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Addressing White Body Supremacy in the Black Body: An Embodied Approach

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Abstract

Oppression, discrimination, and racism are deeply rooted within our country's institution and are the framework for the ideology, political, social, and economic values that are still upheld today. The enforcement of White body supremacy has caused trauma related mental and bodily distress to develop into anxiety, depression, Post Traumatic Stress Disorder (PTSD), or Post Traumatic Slave Syndrome (PTSS), and other mental conditions manifested in the body. As oppression is not officially acknowledged as trauma, it significantly complicates the process of healing for Black people. Degruy (2005) calls Black people to action to heal the traumas that have been passed down intergenerationally and have impacted them on multiple levels. I offer an approach to healing using dance/movement. This approach is derived from my ancestors, for dance served an essential role in life, addressing psychological distress, coping through trauma, ceremonies, spiritual practices, and a range of physical ailments. Dance/movement therapy serves identical purposes and created a mode of healing for the West. Influenced and dominated by a predominantly White female group, dance/movement therapy has been centralized in White body supremacy and impacts current dance/movement therapists. Currently, the field is incorporating various multi-cultural dance perspectives, but there continues to be a need for change. Through dance/movement therapists doing the inner work necessary to implement social justice and dismantle White body supremacy, change is possible.

Keywords: oppression, dance/movement therapy, post-traumatic slave disorder, healing, trauma, white body supremacy

Dedication

To my mother, my father, my ancestors, and my community.

Thank you

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Introduction

Breonna Taylor. George Floyd. Ahmaud Arbery. Atatiana Jefferson. Stephone Clark.

Philando Castile. Botham Jean. Alton Sterling. Michelle Cusseaux. Freddie Gray. Eric Gardner.

Akai Gurley. Tamir Rice. Sandra Bland. Tanisha Anderson. Trayvon Martin. This is only a

shortlist of names compared to all of the bodies that have been stolen by racial discrimination

against Black bodies. This news should be appalling. When a person's body has been taken,

especially in increasingly disproportionate numbers by people whose job is to protect and serve,

it should come as complete astonishment. This is not the case for Black people. There is a lack of

bewilderment of the degradation and destruction of the Black body in America because it has

never been valued from its inception. From enslavement to the modern concept of race and

racism, Black people are aware that they were never meant to be protected or part of the

American dream. While there is no astonishment, emotions like grief, anger, heartache, fear,

depression, and anxiety still show up in the body when another murder enters their scope. There

is deep trauma within the Black community that can be traced back through centuries and

generations because of White body supremacy. With the lack of addressing the elephant in the

room, White supremacy, oppression negatively affects all bodies that are not White.

In the United States' entire history, there has never been a need to protect Black bodies.

From enslavement, the view of Black bodies has consistently been devalued, dehumanized, and

discriminated against for the sole purpose of justifying the usage of Black bodies as machines to

create economic wealth. There was no need for Black people to be identified as human beings

with intellect and emotions. It was how slave owners, who were predominately White, could

excuse enslaved Africans' foul treatment. The lack of empathy for Black bodies only heightened

the Black body's physical disrespect through lynchings, beatings, whippings, rape, mutilation, torture, and more. With this consistent condition of oppression stretching out for over 400 years, there is no shock that the view has not changed in today's climate, for our enslavement was longer than our freedom. This country's traumatic history has left a massive imprint on the Black body intergenerationally and travels deep into our way of living and coping. With this continued way of living, my children, their children, their children's children, and so on will continue to feel the same trauma's bitter effects.

Oppression, discrimination, and racism are deeply rooted within our country's institution and are the framework for the ideology, political, social, and economic values that are still upheld today. Black bodies are suffering from unfair injustices and are then pressured to overcome these frameworks against them, which is dismissive and controlling. While other marginalized groups experience discrimination and racism, there are no other racial groups in America that share this unique historical experience. They have been forced and told to get over the oppression and discrimination that we receive daily through the consistent force of White supremacy or, in this case, White body supremacy. White body supremacy is the enforcement of white ideals unto bodies that are non-white (Resma Menakem, 2017). It is prominent among Black bodies, as history shows us, and is ingrained into our unconscious, affecting how we maneuver and are treated in this country. The enforcement of White body supremacy has caused mental and bodily distress to develop into anxiety, depression, Post Traumatic Stress Disorder (PTSD), or Post Traumatic Slave Syndrome (PTSS), and other mental conditions manifested in the body defined as trauma. This mental distress may show up in the body as chronic stress, tight musculature, and severe health complications. It may also show up socially as withdrawn or depressed, have a loss of identity or internalized racism, or anger (DeGruy, 2005).

Racism and oppression play a massive role in the bodily health of Black people. According to the U.S Department of Health and Human Services Office of Minority Health (2017), in America, African Americans have the highest rate of physical illness of all groups in every category. These physical illnesses include asthma, cancer, chronic liver disease, diabetes, heart disease, hepatitis, HIV/AIDS, infant health and mortality, obesity, stroke, and mental and behavioral health. Oppression and racism are the foundations of White body supremacy, taking out Black bodies on a physical and psychological level, making it difficult to find healing. It is hurting us, simply put. But Coates (2015) puts it best when he stated, "But all our phrasing — race relations, racial chasm, racial justice, racial profiling, white privilege, even White supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscles, extracts organs, cracks bones, breaks teeth" (p.10). With a heavy heart, this is our reality, and it takes a new way of imagining the future to turn this way of living around.

