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Exploring the Sociocultural Importance of Dance Movement Therapy and African American  
Mental Health

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## **Abstract**

The following literature review investigates the role of sociocultural factors of dance/movement therapy (DMT) and the mental health of people of African descent, specifically African Americans. Sociocultural aspects of DMT are critically examined, and mental health conditions prevalent amongst African Americans are explored through a culture-specific lens. The combination of therapeutic approaches and theoretical frameworks like critical race theory and relational-cultural therapy are valuable and necessary to consider as they can more precisely underscore the importance of generational trauma and racialized oppression within the psychological distress of African Americans. This literature review presents a brief history and evolution of dance/movement therapy (DMT), plus a critical analysis of its capacity for working with African Americans. Psychologies, vernacular dances, and therapeutic movement practices that are culturally associated with African American communities are considered alongside DMT in terms of theoretical orientation and clinical applications. Specifically, decolonizing psychologies, and traditional and contemporary Black/African-derived dance forms are highlighted as potential foundations for therapeutic approaches and practices that can directly attend to or remedy race-based issues that have historically been overlooked by or uninvolved in the mainstream psychotherapy field. While the core of this capstone thesis emphasizes the need for evolving psychotherapy theories and interventions to offer African Americans more expansive outlets for restoration and increased total well-being, the development of biopsychosocial interventions for all racial groups is noted as essential for advancing therapeutic fields toward social justice, improving cultural relations, and ameliorating culturally-oppressive political systems in America and abroad.

**Keywords:** decolonizing dance movement therapy, African American mental health wellness

While the American credo says that “all men are created equal,” purporting that all people have equal rights that enable their hard work to naturally advance their placement in society, comprehensive American history tells of the many inequities and disparities that have oppressed African American people, causing them to be victimized and vilified as they attempt to improve the quality of their lives. Considering the impact of repressive social contexts upon African Americans is essential to their mental health, and furthermore, their total well-being. The topic of this capstone thesis lies at the intersection of dance movement therapy (DMT) and African American mental health. This capstone thesis reviewed relevant literature and highlighted the sociocultural aspects of DMT and African American culture, to elevate ethical practices of therapy for African Americans suffering from psychological distress. Intended outcomes are to provide cultural-specific information that can subsequently be used to develop interventions that address mental health conditions prevalent amongst African Americans. The American Dance Therapy Association (ADTA) defines Dance Movement Therapy (DMT) as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, 2020). The sociocultural aspects of DMT consist of societal and cultural developments within and outside of the DMT profession, which involve historical, anthropological, theoretical, clinical, educational, and artistic elements. African American mental health encompasses a wide array of African American cultural components (ie. social customs, ideologies, historical oppression, and healing modalities) and mental health conditions/diagnoses, for which African Americans may be uniquely or largely at risk. Notably, many of these conditions may be directly or indirectly associated with or rooted in forms of racial and socioeconomic discrimination.

To shape the context of this capstone thesis more acutely, a discussion of the term “African American” is warranted. “African American”, and other racial identity descriptors, can be limiting and challenging to define as they encompass intertwining and subjective elements of culture, ethnic background, genetic makeup/skin-pigmentation, and citizenship. For example, melanated citizens, born and raised in America, whose ancestral lines originate from African peoples, might socio-culturally identify very differently from melanated individuals who were born in Africa and became American citizens. However, in terms of race, and depending on processes of acculturation, both groups might identify as “African American” or “Black”. While “African American” and “Black” are often used interchangeably, “Black” may provide a larger, global representation of melanated people of African descent, whereas the term “African American” may more precisely describe melanated Americans of African descent. For the purposes of this review, “African American” describes non-Latino Americans, whose biological and cultural lineage descend from Africans who experienced the Maafa. Maafa is a KiSwahili word meaning the great or horrific disaster—the term was “advanced by Dr. Ani (1994) to describe the Afrikan enslavement process, because terms like the African slave trade and the Middle Passage are too sterile and fail to grasp the full impact of the devastation caused to Afrikan people” (Washington, 2020, p. 508). (Note that Washington (2020) uses the “k” to spell African “as an act of liberation from Eurocentric thought...[that] aligns us with Africentric thought and Pan-Afrikan ideology” (p. 504).) Although this investigation primarily focuses on African Americans as a collective, the author recognizes the impact and importance of singularity and intersectionality which acknowledges African Americans as individuals who are inextricably connected within a community by way of their biological and ethnic histories.

Evaluating the sociocultural aspects of DMT is important because it enhances ethical practice. From an ecological perspective, sociocultural factors are deeply connected to individual and/or collective identity, and therefore, it is important for clinicians to build an understanding of how these factors may arise and be approached in or outside the therapeutic setting. Such inquiry can maximize current therapeutic characteristics of DMT while presenting areas of growth within clinical application, research, and professional/educational development. An actualized DMT field whose mission includes directly addressing sociocultural determinants of mental health can be of particular benefit to African Americans as their sources of psychological distress may be extraordinarily complex and intricately woven within oppressive, seemingly insurmountable, social systems (NAMI, 2020).

The integration and/or consideration of African-based dance forms (ie. traditional West African, krumping, hip-hop/breaking, etc.) and theoretical orientations that acknowledge cultural variance or societal racial oppression (ie. Critical Race Theory, Liberation Psychology, Black/African-Centered psychology) could make sessions more attractive, familiar, or accessible to the African American populace, ultimately fortifying their health or healing processes. Additionally, more recent DMT theories, observation and assessment perspectives, and movement styles are reviewed to increase the adequacy of serving African Americans, as they navigate psychological and embodied experiences (Nichols, 2019).

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*A note on positionality* As an African American woman, I want to help mitigate some of the barriers to mental health treatment for African Americans, including but not limited to therapist underrepresentation, stigma, and misdiagnoses (NAMI, 2020). Personal and academic experiences have influenced my understanding of how macro level social conditions impact the

perception and reality of psychological and total well-being amongst African Americans.

Witnessing high rates of African American (and African American passing) students within a behavioral health, partial-hospital setting during a previous internship, plus, tending to the mental health needs of myself, family and friends, have fueled much of my interest. Although I do not intend to work exclusively with African Americans, it is my hope that the following review will further the development of wellness practices that cater to their distinct sociocultural identities and necessities. Ultimately, I hope this review can offer health information to all individuals and collective groups, contributing to more equitable and just social change, both within and outside psychotherapy spaces.

