street or indigenous styles), or in research (e.g., suggesting that dance/movement therapy is a useful tool in couples counseling without testing that theory on non-white, queer, or low-income couples).

This discovery does not instill a sense of hopelessness; on the contrary, it creates optimism that the field of D/MT may begin to address these blind spots now that they have been brought to light. Hooks (2015) states that oppression causes individuals to be separated from their bodies; what could be a better antidote than D/MT? A primary emphasis of D/MT is to strengthen the mind/body connection in order to reconnect with embodied experiences and

increase tolerance for embodied distress. Therefore, D/MT interventions have the strong potential to address the psychosomatic issues that inherently arise for marginalized individuals.

How can dance/movement therapists begin to realize that potential? A good start is continually seeking education around nondominant cultural norms. While this is something that all counselors must be doing when working with anyone who may belong to a marginalized community, dance/movement therapists may ascertain another layer of information: the movement styles and patterns of a different culture. This additional dance- and movement-based information can create a more detailed picture of an individual or couple, and be highly influential in treatment planning.

A big problem that dance/movement therapists face is a lack of education around culturally diverse movement styles beginning at the undergraduate and graduate levels. Towards the beginning of clinical training, dance/movement therapists learn that D/MT is rooted in modern dance, a concert form that emphasizes natural, free bodily movement and draws its origins from the United States and Germany in the early 20th century.

As a result of the field's historical roots, graduate programs for D/MT required incoming students to not only have a strong background in modern dance, but also to demonstrate that proficiency in a dance audition. This was common practice until the American Dance Therapy Association revised their education standards in 2017 to include street and indigenous dance styles as acceptable experience prior to graduate studies (ADTA, 2017).

The field of D/MT has entered a phase of sincere reflection on its own principles and practices. I've had the pleasure of being in close connection to the space of critical consideration in my own Master's program wherein students and faculty work together to broaden how we, as dance/movement therapists, experience healing dance. A common first step is providing

students with more exposure to non-Western dance forms. This takes the ADTA's revised educational requirement a step further: beyond accepting a wider range of dance forms as adequate pre-requisites, graduate programs are examining these forms and educating students about their healing potential, ideally without placing the responsibility for multicultural education on the small number of non-white students and faculty in educational dance spaces (Kerr-Berry, 2012).

Given that the faculty at higher level dance therapy programs is predominantly white, it is necessary to explore the issue of cultural appropriation when considering how to expose students to global dance forms. Cultural appropriation refers to how (usually culturally privileged) people adopt a component of another culture to make it their own without knowledge of or membership in said culture (Han, 2019). Appropriation becomes especially dangerous when a member of a dominant culture (i.e., white folks) use objects, symbols, or linguistic idiosyncrasies from a marginalized culture without extensive research or knowledge of cultural context (Han, 2019). This sort of behavior can contribute to the issue that many artists have faced throughout history: how can we adopt or adapt ideas from other cultures in a creative way without committing a harmful, appropriative transgression? Frankly, there may not be a concrete solution as to how to ensure ethical and empathetic treatment of a culture-based art form. However, there are some suggestions for ways we, as artists, healers, and dancers, can move away from the harm of cultural appropriation and move toward cultural appreciation, cultural humility, and cultural participation.

In contrast to cultural appropriation, cultural appreciation is about celebrating a culture through warranted recognition and prior research and comprehension. In order to move from appropriation and toward appreciation, "cultural exchange and mutual respect are necessary

preconditions” (Han, 2019, p. 12). One way of doing this is to invite all students or clients to bring their own culture into the space, rather than teaching (or using) a dance form that belongs to a culture with which no one is affiliated. When taking this approach, it is important to keep in mind the potential for fetishizing a culture’s movement. Fetishization forces individual movers into a box that is dictated by their culture and strips them of individuality, just as discrimination does. Providing a safe and welcoming environment not only initiates cultural exchange and appreciation, but also increases the therapist’s awareness of the racial, ethnic, gender, and class backgrounds of their globally diverse group of clients or students (Chang, 2016).