In addressing these traumas in Black bodies, it is essential to address White body supremacy, and all that encompasses it. Our trauma journeys back through centuries of pain and malice that have been inflicted on the body, which we now know impacts the psyche (Menakem, 2017). It will take a great deal of self-exploration and work to address this trauma, but it starts with us, in our body. I agree that talk therapies such as psychotherapy, cognitive behavior therapy, and others help deal with trauma. Still, I propose an additional, or better yet, a different method involving the body as the main ingredient to heal, just as my ancestors did. Using various dance/movement therapy techniques that are true to one's culture and including the assistance of dance/movement therapists who are aware of themselves and their culture, including perspective and understanding, will lighten the load that Black bodies carry.

Dance/movement therapy is a holistic modality that uses movement to connect the mind and body together to promote wellness. We consistently try to train our brains to deal with race and oppression, but White body supremacy lives in our bodies, not in our thinking brains (Menakem, 2017). The body is our largest, most fascinating instrument, and it deserves to be played.

With dance movement therapists, when dance/movement therapists are connected with themselves, they can have a heightened sense of self-awareness, less inner conflict, and make sound decisions sensitive to self and others, which can influence the patients or clients to achieve the same. We call this modeling. This type of exploration can also serve as a guide for them to find their way to healing. Also, uniting one's whole self, mind and body, helps limit biases, self-centeredness, misunderstanding, culture appropriation, and insensitivity. Learning one's history and self is essential for everyone who participates in dance/movement therapy sessions, but more specifically for Black and White bodies at constant war with themselves and each other.

This thesis will address how the oppression in the Black American's experience of oppression manifests into physical and mental ailments, how chronic oppression on Black bodies leads to trauma, and how these factors need to be understood and recognized by the American Psychological Association (DSM-5) because dance/movement therapists use this manual in the field. Additionally, I will discuss the need for Black people to address their embodied trauma using aspects of ritualistic movement practices and dance/movement therapy to heal and mend their ancestral trauma. I will also include my journey of healing my intergenerational trauma through a heuristic lens. Additionally, I will go into the effects of White body supremacy and how it impacts Black bodies. This will lead to dance movement therapy, the dominance of white women in the field, and how important it is for Black and White dance/movement therapists to know themselves and their history. For White dance/movement

therapists, it is imperative to know oneself and biases to manage them for clients/patients and

advocate for social justice. Black dance/movement therapists have to address the ancestral

trauma and explore aspects of their culture and identity to bring to their practice.

Oppression as Trauma and the DSM-5

Oppression is linked to trauma that heavily impacts the body. Kira et al. (2013) define

oppression as a collective trauma executed between groups that act on a continuum from

microaggressions to macroaggressions. Sue et al. (2007) defined microaggressions as brief and

commonplace daily verbal, behavioral, or environmental indignities, conscious or unconscious,

that express hostile, derogatory, or harmful racial slights and insults toward people of color.

Micro and macro aggressions happen consciously and unconsciously in most social settings,

leaving Black people robbed of their self-esteem and control. Those who experience these micro

and macro aggressions, such as Black people, begin to separate themselves from their bodies and

disassociate from their dominance and autonomy. Generally speaking, America has left from

the segregated, Jim Crow Era display of racism and has transformed into a more subtle way

of expressing the same prejudices, like limiting hairstyles in the work office and selecting

resumes with common White sounding names. However, it still hurts all in the

same. It reveals the same message that White bodies are more important and that Black bodies

do not matter, and the absence of acknowledging this (through denial and color blindness) only

deepens the wound (Caldwell & Bennett-Leighton, 2018). The Black body is constantly

degraded down to a mere concept of race when completing everyday tasks like going to school,

work, the grocery store, a yoga class, a gathering, or even walking down the street. Black people

constantly hear microaggressive statements like "You are so pretty for a Black girl," "Is your

hair real? Can I touch it?" "You look so exotic; where are you from?" The translation is that

there is no way Black people can be beautiful or versatile in any way, shape, or fashion and that their bodies need outside approval to be considered attractive, intelligent, and valued (Sue et al., 2007, p. 273). These microaggressions can cause Black people to want to disassociate from their melanated features and detach from their bodies to be accepted. Black scholar and activist bell hooks (hooks & Ensler, 2014) explored how oppression separates individuals from their bodies by observing authority as the source of the disassociation between groups and their bodies. She then asserts that this separation from the body is the core of oppression, stating that White supremacy has bodily divided everyone, leaving Black and Brown bodies exploited and dominated by White bodies (hooks & Ensler, 2014, para. 7). Other scholars who study nonverbal communication have identified the body as the primary crux of social control and dominance. Nonverbal behavior here is recognized as a primary means of communication (Henley, 1977). Thus, the body becomes an essential means of understanding how oppressed and dominant groups' bodies unconsciously digest oppression.

According to Callendar (2018), characteristically, oppression for Black people appears in the form of deprivation of affordable housing, suitable living conditions including health care and wages, access to a decent education, advocacy for the prison industrial complex, and the unjust murder of Black people. This oppression has disrupted the life functioning of Black people in a continuous manner, leaving Black people in a constant state of survival mode (in a fight, flight, or freeze state), on edge, and emotionally fluctuated. Essentially, their emotions are constantly on a roller coaster. The U.S Department of Health and Human Services Office of Minority Health (2016) stated concretely that "poverty level affects mental health status." They assert that African Americans are twice as likely to report having psychological distress due to living below the poverty line compared to non-African American groups over the poverty line.

This includes feelings of sadness, worthlessness, hopelessness, and feeling that everything is an

effort (The U.S Department of Health and Human Services of Minority Health, 2016).