### **Literature Review**

Mental health conditions for which African Americans may be uniquely or largely at risk include anxiety (Graham et al., 2016), depression (Ward et al., 2013), substance use (Mental Health America, 2022), and chronic trauma (Pieterse et al., 2012). This list is by no means exhaustive, especially as contemporary conditions like Post Traumatic Slave Syndrome (PTSS) (DeGruy, 2017) and Persistent Enslavement Systemic Trauma (PEST) (Washington, 2020) are entering and challenging traditional psychology realms. According to Mental Health America (2022), the occurrence of mental health disorders amongst African Americans is comparable to that of whites, however African Americans are more likely to struggle from stigma, trauma, violence, and chronic problems that are rooted in or exacerbated by multiple types of racial discrimination, and socioeconomic oppression than their white counterparts. It is important to give attention to the correlation between psychological distress and the impacts of racism while acknowledging the existence of factors outside of societal oppression that may be catalysts of mental health challenges experienced by African Americans.

While race is often referenced as a social construct (Smedley & Smedley, 2005; Gannon, 2016) that in itself may not be harmful, racism, which utilizes racial difference to fuel prejudice, discrimination, power, privilege, and oppression, can have a multitude of damaging impacts on individuals and the society at large. Roberts & Rizzo (2021) offer the following definition of racism:

“...a system of advantage based on race that is created and maintained by an interplay between psychological factors (i.e., biased thoughts, feelings, and actions) and sociopolitical factors (i.e., biased laws, policies, and institutions...” (p. 476)

Pieterse et al. (2016) noted that the mechanisms of association between African American mental illness and perceived racism are inconclusive, but for several decades and even centuries, research within the social science fields has warned of the potential and likelihood of poor physical and psychological health outcomes for Black people due to various forms of racism and social injustice, both at the individual and macro-levels (Williams & Williams-Morris, 2000; Jones-Eversley, S. D. & Dean, L. T., 2018). “Works by DuBois (1898), Fanon (1963; 1967), and Feagin (2001), though separated by a century in time, speak to a common theme— experiences of racism exact a significant psychological toll on people” (Pieterse et al., 2012, p. 2), particularly people of the African Diaspora. More recent empirical research suggested racist experiences upon African Americans and internalized racism are positively correlated with physical and psychological distress, and mood disorders, including generalized anxiety disorder (GAD) and depression (Graham et al., 2106).

Through their exploratory cross-sectional survey, Ward et al. (2013) noted that “depression was the most common mental illness amongst African American men and women and there were no gender differences in prevalence” (p.1). Using an extensive questionnaire



method, Graham, et al. (2016) found that internalized racism—the self-held belief or acceptance that a marginalized group is somehow deemed inferior because of their race (Cross, Parham, & Helms, 1991; Szymanski & Gupta, 2009 as cited in Graham et al., 2016)—acts as a specific mediator for the development of GAD and depression. These findings affirm that exposure to racism, in all its forms, are highly correlated psychological stress factors. (For examples of covert and blatant forms of racism see Pieterse et al., 2012; Johnson et al., 2018; and Graham et al., 2016.) Furthermore, drawing from the work of O’Keefe (as cited in Zeeb, 2020, p. 105), who concluded that “repeated experiences of microaggressions can be associated with adverse mental health outcomes, including suicidal ideation”, African Americans may be at greater risk of suicide. Despite these formidable implications, the poor mental health statuses of many African Americans may go unnoticed and/or un(der)treated as often there is stigma regarding the Black community receiving help from a medical professional (Ward et al., 2013; Mental Health America, 2022), particularly if they not Black. Alternatively, many African Americans rely on spiritual mechanisms of transformative healing (Ward et al., 2013), which may or may not directly resolve what is happening on a psychological or holistic level.

Systemic anti-Black racism is a pervasive version of discrimination that, from an ontological perspective, harms those of the African diaspora in multidimensional and intergenerational ways (Washington, 2020, DeGruy, 2017). Comprehensive American history shows that America’s laws, traditions, and discriminatory practices in numerous industries—medical, political, judicial, education, employment, and housing—have violated the human rights of many African Americans. Chattel slavery, anti-literacy laws, sharecropping, Jim Crow laws, red-lining, forced sterilization, unethical medical research, and voter suppression are some of the more well-documented practices of racism that have negatively impacted Black Americans

throughout American History. Thus, for many African Americans and their families, their abilities to exist, improve or sustain quality living, as a collective, are disproportionately impeded or challenged. These societal obstacles and barriers can result in continued and profound negative psychological effects upon African American communities, which spans throughout younger generations (Farr, 1997; Alegria et al., 2010). “High rates of isolation and socioeconomic disadvantage of minority children can have significant adverse effects on children mental health, including depression and behavior problems, anxiety disorders such as posttraumatic stress disorder and a range of other adjustment difficulties” (Alegria et al., 2010). A cyclical pattern of disadvantage and associated poor psychological health can thus perpetuate between and amongst generations of Black people (Farr, 1997; DeGruy, 2017). Washington (2020) clarified that the cyclical, multifaceted harm African Americans/Black people encounter is continual and not consistent with post-traumatic stress disorder, which clinically does not reference historical racial oppression as a source of trauma. Thus, Washington (2020) coined the term, PEST, which stands for Persistent Enslavement Systemic Trauma, to “describe a specific dimension of the Afrikan transgenerational trauma that has affected their physical bodies, their minds, their perceptions of reality and themselves, their relationships with themselves and others, as well as their notion of what it means to be (Akbar, 1996)” (p. 510).

In concert with the idea that the Maafa set into motion a transgenerational cascade of societal inequities, collective maltreatment, and biopsychosocial distress on Africans and their African American descendants, Dr. Joy DeGruy coined the term, Post Traumatic Slave Syndrome (PTSS). According to DeGruy (2017), Post Traumatic Slave Syndrome describes the chronic psychological trauma, limiting beliefs, and maladaptive behavioral outcomes experienced by African Americans rooted in the occurrence of chattel slavery in America.

“Multigenerational trauma together with continued oppression and absence of opportunity to access the benefits available in the society lead to Post Traumatic Slave Syndrome” (DeGruy, 2017, p. 105). DeGruy (2017) stressed the likelihood that many enslaved Africans experienced mental disturbances which by today’s standards could have labeled them as having Post Traumatic Stress Disorder (PTSD). Research in the field of epigenetics has provided some evidence that PTSD symptoms can be passed down through generations (DeGruy, 2017), thus indicating traumatic stress as a potential negative biological risk factor influencing African Americans. According to the Centers for Disease Control (2017), hypertension is one of the most common diseases that disproportionately affects African Americans.