While the aforementioned provides recommendations for the inclusion of ethnic and racial diversity in the education and practice of D/MT, we must use different tactics when seeking queer inclusion. Lykou (2018) suggests the integration of queer and feminist theories into the framework of D/MT. It might seem confusing at first to consider that D/MT, a field that is mostly comprised of women, might not be founded in feminist theory. However, Lykou (2018) draws attention to the fact that dance/movement therapists fail to critically examine psychoanalytic theories, and at times even directly align with them. While foundational to the field of modern psychology, psychoanalysis is based in sexist and heteronormative ideas, particularly around sexuality and power.

Lykou (2018) highlights the trap that I nearly fell into myself: discussing the diversification of the field of D/MT in terms of racial and ethnic culture, nearly forgetting the culture and community that exist outside of the heteronormative space. Despite a broadened awareness of the intricacies of sexual and gender identity, as well as shift towards sex-positive attitudes, queer identities are still shadowed by taboo. Even now, sex is a topic that causes many to blush, gaze downward, shift uncomfortably.

And yet, sex is movement. It's an embodied experience, simultaneously somatic and psychological. It can be solitary as well as interpersonal, traumatic as well as healing. There are so many possibilities here for dance/movement therapists. Dance/movement therapists don't need to uphold the patterns of heterosexism that the early psychoanalysts did; by studying and incorporating aspects of feminist and queer theories, D/MT may begin to make theoretical shifts towards embracing sex as an intrinsic aspect of movement. These are the first steps to transforming how D/MT functions for those with queer identities.

While those first steps seem enormous, we must remember that we are still at the beginning. It is important for institutions of higher education to stay vigilant in moving past the exposure to global dance forms and into a complete reimagining of how we think about dance in general (Risner & Stinson, 2010). Similarly, the incorporation of queer identities in research and practice requires transcending theoretical inclusion and entering space of comfort with and interest in sex, sexuality, and gender as inherent components of movement (Lykou, 2018). It is not enough to teach cultural competency to those who have access to spaces of higher learning in order to give the privileged the skills to help the oppressed; rather, we must work towards dismantling the systems that keep the oppressed from bringing their own forms of healing to their own communities.

The research indicates that D/MT has been used successfully in couples counseling: it addresses empathy, power, communication, trust, boundaries, and more. D/MT also has so much potential to address the embodied experience of oppression. It is my sincere belief that as D/MT continues striving for greater cultural competence, it will be a highly useful tool for counseling *all* types of couples, and not just those who benefit from power and privilege.

References

- Addison, S.M. & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: a relational intersectional lens. *Family Process*, 54(3), 435-453. doi:10.1111/famp.12171
- American Dance Therapy Association, Inc. [ADTA]. (2015). *The code of ethics and standards of the American Dance Therapy Association (ADTA) and the Dance/Movement Therapy Certification Board (DMTCB)*. Columbia, MA: Author. Retrieved from <https://adta.org/wpcontent/uploads/2015/12/Code-of-the-ADTA-DMTCB-Final.pdf>
- American Dance Therapy Association, Inc. [ADTA]. (2017). *Standards for education and clinical training*. Columbia, MD: Author. Retrieved from <https://adta.org/wp-content/uploads/2015/12/ADTA-Standards-for-Education-and-Clinical-Practice-effective-January-1-2023.pdf>
- Behrends, A., Müller, S., Dziobek, I. (2012). Moving in and out of synchrony: a concept for a new intervention fostering empathy through interactional movement and dance. *The Arts in Psychotherapy*, 39(2), 107-116. <https://doi.org/10.1016/j.aip.2012.02.003>
- Blumenfeld, A. (2018). Don't get it twisted: Dance is an intellectual pursuit. Retrieved from <https://www.dancemagazine.com/dance-intellectual-2589248186.html>
- Cantrick, M.P. (2019). Embodying the erotic: cultivating sensory awareness through dance/movement therapy. *Body, Movement and Dance in Psychotherapy*, 14(1), 3-13. doi:10.1080/17432979/2019/1584587
- Chan, C.D. & Erby, A.N. (2018). A critical analysis and applied intersectionality framework with intercultural queer couples. *Journal of Homosexuality*, 65(9), 1249-1274. <http://dx.doi.org/10.1080/00918369.2017.1411691>