Although oppression is recognized as a stressor, it still has not been widely accepted as a

form of trauma that shows up in the body. It also has not yet been accepted as a criterion for

trauma in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-

5). Additionally, it is still being debated within the field of psychology. This is a deficit in the

mental health field because it leaves Black men and women untreated or receiving treatment that

does not address their experience. It also denies the realities that Black people experience daily.

The DSM describes a wide variety of disorders that help mental health professionals nationally

and have evolved to be more culturally inclusive. However, some updates need to occur because

our society is ever-changing, and so should our mental health manuals. It acknowledges the risk

and prognostic factors in the section of PTSD, but it still leaves out those

who suffer from oppression, leaving them untreated. The pre-traumatic factors section in the

DSM-5 mentions environmental factors like low socio-economic status and childhood adversity

but does not mention oppression as a trauma. (American Psychiatric Association, 2013, p.277).

The DSM needs to include these similar cultural implications into their diagnostic

criteria, Criterion A, not just as pre-determining factors on a separate page in order for

oppression to be considered a trauma. Additionally, the language needs to support this notion and

accept what trauma warrants. Miller (2009) offered a critique on the DSM-IV that other

professionals in the psychology field (e.g., Guina et al., 2016; Carlson et al., 2013; Brewin et al.,

2009) have associated as a problem with the psychiatric diagnosis the DSM proposes. He stated

that this version of the DSM is too silent on racial stressors and decontextualization of culture, as

it only supports studying diagnosis without addressing or referencing culture (Miller, 2009). The

failure to incorporate culture and oppression as criteria as trauma into the DSM only leaves an impression that the manual is a manifestation of racism and oppression. While Miller (2009) uses the DSM-IV for reference for change, the DSM-V still has not included oppression as a form of trauma (Holmes et al., 2016, p.316). The DSM's wording best captures a narrow vision of oppression, like physical violent crimes, and neglects the current crisis of repetitive interpersonal oppression like microaggressions (Holmes et al., 2016). A couple of reasons why there is a narrowed vision of oppression could be because the American Psychiatric Association may have a limited view on what violence is, culturally speaking and, until recently, there was a significant lack of literature and academic studies surrounding the link between oppression and trauma (Holmes et al., 2016, p.317).

Culture must be taken into consideration when defining violence because it will only continue to employ White body supremacy and excludes a large population (Brown and Black people) who have a different but valid view of violence. Cassiman (2005) stated that the current definition of trauma conceptualizes violence within the cultural theme as mainly interpersonal and physical (e.g., hate crimes) while widely neglecting systemic, institutional, and psychological trauma e.g., microaggressions). In this viewpoint, death is the object of violence, and anything "less severe" in their vantage point makes it arbitrary. Currently, Liberation psychologists have defined violence, stating, "Violence is any relation process or condition by which an individual or group violates the physical, social, and/or psychological integrity of another person or group. From this perspective, violence inhibits human growth, negates inherent potential, limits productive living, and causes death" (Bulhan, 1985, p. 335). Here, violence is more expansive and lends itself to include current and covert mistreatment such as oppression. It could serve as a foundation to accept oppression as a form of trauma.

There is plenty of anecdotal evidence about oppression and the physical and mental effects on the body. Still, due to limited empirical data, oppression has not been formally identified as a form of chronic trauma such as PTSD. The minimal data established describes how members of oppressed groups experience PTSD at a higher rate than most of their counterparts are POC and Black people (Carter, 2007). As cited above by the U.S Department of Health and Human Services Office of Minority Health (2016), Black people are more than likely to live below the poverty line, and this doubles the likelihood of Black people experiencing some form of violence, meaning that there are higher odds for a Black person to experience or witness a traumatic event. This form of trauma is shown in our census but not enough in our scholarly articles regarding linking oppression with trauma. Anecdotal evidence and statistics should be enough for the recognition of oppression as trauma, but empirical research designs are the golden standard of psychological advancement. Holmes et al., (2016) state that while there is literature centered around the relationship between oppression and trauma (e.g., Alessi et al., 2013; Berg, 2006; Pieterse et al., 2010), there is only a small but compelling amount of literature which is only being used as indirect evidence. Additionally, there is a significant amount of new information surrounding the link between oppression and trauma, (e.g., Harrel et al., 2003; Goodman & West, 2008; Roberson & Carter, 2021), which is a great feat, but it has been a long time coming and is still missing the longitudinal component. There are limited studies that assess the relationship between trauma symptoms and oppression that can be observed over a more extended amount of time, which may be a part of this bigger picture of why it has not been accepted. Holmes et al. (2016) suggest that studies in the future should assess the "association between oppression and PTSD symptoms longitudinally so that they are, in fact, causing trauma-related symptoms" (p.318). Helms et al. (2012) add that studies should include appropriate

samples of diverse populations related to race, socioeconomic status, and ethnicity. In this case, while this is referring to Black people, it's also important to note that when studies include all people and their stories into the research, it changes the narrative of what is being examined, including oppression. This idea that oppression should be accepted as a chronic form of trauma requiring longitudinal empirical data can be viewed as dismissive of an individual's experience. It is still imperative that Black stories are heard and researched thoroughly to get a foot in the door to receive proper mental health care.

Post-Traumatic Slave Syndrome (PTSS)

While oppression avails itself in Black Americans specifically, it is a bit different from, yet interconnected, with Post Traumatic Stress Disorder (DeGruy, 2005). DeGruy (2005) analyses how Black people adapted to life in the United States and why that adaptation was needed. Post-Traumatic Slave Syndrome, coined by DeGruy (2005), is the aftermath of multigenerational oppression endured by enslaved Africans and their descendants. She starts from the fallacy of race to the oppression of slavery to the Jim Crow Era, to the racism of the Civil Rights Movement, to now. DeGruy's theory uncovers the blatant form of discrimination that demolishes the esteem of Black Americans through the trans-Atlantic slave trade to now. DeGruy argues that multigenerational trauma, combined with continued oppression and an absence of opportunity to heal or access the benefits available in society leads to Post Traumatic Slave Syndrome (2005).