DeGruy (2017) categorized the behavioral and thought patterns of PTSS—including but not limited to “abuse, ineffectual parenting, violence, and education disillusionment” (p. 105)—into three sects: vacant esteem, ever-present anger, and racist socialization. Vacant esteem is the belief that one’s life has little to no value; it can be displayed in acts that demonstrate an apathy towards one’s death (DeGruy, 2017). Regarding ever-present anger, DeGruy (2017) described several stimuli to which African Americans may respond with this deep emotion:

Even when we’re feeling good, an ever-present anger resides just below our surface: anger at the violence, degradation, and humiliation visited upon us, our ancestors, and our children; anger at being relegated to the margins of the society in which we live; anger at the misrepresentation and trivialization of our history and culture; and finally, anger at living in the wealthiest nation in the world and not having equal opportunity and access to its riches. (p. 115)

Furthermore, as some may attempt to convince African Americans that they should no longer be angry about chattel slavery because it was practiced centuries ago, DeGruy (2017) offered the following:

My response to them is that I am not a slave now, nor have I ever been a slave, and as far as I know, nobody I have known personally was a slave. The fact is, I don't have any experience of being a slave. However, hundreds of years of protracted slavery guaranteed the prosperity and privilege of the South's white progeny while correspondingly relegating its black progeny to a legacy of debt and suffering. It doesn't really matter today if any of us, black or white, directly experienced or participated in slavery. What does matter is that African Americans have experienced a legacy of trauma. (p. 101)

Racist socialization, which can be described as “the adoption of the slave master's value system” (DeGruy, 2017, p. 116), maintained elements of internalized racism, stereotyping, and white supremacy. DeGruy (2017) discussed how slavery and racism have socialized Americans, including African-descent people, to uphold the beliefs of the white slave captors, essentially teaching people to equate whiteness with superiority and blackness with inferiority. Although not all Americans may consciously or admittedly subscribe to racism as an ideology, Roberts & Rizzo (2021) explained their stance that due to a “culmination of factors that are deeply woven into the fabric of U.S. society...American racism is reinforced by all Americans...to varying degrees” (p. 476). Understanding where this value system of racial hierarchy comes from is a quandary that has been asked for decades (Roberts & Rizzo, 2021), and likely centuries. While the origins of racism may never fully be revealed, one psychosocial contributor may lie within the Euro-American worldview. As explained by Johnson (2003), the Euro-American worldview venerates standards that are highly self-focused, self-serving, and separatist:

The Euro American worldview has as its guiding principles control over nature and survival of the fittest (Akbar, 1991; Baldwin et al., 1992; Nobles, 1992). The emphasis on competition, individual rights, and the position of independence and separateness are linked to these principles (Nobles, 1992). These principles have bred capitalism and imperialism: "Capitalism has a vision or worldview with unique moral and spiritual core dimensions including individualism" (Warfield-Coppock, 1990, p. 13).....The values and customs consistent with the African worldview are characterized by the sense of cooperation, interdependence, and collective responsibility (Nobles, 1992). The emphasis is not on individuality and difference but on commonality, groupness, and similarity (Nobles, 1992). (p. 820-821)

The writings of DeGruy (2017), hooks (2001), and Okun & Jones (2001) also alluded that competition for individual success and survival amongst African Diasporic people—which can be demonstrated through acts of colorism, classism, materialism, etc.—is linked to racist, white supremacy socialization. The direct connections between the Euro-American worldview, European colonization, and racist socialization are deserving of more in-depth discussion than this review currently allows.

While DeGruy illuminated an essential and unique social factor of African American mental health, equally important is Kendi's (2016) warning that the concept of PTSS can be used (or more precisely, abused) to label Black people as "degenerate" or "dysfunctional" in their life adjustments. Kendi (2016) contested the validity of PTSS, as he deemed it a "racist idea" that devalues African Americans in their very human responses to dehumanizing, oppressive social conditions. Kendi's (2016) perspective allowed us to witness a problem outside of potential maladaptive coping mechanisms of African Americans, drawing more attention to the injustice

of African Americans *being seen* as inherently inferior, rather than them *feeling* inferior about themselves as individuals or a collective race. Poignantly, Kendi (2016) stated, “Black Americans’ history of oppression has made Black opportunities—not Black behaviors—inferior”. Equally significant, Kendi (2016) pointed out examples of resiliency that many Black Americans exhibited since the Maafa, thus underscoring the idea that PTSS is not a defining characteristic of the race but rather an indicator of harm. Ultimately, through a more holistic lens that honors the lives and strength of a people facing horrific circumstances, one can justify the critical need for African American sociopolitical freedom. Specifically, through antiracist action and more equitable policies (Kendi, 2019), African Americans can be viewed for who they truly are: human members of society, rather than pathological subordinates in need of healing.

A historical example of pathologizing the reactions of Black people being treated inhumanely is found in the mid-19<sup>th</sup> century, as antebellum physician Samuel Cartwright diagnosed enslaved Africans with conditions like drapetomina—a proposed mental illness that described Africans who attempted to run away and seek freedom from enslavement (Willoughby, 2018). Cartwright also suggested that enslaved Africans were stricken with rascality and dysaesthesia ethiopica, leading them, respectively, to criminality or laziness which mentally and physically prevented them from performing their duties (Willoughby, 2018). Even though medical professionals at the time did not always agree with Cartwright’s assessments, these theorized diagnoses were seldom refuted because of the massive extent to which anti-black racism prevailed during his era (Willoughby, 2018). In contrast, another historical mental health professional who formulated mental statuses, specifically related to race/racism, was French West Indian psychiatrist Frantz Fanon, whose assessments of enslaved African people were more in line with DeGruy’s; he rooted much of Black peoples’ psychological struggles in the

experience of receiving inhumane, colonizing, sociopolitical treatment instead of within manic rebellion (Robcis, 2020). What is of utmost importance regarding both DeGruy's and Kendi's stances is that there is justification in attempting to restore the psychological, social, emotional, and spiritual beingness of African Americans who suffer and/or struggle to cope with stressors based in compounding, traumatic, multigenerational, and widespread racial oppression.

Recognizing the connection between psychological trauma and centuries of unjust policies, biases, and social indignities is key to gaining insight about African Americans' mental health determinants and fostering their wellness.

### **Dance/Movement Therapy**

Connecting the history of collective mistreatment and psychological distress of African Americans to dance movement therapy (DMT), requires an evaluation of the sociocultural elements within *and outside* the field. According to Levy (2005), DMT progressively developed in America during the early 20<sup>th</sup> century, primarily between the 1940s and 1960s, a time when individualism, mind-body connectivity, expressionism, and universalism grew in importance and popularity. Thus, the practice was grounded in these theoretical themes.

Since its inception as a professional institution, DMT has asserted an essence of White dominance within the practice and throughout its educational curriculum (Nichols, 2019; Chang, 2016). Although some DMT leaders, scholars, and practitioners may generally acknowledge dance as an ancient, communal, multiethnic, therapeutic medium (Levy, 2005; Chaiklin & Wengrower, 2016), most of the sociocultural history and curriculum of DMT often presents the profession and its development exclusively from a modernized Western lens, in which the major leaders and innovative ideological foundations of DMT were of European origin (Levy, 2005). The female modern dancers who are attributed as the 'pioneering' figures who established DMT

(ie. Marian Chace, Mary Whitehouse, Trudi Schroop) were all white. Additionally, the foundational psychological and observational theories presented within DMT curriculum are primarily conceptualizations of white men (ie. Sigmund Freud, Carl Jung, Carl Rogers, Rudolph Laban).