- Chang, M. (2016). Cultural consciousness and the global context. In S. Chaiklin & H. Wengrower (Eds.), *The art and science of dance/movement therapy: Life is dance* (pp. 299-316). New York, NY: Routledge.
- Eckhaus, R. (2019). *Meeting point: partner dancing as couples' therapy* [Doctoral dissertation]. Retrieved from https://digitalcommons.Lesley.edu/expressive_dissertations/88
- Gabb, J. & Singh, R. (2014). Reflections on the challenges of understanding racial, cultural and sexual differences in couple relationship research. *Journal of Family Therapy*, 37(2), 210-227. doi:10.1111/1467-6427.12044
- Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology-Research and Practice*, 43(5), 468.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'augelli, A. R., ... Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51. <http://doi.org/10.1080/00918369.2011.534038>
- Haboush, A., Floyd, M., Caron, J., LaSota, M., & Alvarez, K. (2006). Ballroom dance lessons for geriatric depression: an exploratory study. *The Arts in Psychotherapy*, 33(2), 89-97. doi:10.1016/j.aip.2005.10.001
- Hartwell, E.E., Serovich, J.M., Reed, S.J., Boisvert, D., & Falbo, T. (2017). A systematic review of gay, lesbian, and bisexual research samples in couple and family therapy journals. *Journal of Marital and Family Therapy*, 43(3), 482-501. doi:10.1111/jmft.12220
- Han, H.C. (2019). Moving from cultural appropriation to cultural appreciation. *Art Education* 72(2), 8-13.

- Hooks, B. (2015). *Feminism is for everybody: passionate politics*. New York, NY: Routledge.
- Iantaffi, A. (2012). White privilege in sex and relationship therapy. *Sexual and Relationship Therapy*, 27(2), 99-102. <http://dx.doi.org/10.1080/14681994.2012.708196>
- Johnson, S. & Zuccarini, D. (2010). Integrating sex and attachment in emotionally focused couple therapy. *Journal of Marital and Family Therapy*, 36(4), 431-445.
doi:10.1111/j.1752.0606.00155.x
- Kawano, T., Cruz, R.F., Tan, X. (2018). Dance/movement therapists' attitudes and actions regarding LGBTQI and gender nonconforming communities. *American Journal of Dance Therapy*, 40(2), 202-223.
- Keeney, H. & Keeney, B. (2014). Dancing n/om. *Journal of Dance and Somatic Practices*, 4(1), 11-22. https://doi.org/10.1386/jdsp.4.1.11_1
- Kenney, K.R. (2002). Counseling interracial couples and multiracial individuals: applying a multicultural counseling competency framework. *Counseling and Human Development*, 35(4), 1-12.
- Kerr-Berry, J.A. (2012). Dance education in an era of racial backlash: Moving forward as we step backwards. *Journal of Dance Education* 12(2), 48-53.
doi:10.1080/15290824.2011.653735
- Kim, S.Y., Kang, H.W., Chung, Y.C., & Park, S. (2013). Empirical application of empathy enhancing program based on movement concept for married couples in conflict. *Journal of Exercise Rehabilitation*, 9(4), 426-431. <http://dx.doi.org/10.12965/jer.1300056>
- Kleinman, A. (1973). Medicine's symbolic reality: On a central problem in the philosophy of medicine. *Inquiry*, (16), 206-213. <https://doi.org/10.1080/00201747308601685>