According to DeGruy, these circumstances lead to key patterns of behaviors such as lack of self-esteem, extreme feelings surrounding anger and violence, and internalized racism (2005). These are the feelings and behaviors that Black Americans fall victim to, a plan to fail. This stems from feelings of inferiority that were only reinforced repeatedly throughout slavery.

During slavery, slave masters used devaluing tactics to make slaves feel incompetent, especially in the pursuit of education. This form of torment has led black people to feel as if their future is bleak and leaves no room for imagination for a better future for themselves. Womack (2016) expanded on the theory of Post-Traumatic Slave Syndrome by observing Black college students and saw that, due to these critical patterns, Black college students dropped out, had a pessimistic view of their success, distrusted other Black people, and felt a burden of keeping up with their White classmates.

Comparing this to transgenerational trauma, for it is similar to trauma being passed down through generations, Post-Traumatic Slave Syndrome is linked explicitly to African Americans and their ancestors' dehumanization. Understanding Post-Traumatic Slave Syndrome can help therapists understand what a client or patient is experiencing and how to heal. She mentions the use of the DSM-5 and that enslaved Africans would have qualified under the criteria for Post-traumatic stress disorder (PTSD) in modern times, but never received treatment even after the Civil War and continued experiencing those traumatic experiences, then passed that trauma to their children. She states, "Once again, even more impactful than the physical assault on their bodies was the daily assault on their psyches," (DeGruy, 2005, p. 100). With a layout of the criteria under PTSD, she linked the criteria with what the enslaved Africans more than likely experienced to what Post-Traumatic Slave Syndrome is. She uses the American Psychological Association (2013) DSM-5 manual to summarize Criterion A and its symptoms. It lists what is considered a stressor:

"The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required) Direct exposure, witnessing, in person, indirectly, by learning that a close relative or close friend was exposed to trauma, if the

event involved actual or threatened death, it must have been violent or accidental, repeated or extreme indirect exposure to aversive details of the event(s) usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures" (Degruy, 2005, p.98). She also expands on these criteria, stating that, "persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame), continuous (and often distorted) negative beliefs and expectations about oneself or the world (e.g., I am wrong, the world is perilous), or feeling alienated from others (e.g., detachment or estrangement) were other symptoms that aligned with PTSD (Degruy, 2005). As Criterion A currently stands, enslaved Africans did not just experience one of these, but most likely all of these, and repeatedly. This occurred in a landscape of never receiving mental health treatment, either during or after, chronic oppressive experiences. These same beliefs, behaviors, attitudes, and adaptations have been passed down and show up in the Black body today. Demonstrating this link can open up how healing can happen with a similar understanding of PTSD. Because even if the event has not happened directly to them, the trauma has been passed down and is present.

Enslaved Africans experienced chronic trauma (and, presumably, PTSD) for centuries without treatment, so there is a high likelihood that their bodies went to a survival mode in order to survive and that frame of thinking was passed down to their children and descendants. We use this logic in our present-day with predicting the likelihood of a child turning out like their parents or if they will end up enduring the same treatment as a child. This prediction is due to the likelihood that epigenetics of PTSD has been passed down. Epigenetics refers to how your behaviors and environment can shift, affecting your genes' work (CDC, 2019). Comer (1980)

used the enslaved familial structure as an example of how behaviors and environmental factors have been passed down. He states "The slave family existed only to serve the master and in order to survive physically, psychologically, and socially, the slave family had to develop a system which made survival possible under degrading conditions. The slave society prepared the young to accept exploitation and abuse, to ignore the absence of dignity and respect for themselves as Blacks. The social-emotional and psychological price of this adjustment is well known " (DeGruy, 2005, p. 103). We continue to pass this frame of thinking and attitudes down through generations and share familial trauma that perpetuates negative stereotypes and self-images.

A Call to Heal

It is a necessity for Black people to heal from their ancestral and current chronic trauma to have a beneficial impact on future generations. It is a vicious cycle that must cease to exist so that our physical bodies and psyche can be freed of dysfunctional ways of living and traumatic bodily suffering. Degruy (2005) calls Black people to action to heal the traumas that have been passed down to us intergenerationally on various levels because Black peoples' trauma impacted them on multiple levels. She stated that we have to heal to break the cycle of victimization and negative thought patterns that inflict us genetically and behaviorally (p. 158). Through healing, we can experience wholeness and a healthier, happier way of living possible for future generations.