Across the creative arts therapies and specific to African American culture, Norris et al., (2021, p.2) noted, “the creative arts therapies have a long history of white authors writing about Black clients *without* Black people...through the white gaze. This framework upholds a colonial positioning”. Kawano & Chang (2019) further explained the lens of whiteness as it relates to DMT as follows:

The views that are represented in the DMT curriculum and literature—the historical gaze of the practitioners and the knowledge that have been and are transmitted—are rooted in European North American modern dance and academic-institutional, patriarchal norms where other voices are invisible and barely recognized. (p. 241)

Furthermore, the field of psychology in America has been dominated by whiteness for so long that the public may not even recognize that it more accurately represents a “western psychology” (Seals, 2019). It is not simply the individuals’ whiteness that is problematic, but it is *the representation of their whiteness as the dominating standard and normative perspective* that becomes a point of intellectual and sociocultural contention. Although white people are not a monolith, as the culture of whiteness (ie. European derived perspectives, ideologies, customs, traditions, etc.) becomes synonymous with universalism or legitimacy, other non-white cultural contexts may be regarded as less significant or may simply be dismissed altogether.

Even when white DMT ‘innovators’ were inspired by non-European cultures, there is minimal or vague information in the curriculum about the peoples with whom these individuals



studied or interacted. For example, Levy (2005) specified that Scottish anthropologist Sir James George Frazer and American dancer Ruth St. Denis made significant contributions to the modern dance field, and thus, to the roots of dance therapy, but there are only a few vague details that speak of the groups who motivated them. “Sir James George Frazer...examined the role of ritual dance in primitive cultures...[which] became a source of inspiration for modern dance...and Denis...looked to Eastern cultures for the spiritual ideas she could not find in the United States” (Levy, 2005, p. 3). If traditional, or rather, institutionalized DMT theories or approaches are continually taught as ‘innovative’ or ‘pioneering,’ an essence of colonialism will likely keep seeping into the practice, casting a shadow over traditional or folk forms of holistic healing (Kawano & Chang, 2019). While cultural inspiration can be a mark of appreciation, it can also be a source of irreverent cultural appropriation and, within an American higher education context, can contribute to an already present spirit of institutionalized white supremacy. Over time, this imbalance of cultural representation can (and has) morph(ed) into inequitable relational power dynamics within the psychotherapy space (Cantrick et al., 2018; Johnson et al., 2018; Caldwell, 2013). Consequently, an overemphasis on the intellectual, cultural, and sociopolitical agency of White middle-class individuals can diminish the phenomenological lens (Caldwell, 2013) and visibility of traditional folk wisdom, including that of African Americans, within DMT, as it has also done in mainstream American culture (Jackson, 2019).

Regarding the exclusion or lack of African American cultural presence within DMT history, Thomas & Blanc (2021, p.1) noted, “that there were several DMTs of color in the advent of the field who were not included in the textbooks”. Additionally, some of the modern dance ‘founders’ were said to have “degraded and debased the aesthetics of the African diaspora making comparisons to being primitive, savage, grotesque, and generally less-than” (Duncan,

1927; Scolieri, 2019; Bradley, 2019 as cited in Thomas & Blanc, 2021). Isadora Duncan was an American dancer who is often lauded as one of the originators of modern dance during the late 19<sup>th</sup>-century (Levy, 2005). Duncan (1927) distinctly rejected ballet as symbolic of the American spirit because she did not think it was free or natural enough as a dance form. However, despite the improvisational and unrestrictive characteristics of jazz music and jazz dance, Duncan determined these art forms unrepresentative of America because she found these African American vernacular polyrhythmic expressive forms, to be too sexually suggestive (Duncan, 1927). Duncan (1927) stated:

I often wonder where is the American composer who will hear Walt Whitman's America singing, and who will compose the true music for the American Dance which will contain no Jazz rhythm—no rhythm from the waist down, but from the Solar Plexus, the temporal home of the soul...It seems to me monstrous that any one should believe that the Jazz rhythm expresses America. Jazz rhythm expresses the primitive savage. America's music would be something different...not the tottering, ape-like convulsions of the Charleston...And this dance will have nothing in it of the inane coquetry of the ballet, or the sensual convulsion of the Negro. It will be clean...the language of our Pioneers, the Fortitude of our heroes, the Justice, Kindness, Purity of our statesmen...worthy of the name of the Greatest Democracy. That will be America Dancing. (pp. 216-218)

Although Duncan is more associated with modern dance rather than DMT, her biased perspectives are important to consider as they, alongside other Eurocentric frameworks, like Rudolph Laban's movement assessment (Nichols, 2019) have deeply shaped the theoretical *and cultural* lens of DMT. Duncan's exclusionary views of American bodies dancing, emoting, or moving with abandon exemplifies a disregard of Black culture within American modern dance

and DMT history. Her vision and privileged experience of living in America as a white person differs from that of European-descent (or white passing) modern dancer and choreographer Helen Tamiris (born Helen Becker), who demonstrated a greater attention to the sociopolitical oppressions of African Americans during the 1930s. The marginalization and belittling of Black cultural issues and art forms by Duncan are on trend with the historical minimization of Black representation and other non-Western dance forms within higher education dance curriculums (Kerr-Berry, 2012; McCarthy-Brown, 2014), a context where, for example, African American dance artists like Katherine Dunham and Pearl Primus might be given slight, or sometimes no, acknowledgement. Ultimately, while the modern dance lineage that extends from Duncan to Mary Whitehouse—the originator of Authentic Movement—is recognized as essential DMT history, the value of improvisation as a central element of black vernacular dance (and nearly the equivalent of authentic movement) has often historically been overlooked by dance therapy curriculum (Nichols, 2019).

Beyond the recognition and representation of artists and psychologists within DMT curriculum, one can also witness disconnections between DMT and African American peoples by looking at the ADTA definition of DMT. Through a post-structuralist lens, Williams (2019) challenged the dance therapy community to reflect upon and redefine the meaning of DMT as propagated by the ADTA from 1965 through 2015. The 2015 definition reads as follows: Dance/Movement Therapy is the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual. Williams (2019, p. 280) called for a more inclusive and less “constative” definition that highlights the multidimensional evolution, relational nature, and “performative” essence of DMT. Here, Williams’ (2019) use of the word “performative” (p. 277) does not so much signify entertainment aspects of dance or movement,

but rather emphasizes the experiential and adaptive nature of the practice. Williams (2019) also stressed that due to the use of the prefix *psycho-*, an aspect of Cartesian dualism still prevails within the definition of DMT, prioritizing mental processes above those of the body.