- Koithan, M. & Farrell, C. (2010). Indigenous Native American healing traditions. *The Journal for Nurse Practitioners*, 6(6), 477-478.
- Kuntz, R. (2017). *When people fight* [Diary entry]. Philadelphia, PA.
- Levy, F.J. (2005). *Dance movement therapy: a healing art* (2nd Ed.). Reston, VA: National Dance Association.
- Lord, S.A. (2017). Mindfulness and spirituality in couple therapy: the use of meditative dialogue to help couples develop compassion empathy for themselves and each other. *Australian and New Zealand Journal of Family Therapy*, 38, 98-114.
doi:10.1002/anzf.1201.
- Lykou, S. (2018). Sexuality in dance movement psychotherapy: shyness or avoidance? *Body, Movement and Dance in Psychotherapy*, 13(3), 170-184.
<http://dx.doi.org/10.1080/17432979.2018.1501423>
- Murrock, C.J. & Gary, F.A. (2008). A culturally-specific dance intervention to increase functional capacity in African American women. *Journal of Cultural Diversity*, 15(4), 168-173.
- Nichols, E. (2019). *Moving blind spots: cultural bias in the movement repertoire of dance/movement therapists*. [Capstone thesis.] Retrieved from
https://digitalcommons.lesley.edu/expressive_theses/150
- Nielsen, A.C. (2017). From couple therapy 1.0 to a comprehensive model: a roadmap for sequencing and integrating systemic, psychodynamic, and behavioral approaches in couple therapy. *Family Process*, 56(3), 540-557. doi:10.1111/famp.12300
- Oppenheim, N.C. (2018). Ballet was the start of my #MeToo recovery. Retrieved from
<https://www.dancemagazine.com/dance-for-sexual-abuse-victims-2613577608.html>

- Patrick, S. & Beckenbach, J. (2009). Male perceptions of intimacy: a qualitative study. *Journal of Men's Studies*, 17(1), 47-56.
- Pinniger, R., Brown, R.F., Thorsteinsson, E.B., & McKinley, P. (2012). Tango programme for individuals with age-related macular degeneration. *The British Journal of Visual Impairment*, 31(1), 47-59. doi:10.1177/0264619612470651
- Popovic, M. (2005). Intimacy and its relevance in human functioning. *Sexual & Relationship Therapy*, 20(1), 31-49. doi:10.1080/14681990412331323992
- Riolo, S.A., Nguyen, T.A., Greden, J.F., & King, C.A. (2005). Prevalence of depression by race/ethnicity: findings from the national health and nutrition examination survey III. *American Journal of Public Health*, 95, 998-1000.
<https://doi.org/10.2105/AJPH.2004.047225>
- Risner, D. & Stinson, S.W. (2010). Moving social justice: Challenges, fears and possibilities in dance education. *International Journal of Education & the Arts*, 11(6). Retrieved from <http://www.ijea.org/v11n6/>.
- Schrock, M. (2019). This program uses dance to help incarcerated women work through trauma. Retrieved from <https://www.dancemagazine.com/this-program-uses-dance-to-help-incarcerated-women-work-through-trauma-2633723383.html>
- Shuper-Engelhard, E. (2019). Dance movement psychotherapy for couples (DMP-C): systematic treatment guidelines based on a wide-ranging study. *Body, Movement and Dance in Psychotherapy*. <https://doi.org/10.1080/17432979.20191653373>
- Shuper-Engelhard, E., Shacham, M., & Vulcan, M. (2019). Clinical intervention using dance-movement psychotherapy for couples: qualitative research and clinical implications. *Body*,

Movement and Dance in Psychotherapy, 14(3), 128-142.

<http://doi.org/10.1080/17432979.2019.1618395>

Wagner, D. & Hurst, S.M. (2018). Couples dance/movement therapy: bringing a theoretical framework into practice. *American Journal of Dance Therapy*, 40, 18-43.

Wile, D.B. (2002). Collaborative couple therapy. In Gurman, A.S. & Jacobson, N.S. (Eds.), *Clinical handbook of couple therapy* (3rd ed., pp. 281-307). Guilford Press.

Wile, D.B. (2020). Solving the moment: a collaborative couple therapy manual. [Manuscript in-progress].

Yadave, M., Hinchliff, S., Wylie, K., & Hayter, M. (2015). The perspectives of psychosexual therapists towards using play therapy techniques in sex and relationship therapy: a qualitative study. *Sexual and Relationship Therapy*, 30(4), 408-418.

<http://dx.doi.org/10.1080/14681994.2015.1024217>

THESIS APPROVAL FORM

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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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