DeGruy (2005) also shared some concepts and ways that Black people can begin healing. PTSS behaviors such as lack of self-esteem, extreme feelings surrounding anger and violence, and internalized racism, can be changed with effort and perseverance. DeGruy suggests starting with addressing learned helplessness, which is the fear or doubt that a person cannot do anything differently to change the outcome of a situation in which they find themselves. She adds that the

counter of learned self-helplessness is learned self-efficacy, which is demonstrated through

action to evoke positive change into one's life (Degruy, 2005). She notes that it is vital for Black

people to know themselves in an impenetrable way to take their place in the world. This will

assist them with healing in a more profound way. For building self-esteem, she stated that Black

people have to change their beliefs about themselves by being valuable and bringing awareness

to the value produced. Black people have to question whether they are creating or destroying if

they have uncovered their gifts and talents. They must also ask if they are providing for their

children and if they are making the world a better place. These are some of the critical questions

to configure when determining what esteem looks like (Degruy, 2005). Taking control of our

emotions is something that Degruy also mentions in regards to anger and healing. Our bodies

enter a fight or flight mode from the stress hormone cortisol when we enter stressful situations. It

takes the brain and body away from reason, and fits of blind rage are maladaptive and even

addicting. When we take the time to remove ourselves from stressful situations and become

calm, we can make more rational decisions (p. 171). Lastly, when trying to heal from

internalized racism or socialization, DeGruy asserts that it is necessary to draw attention to and

release the stories told about Black people and then tell the truth about their stories. These stories

must be told not just to themselves or the world, but to their children. Black people have been

sold the idea that White is better and to identify only with negative stereotypes about themselves.

These beliefs spread throughout the world, perpetuating racism. When Black people start to tell

their stories, they can control how they are being perceived and how to navigate through racism

and discrimination. They can also guide their children to learn how to maneuver through racism

and build resilience. (DeGruy, 2005).

Black Bodies and White Body Supremacy

When breaking down White body supremacy, there is an association between what is "normal" and who falls outside the norm, whose body is deemed acceptable, and a threat. DiAngelo (2018) speaks to White supremacy, for it dictates an ideal way of living and centralizes Whiteness. She states that White supremacy captures the centralization and expected superiority to those who identify and are perceived as White, and that the United States' power creates an idea of normalcy. This form of normalcy creates an atmosphere that encourages the belief that racism is "normal" and that those oppressed are "strange" or "crazy." Black people fall into that category of "strange," other," or "minority" from this standard. They feel inferior to the White-dominant culture, making it horrifying to express black culture, especially when there is a target on your back for expressing said culture. It sends a clear message: Black bodies are not "standard" or accepted in America.

White body supremacy, defined by Menakem (2017), is ideal or the enforcement of White ideals unto bodies that are non-White. It goes deeper than just the political-economic system; it is instilled or, better yet, conditioned into our way of life. Menakem goes into further detail about what white-body supremacy entails, by stating "This everyday form of white body supremacy is in the air we breathe, the water we drink, and the culture we share. We literally cannot avoid it. It is part of the operating system and organizing structure of American culture. It's always functioning in the background often invisibly, in our institutions, our relationships, and our interactions" (Menakem, 2017, p.xix). The impact of the White body has trained the way we make decisions, what is available to us, and how we move and heal our body.

Ritualistic Dances as Healing Art

  Before the term dance/movement therapy was coined in the 1950s by Marian Chace,

healing was already happening through dance in various cultures and, more specifically, in the

African diaspora. Dance served an essential role in life, addressing psychological distress, coping

through trauma, ceremonies, spiritual practices, and a range of physical ailments. In the African

worldview, the belief is that the mind, body, and community are essential for healing for the

empowerment of the group and the individual (Monteiro & Wall, 2011). The integration creates

a healthy sense of self and well-being. African culture uses dance and movement to connect to

the spirit or a supernatural force that reinforces healing. According to Hanna (1987), dance acts

as a symbol for relaying one's feelings and thoughts that can serve as a more effective way to

communicate one's needs and desires over just verbal communication. Because of the body's

important function for analyzing symptoms through healing methods, it is essential to include the

body and its movements to access the unconscious and address any origins. Through movement,

rhythms, togetherness, self-expression, and cathartic release, dance embodies various healing

properties. These happen organically, as these properties grant people the experience to shift

emotional states and feel a sense of wholeness (Leseho & Maxwell, 2010).

  There are multiple applications of dance as healing which vary among countries. Ndeup,

from Senegal, is a therapeutic ritual used to heal a person who has been possessed by the spirits

who have a contract with the community's original ancestors. Practiced by the Lebou fishing

community and the Wolof and Serer ethnic groups in Senegal, the Ndeup ritual of possession is a

way of reconciling with the ancestors and their spirits (Monteiro & Wall, 2011). Trances often

occur with the ritual and are often heightened by movement. Drums are played, and women sing

songs to their ancestors; priests and assistant guardians may dance and fall into a trance state

with their patient, and others who may not be aware of possession may also fall into a trance. In this way, the nature of the ritual of using rhythm and song is impactful, for it is not only a means to a physical, mental, and spiritual release, but it also expands the space for the community to join. This nature can act as a way to get rid of loneliness and provide protection.

In the Caribbean, Africans used dance another way, by drawing from their enslaved experience. Marshall & Rivera (2019) explained that, during the Atlantic-Slave trade, Africans would use dance to communicate with one another. Since their bodies were somewhat in their control, movement was an approach to send codes to one another, fight against slave masters, fight oppression, and be a part of the community to celebrate or support one another. Music and dance gave a voice to Africans, a sense of pride in their culture, and an embodied resistance. Afro-Caribbeans use their intrinsic knowledge on healing and use the circle, call, and response, polyrhythmic movements, and song and dance to promote cooperation, community, and respect (Marshall & Rivera, 2019).