Furthermore, the *psycho-* prefix simultaneously ties the modality to the fields of psychology and psychotherapy, defining it with a level of unquestionable “permanence...as if it was written by God and therefore cannot be reinterpreted or altered” (Williams, 2019, p.279). Instead of a static definition that relegates the origins and defining characteristics of DMT to white, female ‘innovators’, Williams (2019) offers a working description of DMT that allows greater room to understand the relativity and subjectivity of dance and movement as conduits of healing, health, or wholeness:

*DMT is the performance of movement for the purpose of developing greater integration as a whole person with attention to both intention and awareness.* The suggested definition is meant to illustrate how it is possible to not even mention the words therapy or psychotherapy, or indeed any linear-based or affiliated system of thought. It is not meant to be definitive, but to act as an invitation to what happens when the power of the movement is given priority and the performative nature of DMT is embraced. (p. 283)

Although the above alternative description may, to an extent, still prioritize cognitive processes with the use of the words “intention” and “awareness”, Williams’ (2019) appeal to reflect on the ADTA definition and core meaning of DMT holds a wealth of worth as it attempts to widen the space for those who exist or think of dance as therapy outside of a European or Western sociocultural context. Williams (2019) invited us to consider the impermanence of dance/movement therapy, questioning less of what it *is* and seeking more of how it may operate in the present, past, future, or in other cultural spheres.

Questioning or expanding traditional explanations of what DMT is as a practice may be a complex challenge for DMT professionals, educators, and students (Thomas & Blanc, 2021), especially when professional identity in this field can at its base already be quite an elusive and complicated endeavor (Vulcan, 2013). Yet, a foundational concept of dance movement therapy (DMT) is that the mind and body are interrelated, which maintains some congruence with African belief systems that emphasize holism rather than separatism (Monteiro & Wall, 2011; Johnson, 2003). Dance movement therapy researcher, Farr (1997) clarified that “Western culture...with its emphasis on mind-body duality, venerates the cognitive and its corresponding attributes of logic, analysis, and cause-and-effect reasoning. Within this Western context, the holistic qualities intrinsic to the African psyche...are...dismissed as useless” (p. 186). Thus, creating a more open or flexible definition of DMT and recognizing (possible) overlap with non-Eurocentric therapeutic ideologies and approaches can aid in diversifying and decolonizing curriculum. For example, professional dance therapy communities could more suitably honor traditional African-based dance/movement practices and epistemes, such as the Senegalese Ndeup (Monteiro & Wall, 2011), or the Los Angeles-based art form of Krumping/Clowning (Ohmer, 2019), as routes of individual and communal healing. Specifically, DMT students could gain insight from Monteiro & Wall (2011), whose investigative research demonstrated the holistic power of African Diasporic rituals and dances as they help people navigate and heal from trauma. According to Monteiro & Wall (2011), several African Diasporic rituals that include dance and movement repertoire can offer therapeutic elements such as, “symbolic and meaning-making dimensions...in conjunction with spiritual transformation...sacred space[/containment]...empathy, cathartic release” (pp. 238-239), societal stabilization, sensory integration, and (poly)rhythmic/musical synergy. In addition to traditional African Diasporic

practices, contemporary Black hip-hop vernacular dance forms, like Krumping and Clowning, offer culturally restorative and empowering qualities, which have likely gone undetected by many American dance/DMT institutions and academic staff (Kerr-Berry, 2012; McCarthy-Brown, 2014). Created and practiced primarily by African Americans in underserved communities of Los Angeles, CA, Krumping has been known to be developed by Thomas Johnson, aka “Tommy the Clown”, as an outlet for youth following the Los Angeles Watts riots of 1992. Threads of African based healing concepts and aesthetics are woven into the tapestry of the artform as it allows for improvisational, creative, and free expression of the collective self through dance (Ohmer, 2019). Monteiro & Wall (2011) described therapeutic elements of Krumping as follows:

...Krumping, in its original form, known as “Clowning”, places an emphasis on the need for holistic healing by incorporating aspects of community, values, ritual, and spirituality into its practice. Through these regulating structures, individuals in the community are offered a medium to build self-esteem, develop their identity, as well as establish a sacred space for empathy, personal growth, and healing to develop. (p. 246)

Because krumping is practiced outside of, and not based in, western psychology/psychotherapy, it is not likely to be regarded as a form of “DMT”. If the definitions, theories, and practices of DMT expanded their cultural contexts, Krumping could possibly have more visibility and/or recognition within DMT communities. Equally important however, is whether inclusion or recognition within the institution of DMT is desired by Krumping communities.

Along with efforts to expand and diversify curriculum comes the essential responsibilities of approaching (potential) clients—be they individuals or collective groups—with a mindset

and/or spirit of cultural humility (Chavez, 2012), and cultural democracy (Akinyela, 2024). To be clear, this author is *not* suggesting that DMT leaders should culturally appropriate African American vernacular dance healing modalities. On the contrary, it is critical to guard against further stealing and cultural exploitation of black art forms (Norris et al., 2021; and Jackson, 2019) allowing them to then be unjustly commodified into something foreign from its original and carelessly applied within the psychotherapeutic realm (ie. offering African-centered rituals to non-Black clients as ‘innovative’, ‘multicultural’ interventions, or to Black clients solely because of their perceived racial identity). Norris et al. (2021, p.2) stated, “Black knowledge and practices from across the African diaspora have been largely dismissed within the creative arts therapies and also abstracted and reframed through white lenses”. The main objective of integrating other non-white cultural sources into curriculum is to go beyond meeting inclusivity quotas, which may be institutionally forced with a focus on optics rather than deep, true transformation. Utilizing a social justice framework takes priority over cultural competency (Gipson, 2015), which focused heavily on expanding or benefiting White practitioners for working with non-White clients or sharpening students’ skills (Gamba, 2019). The purpose of widening the lens of DMT practice is not to simply label African Diasporic practices as “DMT,” with a focus expanding options of DMT interventions, but rather to raise critical consciousness (Kawano & Chang, 2019; Carrero et al., 2022; Gipson, 2015) and recognize these as therapeutic healing systems that hold significant cultural context, history, and wisdom, born out of the “dehumanization in our [American] culture” (Gipson, 2015). It is important for these overlooked healing systems to be acknowledged as equally, and in some instances perhaps more effective than traditional, evidence-based psychotherapy or creative arts therapy practices based in Eurocentric thought.

Historically, there has been a paucity of DMT literature that references African American mental health issues (Farr, 1997). The limits of such literature align along the continuum of needing to decolonize DMT curriculum and creative arts therapies. While a growing body of research supports the evidence and inquiry of the physiological and neurological effectiveness of DMT (Dieterich-Hartwell, 2017; Payne, 2017) for the treatment of post-traumatic stress disorder (PTSD) and other stress disorders, minimal DMT literature addresses traumatic stress within the context of racial oppression and/or the sociocultural identities of African Americans; this is particularly true regarding quantitative research. Farr (1997) discussed her challenge in seeking such literature as follows:

My search for literature highlighting the clinical application of dance in the treatment of African American adolescents revealed none that had been published. Despite my faith in the potentially compatible match between dance/movement therapy and this population, there were no available references on the subject. There was, however, a substantial body of literature addressing the multicultural approach that values African American identity and experience from an intrinsically Black cultural view. It further argues that prevalent psychodynamic models, EuroAmerican in origin, fail to acknowledge the strengths and skills in the African American coping repertoire that are potential building blocks for treatment and educational programs. (p. 184)

Despite the historical lack of DMT literature addressing African American mental health, fortunately, for people who hold sociocultural identities and interests that are underrepresented in the DMT field, contemporary change-makers are continuing to transform literature, philosophies, curriculum, and research within DMT, moving towards greater equity, social justice, and inclusion by deconstructing, decolonizing, and reconstructing definitions, theoretical



orientations, and praxes of the professions (Cantrick, 2018; Chang, 2009; Caldwell, 2013; Kawano & Chang, 2019; Campbell, 2019; Nichols, 2019). Farr (1997) highlighted important therapeutic features of Black culture that echo the goals of DMT, as well as emphasized the healing powers of dance already existent within African American communities. Communal bonding elements within African American art and daily life, including improvisation, call and response mutual engagement, the fusion of music with dance, and soulful expression (Farr, 1997) are comparable to the elements and techniques prevalent within DMT including, authentic movement, witnessing, mirroring, and rhythmic grounding. Like Farr (1997), yet from a creative counseling lens (rather than institutionalized DMT), Levy et al. (2020) concluded that sociocultural elements, including the hip hop cypher/circle, dance, emceeing/ storytelling, are ideal components for intervening mental health distress for African American youth. Additionally, expanding the work of DeGruy (2017), Campbell (2019) worked with African American adolescents in Chicago, engaging them in a community-based program development project focused on helping African American youth heal from PTSS. The project, entitled “Healing in Motion” was not categorized as DMT but rather an educational program (Campbell 2019) that incorporated DMT techniques and other creative arts. The goals and results of the program centered around positively transforming the following individual and communal PTSS traits described by DeGruy (2017) as cited in Campbell (2019, p. 221): “self-knowledge, healing from past injuries, building self-esteem, taking control of our inner world, racial socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership”.

Ultimately, decolonization of DMT and other creative arts therapies necessitates the relational and scholarly elevation of therapeutic practices already existent or developing amongst

African American communities. Recent literature points out that, historically, educational, and professional realms of DMT (and other creative arts therapies, counseling, and psychotherapy fields) have overwhelmingly asserted Eurocentric, patriarchal, cis-gendered, heterosexual, ableist, Christian, and upper/middle-class perspectives and values as dominant (Carrero et al., 2022; Chang, 2016; Gipson, 2015; Kawano & Chang 2019; Nichols, 2019; Thomas & Blanc, 2021). Thus, continual work must be done to prevent further marginalization of groups and phenomenological frameworks that can deconstruct historically dominant narratives within the healing/therapeutic arts. According to Thomas & Blanc (2021):

...music therapy and dance-movement therapy branch from widely accepted white norms of both humanism and aesthetics, that center ideals of individualism and self-actualization. The repetition of these canons of thought and theory across generations of these fields lead to further siloing and silencing, pushing voices to the margins in a myriad of ways, including the misguided pathologizing of culturally specific behaviors, which can be deeply harmful”. (p. 2)

Johnson et al. (2018) challenged DMT practitioners and students to stay curious and inquire about nonverbal messages that potentially perpetuate oppressive power dynamics, bias, or stereotyping within therapy. Though challenging at times, it is important to balance sociocultural shifts in the DMT professional realm, which happen outside clients' bodies, with helping clients develop healthy “embodied microresistances” and empowerment, which occur within their bodies (Johnson et al., 2018, p. 168). More specifically, as DMT practitioners develop and implement therapeutic approaches to help African Americans build resilience, manage their emotions, and build healthy coping mechanisms, it is important to contextualize the embodiment of this populations' historical and contemporary efforts to resist psycho-sociocultural distress, as

it relates to transgenerational marginalization, white-body supremacy, and discrimination. While cultural dynamics are shifting towards more equitable representation of race, class, gender, sexual orientation within curriculum, literature, and experiential forums (Chang, 2016), there is still much work to be done.

### **Discussion**

In summary, more literature, research, and discussion are warranted to better understand how dance and movement contribute to improving African American mental health. Collaboration amongst academia, professional health sectors (medical and mental), and African American communities can foster insight about how sociocultural factors fortify, stagnate, or strain the mental health of African Americans. The field of DMT, alongside other counseling modalities, can improve their accessibility and effectiveness for BIPOC individuals and communities by decolonizing their psychologies (Carrero et al., 2022), broadening their psychosocial perspectives, and co-creating culturally relevant interventions. Thomas & Blanc (2021) discuss decolonizing DMT as follows:

Decolonization, as described by Fanon is a historical process which ...at its core is the returning of land and life to Indigenous peoples....By deconstructing the ways that Black and Indigenous People of Color (BIPOC) and other minoritized people have been diminished from their historical place in the canons of music therapy and dance-movement therapy, we are undertaking a crucial form of collective memory and healing work that we believe lays groundwork for the necessary moving beyond superficial inclusion and diversity, and directly confronting that which is unsettling about colonization itself, which is the erasure, appropriation, abuse and murder of Indigenous people globally. (p.3)

With the above definition, the decolonization of expressive therapies necessitates the use of theoretical orientations that connect individuals to their larger sociocultural constructs and the elevation of historical subcultural healing experiences. Relational-cultural theory (Jordan, 2018) is a more recent ideology that can widen the psychotherapy lens to acknowledge the harm upon and resistance of Black people as they relate to sociopolitical oppression, racism, and capitalism. While relational-cultural theory is not attributed with having Black ideological roots, it has potential to recognize and promote collective racial/cultural agency within the goals of self-empowerment, thus minimizing harm of biased Eurocentric, individualistic therapeutic assessment. A social justice feature of relational-cultural therapy is that it can more appropriately acknowledge the effects of sociocultural determinants such as public policy, access to health/rehabilitative services, socioeconomic status, community development, education, race/ethnicity, gender, and other sociocultural identities. Even while psychotherapeutic orientations like Rogerian/client-centered and humanism may focus on the self-empowerment process, they typically do not directly address overarching sociocultural determinants of mental, and furthermore, holistic health. Murray-Browne (2021) emphasized the importance of collective strength within the Black self-empowerment process, noting to a White colleague:

It's not going to be enough to just say something supportive about [a Black boy's] self-esteem. You've got to explain that he comes from a lineage of strong, courageous, loving people in history. That it's a miracle he exists. Then you need to connect him to other Black folks and the community, so he can see some positive images of himself. (p. 53)