Dance/Movement Therapy

Moving through the modern dance world in the early 1900s, society changed to a world of expression and rebellion as a means to create (Levy, 1998). Ballet was being strayed away from, for it did not permit the freedom that modern dance was seemingly producing. The need to interconnect dance, emotion and personal expression became an area of interest. Incidentally, even with the contemporary liberation dance permeated, there still seemed to be a need to dive into self-expression more, due to the influences and rise from psychoanalysis. Freudian theories such as bringing the unconscious to the conscious, and Jungian ideas of integrating the unconscious and unconscious for fulfillment had a large impact culturally. Psychological theorists, including Carl Jung, Sigmund Freud, and Alfred Adler, inspired dance/movement

therapy, which emerged in the late '40s. Dance/movement therapy was recognized as a

professional holistic psychotherapeutic field that uses embodied approaches to heal. It was

described by the American Dance Therapy Association (ADTA) as "the psychotherapeutic use of

movement and dance to support intellectual, emotional, and motor functions of the body." From

early dance/movement therapists Marian Chace and Mary Whitehouse to other major

contributors like Blanche Evan, Alma Hawkins, and Trudi Shoop, dance/movement therapy

developed in the Western hemisphere. These therapists developed frameworks that included

movement as a way of life, the circle, gestures, rhythmic relationships, empathy, communal

movements, creative and improvisational movement, kinesthetic awareness, and authentic

movement (Levy, 1998). Their frameworks provided healing to individuals with mental,

behavioral, and physical challenges.

A predominantly White female group of people influenced the dance/movement therapy

field, developing an avenue for holistic healing in the West. The field remained White for

roughly 20 years (Chang, 2016). Chang states, "In the period from the 1970s through the 1990s,

the field was predominantly White European in appearance and in dance forms: Laban's

movement taxonomy was the uncontested norm, and conventional Western psychology's

hegemonic assumptions had not yet been challenged in counseling or psychotherapy." Cultural

aspects were being ignored and there was no mention of Black people or "People of Color"

practicing in the field. With a course like that, there can only be room for the White perspective

which was built upon outrageous racist attitudes. And while I cannot say any of these

dance/movement therapists or psychotherapists were racist, the simple fact that there was not any

mention of dance/movement therapists who practiced or contributed to the field during that time

that were Black or "Of Color" is discriminatory and oppressive. It does not give any power to

those who could have changed the narrative or aided in cultural competence.

The Western and European perspectives did not support the African body from which the

founding concepts bore. For example, historically the field uses a movement analysis framework,

Laban Movement Analysis (LMA) to assess, describe, and visualize movement, which only

encapsulates movement from a White point of view (Chang, 2009). Using Laban Movement

Analysis without examining oneself and one's biases, power and privilege continue to thrive,

leading to stereotyping movements that do not derive from Western or American culture. This

may also lead to diagnosing ritualistic movements that are Strong Weight Effort, in LMA terms,

as "angry or aggressive," a stereotypical assignment that is prominent amongst Black people to

justify unjust and oppressive treatment. Additionally, the need to have movement analysis in the

first place is a concept that is only to understand White bodies, which is a privilege in itself.

Using this kind of assessment without introspection potentially harms the Black body and even

contradicts the holistic nature of dance/movement therapy. Dance/movement therapy brings

awareness to bodily sensations, thoughts, feelings, and patterns that exist within the body. So, if

dance/movement therapists, especially those who are White, are unconsciously depicting

oppression unto bodies that do not look like them, it sends a clear message that more inner work

needs to be done to bring that awareness to consciousness.

Currently, the field is incorporating various multi-cultural dance perspectives, but there

continues to be a need for change. Over the past 50 years, more dance/movement therapists

belong to diverse populations such as Black/African American, Native American, South or East

Asian, Arab/Muslim, and Latino/Latina. The American Dance Therapy Association (ADTA)

added a Multicultural & Diversity Committee in 2009, and currently has elected a Black

president, Dr. Angela M. Grayson. Also, more focus on multicultural competency is being

offered in the curriculum and workshops (Chang, 2016). This is a great start for diversifying the

field and opening dialogue for a much-needed discussion around diversity and inclusion.

As this progressive effort is acknowledged, there is always room for recommendations to

address power and White privilege within the ADTA, which starts with the individual. The

structural changes and diversity amongst board members and dance/movement therapists are

imperative to the movement towards social justice, the dismantling of systematic racism and

oppression. If the individual is still holding on to oppressive beliefs, it blunders the entire

movement. So, in addition to the most recent changes (with a heavy emphasis on diversifying

DMT), White dance/movement therapists must do the inner exploration of themselves to find

acceptance and cultural empathy. McGoldrick et al., (2005) also state that many White

Europeans need to do the work, which requires interacting in a rigorous personal and social way

and truthfully self-investigating into their own backgrounds to become more culturally

dexterous. And while cultural competence can be a goal, cultural empathy seems more fitting if

the work is done in a deep and meaningful way over time. Because while teaching White people

how to effectively communicate and behave around Black people is a big part of eradicating

discrimination, eliminating racist beliefs and ideals helps dismantle racism. This is not for just

White dance/movement therapists. Black dance/movement therapists have to do their own inner

work in order to fully show up as themselves so that they are not perpetuating the same

oppressive jargon that they were conditioned to. This involves exploring the inner workings of

their culture, beliefs, norms, inner attitudes, and unlearning all of the things that were taught that support the White gaze.

<div align="center">Discussion</div>

My Call to Heal

In my bloodline, both of my parents identify as Black American and have ancestors that were enslaved from Africa and from the native land that is now called the United States. My parents both suffered in their childhood and experienced diagnosed disorders carrying along with them chronic symptoms throughout their lives. My father passed away when I was young, so I did not know him well. My mother rarely spoke of him, and when she did it was not of the highest regard, for his illness and past experiences became his entire way of being, impacting his relationship with others. Before my confrontation with race, I noticed that I was a bit peculiar. My mood shifted often and I often cried for days at a time for little to no reason. I was either not eating or overeating. I felt as though the world was attacking me and I did not understand why. When I realized I was a Black girl, I grew irate. I had fits of anger and placed my body in very dangerous situations purposefully. It was as if I did not value myself and I could give up at any moment. Although I had not experienced any direct micro-aggressive racist attitudes, I was still experiencing symptoms as if I went through a traumatic experience of enslavement. It was not until I reached this age, my current adult age that I became aware that my parents and my ancestors before them transmitted their trauma to me. I could feel the pain, depression, anxiety, rage, and low self-esteem running through my body and I was unaware that I was embodying it. This was my call action.

Heuristic Movement Experience

In my approach, I ventured into using movement as a way to explore the oppression that was held into my body. In the pursuit of healing my ancestral trauma, movement was the best mode for exploration. I used a heuristic self-study approach for organizing my approach. This approach assisted with organizing my self-investigation and creating a structure for expressing my experience. Moustakas (1990) describes heuristic research design as a systematic way to investigate oneself and to bring forth that inner dialogue, meaning, and inspiration. It lends itself to uncovering dreams, images, and visions that are worth exploring and challenging your understanding and doubts of an issue or way of being like oppression. I ventured into the six core processes of this approach.:

1. Initial Engagement: This is the starting process of the inquiry process; it is that burning question that sits within the researcher.

2. Immersion: There is a deep immersion into the research question, requiring focus and developing a mindful practice that extends to waking, dreaming, and extraordinary states of consciousness.

3. Incubation: This represents a subtle 'digestion' of the intensive engagement to allow for a more embodied, intuitive, and tacit understanding of the area of inquiry

4. Illumination: This phase describes a breakthrough process, an emergent meaning that is the result of the engagement of the previous stages

5. Explication: This phase further surfaces and clarifies the illumination into a coherent system of meanings, with a detailed and comprehensive description of the core ideas.

6. Creative Synthesis: Once this knowledge system (a bridge of understanding) around the research topic is established, the creative synthesis or expression of this may be

accomplished. This may result in the creation of new practices, a prototype, or a work of art (Moustakas, 1990).

I went through the six stages interchangeably, which made it very difficult to measure so linearly. Moustakas (1990) lays out the core approaches as steps that follow one another, generating a theme of starting at point A to point B. Still, my experience gave way to drift in and out of stages that ultimately brought me to two different conclusions. For example, I returned to the initial engagement process that burned and fizzled throughout the movement experience, which with retrospection, meant something relevant in my findings. While aspects of this heuristic study gave some organization to my self-exploration, it is a lifelong study that requires in-depth exploration. This is not possible during this process of my thesis, but instead, I am offering a model of inquiry for myself and others to commit to. That said, I wanted to use the basis of a heuristic study to shed light on ways to measure the intensity of healing through movement, provide some ways to organize what is occurring, and use myself as a model that healing is possible.

In my method, I explored the scenario of holding weight, which looked like holding and lifting a heavy boulder. I then named it characteristically and used adjectives to describe how it made me feel. I moved for about 30 minutes to low jazz music, then again for 30 minutes to African drums. I explored how the weight was holding me down and how even though it was difficult to move, I still thought about its texture and made excuses for why it was so heavy. I immediately felt ashamed of why I continued to carry this weight and make excuses for it and went into tears. I believe that it is what Menakem (2017) calls "clean pain" that builds your capacity to grow (p. 19). I journaled my experience and the words that I remembered and underlined the words that felt like they fell in line with my theme. I found the words:

Responsibility, weak, silent, unworthy, helpless, confused, scream, and sadness. These thematic words helped me reflect on how I felt in my body and brought awareness to how I operated in the world from a more conscious perspective.

In my movement experience, I found many discoveries that brought awareness to myself and the answer to my initial engagement. When first exploring holding and lifting weight, I labeled it as Black. It was Black in color, and as I attached the emotions of insecurity and oppressed unto it. I felt physical pain in my lower back. I dropped the boulder and started to move freely. As you can imagine, I did not stop lifting the boulder until I felt physical pain. This was the first highlight for me as I uncovered truths about myself. At that moment, this resembled my insecurities and feelings of being oppressed weighing on me, as it was tied to being a Black person. As I investigated further, it dawned on me that I do not release my suffering until it has physically manifested or imploded. I find that this is also common amongst Black people in addition to reacting in immediate anger. They seem to be on opposite sides of the spectrum of expression. Through this initial engagement, my burning research question came up, "What is your identity saying about you, a Black woman who is American?" These identifiers make up a small portion of my identity, but they inspired a strong desire to re-discover what they mean to me.

I started jazz music and began to move. The question still burning in my mind, I moved very slowly trying to let go of the question for a while, and essentially entered the immersion phase. This attempt failed as I continued to move, an excerpt from my journal states: "[This] movement felt emotional by the horns and pace of my movement. It was slow and I kept thinking to myself, who am I? I thought of my ancestors and shed a tear because I struggled to answer who I was and that the person who I am is not what I want to be."

I felt a small sigh of relief as I uncovered a part of the burning question that I was asking myself.

I did not know exactly who I was, but I knew it was not what I am currently. In retrospect, this

seems so contradictory, but also it lends itself to the statement that we may not know what we

want, but we know what we do not want. As that slight relief entered my body, I fell into a

trance-like state. Until this day I do not remember exactly what I was thinking or feeling, but my

body kept moving. This may not directly relate to Moustakas (1990) Immersion state, for it

speaks to dreams and waking but it builds off of the idea of an extraordinary state of

consciousness. This immersion state then led itself to an incubation period, where I actually went

back and forth. The incubation period surrounds leaving the quest to gain further insight.