In accordance with the process of highlighting the dissonance of older/traditional Western philosophies to enhance mental health services for African Americans, several scholars have recently documented “an ethical imperative” (Myers & Speight, 2010) to center Black

voices, experiences, aesthetics (Norris, et al., 2021), theoretical orientations, and psychologies within counseling and expressive art therapy sectors. To eradicate “white supremacy [as] the ubiquitous cultural norm” of counseling (Kawano & Chang, 2019), students, educators, researchers, and healing practitioners at various levels within a community, must increase their knowledge of psychological theories and existing therapeutic practices that are outside the Western cultural context. Thus, to serve African American communities more appropriately, amateur, and more experienced mental health practitioners are increasingly being called to use their various positions of privilege within academic and professional forums to exhibit cultural humility (Chávez, 2012) and better recognize already existent healing resources amongst Black people, as well as persistent social justice needs (Campbell, 2019; Murray-Browne, 2021, Gipson, 2015). Seeking community leadership “who disrupt normative spaces” (Gipson, 2015, p.45), and recognizing forms of coping and expression within community-based, spiritual/religious, (ie. praise, dancing, and worship in a church) (Ward et al., 2013), or artistic settings (ie. hip hop culture, African American music, etc.) can lead more practitioners and counseling trainees to “[retire their] bias that nonclinical healing isn’t powerful enough for [Black] clients...[and instead conclude that] community options can be healthier than we realize...” (Murray-Browne, 2021, p. 53).

Raising critical consciousness in mental health and expressive arts therapies fields requires diversification of training and development within educational programs (Kawano & Chang, 2019; Carrero et al., 2022; Gipson, 2015). Though obscure in many psychology or counseling programs, one area of study that centers black voices is Black/African-centered psychology. Black/African-centered psychology is a field of study that evolved over time and formally emerged during the 1970s, spearheaded by Black psychologists who felt that

mainstream Western psychology was insufficient in understanding the psyches and overall lived experiences of people of African descent (Myers & Speight, 2010). Continuing in the tradition of Black scholars and psychology professionals (ie. Francis C. Sumner, Mamie & Kenneth Clark, Wade Nobles, Francis Cress Welsing, Na'im Akbar, etc.) who worked to fortify and advance Black intellect, at its core Black/African-centered psychology is meant to center the truths, hopes, and potentialities of Black life from Black perspectives (Jamison, 2018). Jamison (2018) argued:

It behooves African-centered psychologists to further develop instruments and conduct research that operationalizes African-centered constructs... Ultimately, the value of African/Black psychology rests in its ability to foster effective programs that assist in facilitating social change. Along these lines, more attention should be given to the role and function of Black Liberation Psychology (Thompson & Alfred, 2009). Liberation psychologists operate in the capacity of “theorists, researchers, and practitioners to help remove both tangible and psychological obstructions to life fulfillment and thus ‘liberate’ African-descended people from the stronghold of racism and white supremacy.” (Thompson & Alfred, 2009, p. 483)... In discussing the relationship between African/Black Psychology and Black Liberation Psychology, Thompson and Alfred (2009) argue that Black Liberation psychologists should be engaged in the following: (a) increasing critical consciousness; (b) improving relationships; (c) organizing socially and politically; (c) promoting positive mental health functioning/self-care; and (d) enhancing academic achievement. Brookins (1999) highlights the following: (a) that African-centered psychologists have historically been involved in the community but there should be more attempts to measure the extent to which they been effective in altering the basic

nature of communities and (b) that African-centered psychologists must articulate long term visions of what our communities should look like and be specific about short- and long-term objectives toward realizing those visions...(p. 735)

Assuredly, through the lens of Black psychology one can explore the ways in which western psychology, and its backdrop of white supremacy, has repeatedly and unjustly overlooked, dismissed, or neglected the mental health needs and total well-being of Black people. As a field, Black psychology is more likely than Western psychology to explicitly investigate how psychological assessment/analyses (ie. examination of pathologies within the DSM) could be revised or updated to acknowledge anti-Black discriminatory sociocultural phenomena (Myers & Speight, 2010). Perspectives and contributions from the field of Black psychology, which are very often not cited or referenced within mainstream Western psychology (Tyler et al., 2022), can resist and resolve incomplete and culturally dismissive psychological models and diagnostic guides that negate or omit anti-Black racist ideology. Black psychology can illuminate and explore solutions for the dysfunctions of individualized or collective superiority complexes and racial narcissism, which are not listed in the DSM but potentially could be considered forms of social psychopathology (Moffic, 2022). Contrastingly, through the lens of Black psychology, one can examine views of racism as a systemic, normalized thought pattern in America, rather than consider it a mental illness which has greater potential to excuse immoral, inhumane racist behavior (Pridgett, 2020).

Because of the historical significance of race in American society and the collective mental health needs of African Americans, it is valuable to offer a Black/African-centered psychology course as a required or core academic for those pursuing a social science degree, rather than categorizing it an elective and left to those who take such coursework because of their

own deep interest. Regardless of how thoroughly the western psychology field is dismantled within academia, deconstruction is not the optimal goal (Maat, 2010; Jamison (2018). Jamison (2018) stated, “although reactions to racism and resistance to the hegemony of White psychology are important, a psychology based solely on how Black people respond to oppression runs the risk of defining Black people by their oppression instead of through their humanity” (p. 725).

To prevent further marginalization of intervention models that more suitably and directly address African American mental health needs, the following Africanist-centered sociological and psychological theories, in addition to Black Psychology, are recommended to inform DMT practices: Optimal Psychology (Myers & Speight, 2010), Critical Race theory (Trahan & Lemberger, 2014), liberation psychology (Carerro, 2022; Murray-Browne, 2021), and Ubuntu Psychology (Washington, 2020). These lenses offer a greater collective strength-and-freedom-based approach through which DMT explorations could intentionally incorporate rest, relaxation, communal self-love, and cathartic release, amongst other benefits. Overall, DMT informed by theoretical orientations that nurture and grow the “liberation of the African mind and illumination of the African spirit” (Maat, 2010, p. 197) can offer more accurate therapeutic approaches and understandings that will support African Americans’ psychosocial lives.

Recommendations to improve DMT research that more adequately serves African American populations include developing interventions, methods, and community engagement projects like Campbell (2019) and Levy (2021), which was geared towards understanding how African Americans individually and collectively have historically and presently use of African American dance vernacular and African-based movement repertoire as a therapeutic means. For example, dance scholar and educator, MacPherson (2017) created the Afro-Triad method to teach about the contributions of scholar and dance anthropologist Dr. Pearl Primus. Dr. Primus



was a Trinidadian native who returned to America, after traveling to Central and West Africa, to share what she learned about her African heritage and culture. MacPherson (2017) carried on the cultural teachings of Primus using a systematic combination of dance, word, and rhythm to allow for healing modalities that are more consistent with historical or traditional Black culture. For example, the Fanga dance—a West African welcome dance, jazz or hip-hop music, and literary works by revered Black artists like Langston Hughes may intentionally be integrated into an Afro-Triad Method session to allow exploration or mental-emotional and spiritual regulation as oneself connects interpersonally with others as well as the natural world around them (MacPherson, 2017). The work of Primus and MacPherson elevates the power of Black voices and movement repertoire not typically explored within dance, DMT, and counseling curriculums.

Seeking community partnerships, collaborations, and wisdom outside of academia is recommended for improved mental, and furthermore, comprehensive health, of African diasporic people (Murray-Browne, 2021). For example, Wyoma is an educator and artist who has consolidated her knowledge and wisdom of African dance and eastern healing philosophies to create a practice outside of institutionalized DMT; her practice is called African Healing Dance. According to Wyoma (personal communication, 2002). African Healing Dance is a practice for individuals of all backgrounds to connect with the rhythmic and natural elements of African dance in such a way that offers holistic healing and restoration from societal pressures including, fascism, capitalism, and racism. What may be of particular interest to those of African descent are the direct opportunities to connect with African aesthetics and cultural components, both within a historical and contemporary framework. Healing sessions may consist of altar-making to encourage participant connectivity with ancestral or spiritual roots. Also, sessions may be offered outdoors to allow participants to be one with nature—a concept highlighted within

traditional African thought (Myers & Speight, 2010; Johnson, 2003). These direct connections with African customs may offer African Americans greater psychological soothing by feeling more fully seen, heard, and understood within a therapeutic space *and* on a larger societal level. Ultimately, African-based healing practices that explicitly honor or celebrate the empowerment of ancestral lineages can promote improved personal and collective Black psychosocial identity and result in greater well-being.

From a larger ecological perspective, aside from recent ADTA multicultural leadership who prioritize cooperation with affinity groups like Black M.A.G.I.C (Black Moving Affinity Group In Community), the DMT field has historically given minimal attention to the American racial justice movement to fulfill the mental health needs of Black communities. The difficulty in finding literature that associates DMT with the psychological underpinnings and bodily harm endured during the civil rights movement, implies some level of disconnection between this psychotherapeutic field and African American well-being. When DMT was being established as a formal profession by the ADTA, the social climate of the mid-20th century depicted a disjointed America. America acted as a united front in its national participation in World War 2. However, domestically, it was highly separatist as anti-black discrimination and racism dominated mainstream American culture. Medical practices and research, housing policies, and socio-economic realities (ie. forced sterilizations, the Tuskegee syphilis study, red-lining, Jim Crow lynchings, to name a few), amongst other sources of racial/cultural disparities, exhibited a divided America that fueled the civil rights movements of 1960s and Black power initiatives of the 1970s. African Americans fought, with their very lives to combat continued inequitable and dehumanizing systems of racial oppression against their bodies, minds, and spirits. Yet, in researching the literature for this thesis, no discussion or historical evidence was found to

demonstrate the active involvement of dance movement therapy or therapists within the civil rights movement, albeit the very term “movement” is used as a healing descriptor of the profession. Thus, from a Sankofa perspective (Deterville, 2016), which encourages learning from the past to move forward with wisdom, it is recommended that the ADTA seriously explore collaboration, advocacy efforts, or allyship with sociopolitical organizations such as Black Lives Matter to support, brainstorm solutions, and promote mental wellness systems beyond strictly clinical or academic walls.

Limitations and concerns of intersecting DMT and African American mental health are largely centered around Black cultural disempowerment and limited research. The institution of DMT must caution against its providers to introduce theoretical concepts as ‘innovative’ while missing or dismissing dance traditions that have been used to heal psychological distress or overall well-being. For example, using the term “Chacian circle” within DMT education without explicit acknowledgment of the circle formation as having traditional therapeutic significance amongst indigenous cultures can inappropriately implicate the circle formation as a *new* strategy for healing within a collective structure. Furthermore, incorporating indigenous healing dance practices into the professional therapeutic sphere requires much attention and critical conversation to prevent the cultural appropriation and perpetuation of colonizing practices, especially for white practitioners and students.

Other limitations regarding research include the lack of longitudinal and comprehensive studies that examine the development, implementation, and (re) evaluation of subculture specific interventions. The crossing of sociocultural identities, often referred to as intersectionality, presents additional challenges as African American mental health is not limited to issues of racism but also biases within sexual orientation, gender, class, ethnicity, and socioeconomic

status. For example, the work of Rivera (2018), which focused on individual, communal, socio-political, and spiritual empowerment through Afro-caribbean concepts and dance frameworks, some African Americans may not feel this lens can translate across ethnic lines to address distress that is precisely experienced by African Americans. Additionally, transdisciplinary DMT research that incorporates decolonized wisdom from the fields of transpersonal studies/spirituality (Deterville, 2016), and dance anthropology (Banks, 2012) might address such sociocultural complexities, but only time will tell of such evolutionary research advancements.

Amidst research limitations, lies the weight of responsibility upon many BIPOC students and mental health practitioners to enlighten and develop more socially equitable theories, community-based programs, and therapeutic approaches. Carrying such weight can be tremendously overwhelming and daunting process (Carrero et al., 2022). As more students, educators, and practitioners of all racial and ethnic backgrounds engage in research and co-create interventions that incorporate decolonizing psychologies and embodied healing modalities that build on or highlight the already present cultural strengths of African American communities, more solutions can be developed for navigating the mental and more essential, total well-being of those whose lineages were forced into acculturation.

Inherent in the collective black American experience lives the historical sociopolitical occurrence of racialized oppression and its residual effects, bearing both destruction and resiliency upon African American mental health. Overall, the professional counseling and DMT community has historically neglected to critically examine sociocultural elements that harmfully impact African American mental health. Centuries have been spent formulating psychological theories, methods, therapeutic approaches, and literature that center Euro-American psychological thought, or power, while marginalizing efforts that highlight African American

healing practices and cultural/race-based mental health disparities. Though recent scholarship has and is continuing to shift this paradigm, many African Americans continue to struggle—sometimes to the point of death—due sociocultural oppression, stereotyping, bias, and stigma. What is continuously needed to be heard, discussed, and embodied in professional, academic, governing health and socio-cultural-political circles, and African American communities, is the active engagement in social justice initiatives and the dismantling of deeply rooted, repressive, racist social structures and systems. To best serve African American peoples, it is the ethical duty of DMTs and fellow healers to practice decolonizing and liberatory therapeutic approaches that support African Americans living beyond survival mode—where they engage in the unfair, perpetual labor of physical, mental, spiritual, and cultural resilience—but instead, thrive within a society that is unequivocally “free” (Kendi, 2016) and oriented towards “optimal” health for all (Myers & Speight, 2010).

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