Moustakas (1990) puts it like when you lose your keys and you're passionate about finding them,

but when you focus on something else for a while, your keys appear (p.28). In my movement, I

began to wonder and drift, leading me to play with the books lying on the floor. Sure, some may

consider this movement still, but in my body, I felt that my intention changed.

The interchange between the two phases sparked a curiosity. I figured this could be some

kind of avoidance or a movement form of procrastination from digging any deeper, which I

noticed is another behavior of mine. So, I made an active choice to choose stillness. There is a

misconception in a large part of the Black community that there is no choice. That healing is

something that does not belong to us. I lay there on my floor and allowed a flood of thoughts to

come to me and the modified question returned to me, "Who am I?" I began having thoughts

stating that I was strong, I put others' needs before my own, I suffered in silence, a superwoman

for getting through all of the things that transpired throughout my life, a Black woman. In some

ways, these were true, for I survived things one may not have, and my implementation of

boundaries and verbalization of my needs were stifled. But then I realized the associations that I

associated with being a Black woman and it did not sit with me well. It was an additional piece

to how I felt at the beginning of my movement session. I knew that I did not want to be the Black

woman that America has told me to be, to have to struggle and consistently hold space for others

and hold nothing for me. This was me entering the illumination stage. I wrote in my journal a

conversation that I had with my ancestors pouring out my feelings, sharing that we will work

together to lift this burden. For I believe that all of our ancestors are inside of us and their DNA

runs through my body. It seemed fitting to speak with them.

　　　I mounted the explication and creative synthesis stage together because I realized what all

of this means all while creating a new sense of understanding and creating art in my movement. I

turned off the jazz music and turned on some rhythmic drumming. My body began to default to

modern dance technique (a dance technique created by Isadora Duncan as a protest against the

rigidity of ballet), but as I continued to move, I asked myself again "Who am I?" As I reflect

back on that moment, I realized that it could have been that the drums served as a sense of return

for me, that it was familiar and grounding. I remembered it and journaled, "I just am. These

labels that define Black are not me. They have been placed on me for the benefit of someone

else. Black is an array of experiences. It does not have to be self-sabotage, low-self esteemed, or

depressed. It can be joy, freedom, self-advocacy, community-oriented, yielding, pressing,

luxurious, fun, relaxing, grounded in self-care, movement, change. I am all of these things and I

validate myself. I am all that I need permission from." As I spoke those words, my body left the

modern technique and went to follow the beat of the drum, listening and going with my inner

rhythms that were polyrhythmic. I closed with so much gratitude, bringing my body to stillness

with my eyes closed, and sat with all that I just went through within that hour and a half.

My experience was the start of undoing the systematic oppression and socialization that served as my way of living. It was a way to uncover things about myself that I suppressed for the majority of my life, things that weren't fully mine but the ones that came before me. This served as a way to start to change the narrative, to regain confidence in myself, release the anger and hurt of the treatment of Black people, including my ancestors, tell my story, and give myself grace. Tapping into the drums' call gave my body the freedom to express, connect, and ground. This helped me find my footing in how I perceive myself and how to move forward. In this way, this embodied heuristic study serves as a model and a call to do the work within, whether the person is Black or White. It may look differently, of course, but this work of undoing White supremacy takes precedence. It also takes time and valued effort, uncovering and addressing oppression in one's body does not happen quickly; dismantling oppressive symptoms may take years. We cannot rely on the system to change to do the work. We must do the internal investigation throughout our lifetime to destroy these oppressive systems.

<div align="center">Conclusion</div>

The United States of America has never valued the Black body from its colonization. This country was built upon the backs of enslaved Africans that were brutalized and dehumanized for economic reasons that only benefited the White body. Enslaved Africans bore children in inhumane conditions passing their pain, fears, grief, beliefs, and even their tenacity that continued for 400 years. Black people were not treated psychologically for all of the pain they went through, particularly the symptoms displayed with what is now labeled PTSD or PTSS as it relates to slavery. Intergenerationally, this country has left a massive imprint on Black people, leaving them oppressed. And today, it is expressed through microaggressions, color

blindness, and other macroaggressions that devalue the Black experience. This causes low- self-esteem, mental illness, physical illness, anger, emotional fluctuation, and internalized racism.

Though there is not much research linking the effects of oppression and Black people as a group, some show that Black people experience a higher rate of PTSD amongst other groups. Due to the small amount of evidence and their definition of violence, the DSM-5 listed oppression as a criterion in Criteria A; the Black community is left out to dry when diagnosing and treating the psyche properly. As it stands, oppression and White body supremacy are forced unto the body and are interpreted in the Black body, taking on unnatural and unsupportive forms of the Black frame.

It is essential to shed the oppressive nature of White body supremacy and return to the natural form of the Black body, and this can be done through movement. Dance has always been essential to healing for Black people and can still be used now. Early dance/movement therapists figured this and created a space for healing in America, using similar concepts that African and Caribbean people have always used to live. Though healing was happening in different parts of America, the early dance/movement therapists and psychotherapists were White, leaving out the Black body. This was shown in the creation of the American Dance Therapy Association (ADTA), for which the majority of the board was White. Through time, diversity has been implemented throughout the board and in the field. More dance/movement therapists "of color" are active in the field. These changes are steps to dismantle White supremacy on an institutional level, but there is more individual work to be done to dismantle it completely. Black and White dance/movement therapists have to do much inner investigative work to advocate for social justice and bring their whole best selves to the forefront. Using a heuristic self-study as a model for healing, dance/movement therapists can begin their own inner investigation through

embodying their oppression, the oppressive system, and start asking questions that surround

changing White body supremacy.

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