

## **The Body of Culture: Transcultural Competence in Dance Movement Therapy**

### **Introduction**

This chapter presents a framework for understanding the knowledge, skills and attitudes that support effective and ethical dance movement therapy (DMT) practice across cultural boundaries. I summarise and discuss a long-term qualitative inquiry conducted through cognitive-behavioural modelling, action research workshops and interviews with health, caring and managerial professionals from over 60 countries. Drawing on my application of the model in professional development programmes, my own clinical experience and interviews with other dance movement therapists, I discuss the implications of the ensuing Transcultural Competence model for DMT theory and practice. I provide a framework for practitioners to review their own practice and development needs, propose ways in which the DMT profession can be strengthened by giving greater attention to cultural issues in training and supervision, and make suggestions for future research.

*How can we, while honouring our differences, acknowledge and use wisely our power to co-create the world in which we live?* This core question informs my life work and was the stimulus for the Transcultural Competence research project, an exploration into the foundations of effective and ethical practice across cultural boundaries, which began in the mid-1980s and continues today. The purpose of this chapter is to present findings to date from this research, as they relate to DMT.

The name of the project points to some key assumptions. The term ‘*Trans...*’ means ‘across’, ‘beyond’ or ‘surpassing’. This distinguishes my approach from ‘cross’, ‘multi’ or ‘inter-cultural’ studies, with their view of cultures as separate entities that come into contact while remaining distinct. I am interested in how we not only recognise and bridge our differences, but also *transcend* them, finding unity in our common humanity and co-creating new cultural forms. The term ‘*Cultural*’ keeps the focus on social dimensions of experience, activity and sense-making: the cultural bodies of individuals are born of, constitute and give rise to the larger body of culture. Finally, the term ‘*Competence*’ draws our attention to active engagement; not only academic knowledge but pragmatic, professional know-how.

### **The Research Process**

The core question above contains a paradox – diversity and unity. We can strive to embrace this tension, both honouring the depth of cultural differences and nurturing a society that fulfils universal human needs and potentials. However, this does not protect us from ethical dilemmas, when confronted with practices – such as female genital mutilation – that make sense within a certain cultural perspective but violate our humanistic values (Merry 2003). As therapeutic practitioners, we may be called upon to react to such practices. As DMT researchers, we need an approach that can encompass multiple perspectives (Payne 1993, Best 2000, McLeod 2001). Can the ethical practitioner-researcher respect the cultural value system which allows such practices, yet take a stand against them? My own commitment to embracing the unity-diversity paradox

has led me to develop a research approach in which I explore a topic and gather data from diverse, seemingly incommensurable points of view. This approach, which I call *multi-modal inquiry*, calls upon the many aspects of the researcher's intelligence described in Gardner's seminal work on multiple intelligences: linguistic, logical-mathematical, spatial, bodily-kinaesthetic, musical, interpersonal, intrapersonal and naturalistic (Gardner 1983) and allows us to develop a multi-dimensional appreciation of the topic in question. The main steps of my multi-modal inquiry into Transcultural Competence are set out below.

### *Informants*

I identified eight individuals – four women and four men – who were viewed by peers and clients as outstanding in their ability to work effectively with people from diverse cultures. Selection was based on referral and interview; I did not use formal tools to measure or compare practitioner effectiveness. The eight informants were all therapeutic or personal development professionals, practising in multicultural settings.

### *Cognitive-Behavioural Modelling*

I conducted a series of interviews with each informant to model the cognitive and behavioural patterns associated with their practice in multicultural environments. This research method has been central to the field of neuro-linguistic programming (NLP), an off-shoot of applied psychology with roots in structural linguistics, anthropology and

humanistic psychology (Bandler and Grinder 1975a, 1975b, 1979). As DeLozier and Dilts note in their NLP encyclopaedia, ‘the basic objectives of NLP are to model special or exceptional abilities and help make them transferable to others’ (Dilts and DeLozier 2000: 790). NLP modelling is a specialised skill, which uses multiple ‘perceptual positions’ to gain a rich description of the ability in question; a perceptual position is a particular point of view within a system of interaction (Dilts and DeLozier 2000: 940).

As the researcher in the Transcultural Competence project I used four perceptual positions:

*First position:* my identification with my own thoughts, feelings, priorities and beliefs;

*Second position:* my empathic engagement with others’ experiences (in this case, the informants);

*Third position:* a more objective viewpoint, allowing observation and analysis of informants and critical evaluation of my own role in the system.

*Fourth position:* my somatic sense of the ‘relational field’ of cultural encounters; not focused in others’ experience but in the relations between them. This builds on Gendlin’s notion of ‘felt sensing’ as the “holistic, implicit bodily sense of a complex situation [containing] more than could be said or thought” (Gendlin 1996, p. 58).

However, the focus here is on the therapist’s own felt sensing, as advocated by Gilligan in his discussion of self-relations therapy (Gilligan 1997) and with the added refinement of identification with the relational field, rather than with either self or clients. This important data source is familiar to dance movement therapists, whose

practice is likely to be continuously informed and guided by their bodily felt sensing of relational dynamics within the therapeutic setting (Sandel 1993, Loughran 2003).

I analysed my data to identify clusters, themes and patterns and to discern and make sense of the relationships between these. My approach corresponded to the early, classical model of grounded theory as conceived by Glaser, with his focus on creative insight by an individual researcher, the emergence of theory through engagement with the material over an extended period of time and the development of initial hypotheses prior to conducting a systematic literature survey (Glaser and Strauss 1967). The result of this data analysis was the Transcultural Competence model.

#### *Literature Survey*

The relevant theoretical and professional literature within several fields and disciplines including the history of human consciousness, organisational behaviour, anthropology and cross-cultural psychology was reviewed. Insights from qualitative meta-analysis of this literature were incorporated in the model.

#### *Participatory Action Research*

Once this analysis had taken place and the initial framework was established, it was subjectively validated and refined in professional development workshops with approximately 2,000 participants from over 60 countries over a period of eighteen years.

Confidentiality agreements were established with each group<sup>1</sup>; participants brought cases from their professional practice in therapeutic, educational and managerial roles. These cases formed the basis for facilitated individual and group inquiry and participants engaged with the model as part of their own professional development. The study was therefore susceptible to the usual complications of participatory research, in particular the ‘Hawthorne effect’, in which research participants steadily improve their performance as a result of the human attention and/or of the ongoing feedback (Mayo 1933, Adair 1984). Since the purpose of my project was and is instrumental, with the goal of improving effective and ethical professional practice across cultures, no attempt was made to mitigate this beneficial effect. To test the validity of the Transcultural Competence model as causal, or to test the efficacy of Transcultural Competence training, several consecutive control groups led by other researchers would need to be conducted, to ensure that the model, rather than my workshop leadership style, is the key variable (Mayo 1933, Adair 1984, Shayer 1992).

A handbook, presenting the framework, was given to each participant at the end of the workshop, after the experiential activities and dialogue (Boas 1989). This process continues and the model still undergoes minor additions and refinements.

### *Artistic Inquiry*

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<sup>1</sup> A group discussion was facilitated at the start of each workshop, defining what confidentiality would mean in practice. The principles generated and agreed by the group were reiterated and confirmed by the participants. Please note that all individuals and cases in this chapter are fictional and illustrative.

In addition to critical incident analysis and dialogue, the action research workshops included a wide range of activities, which we could call artistic inquiry (Hervey 2000, McNiff 1986, 1998). These activities included investigating Transcultural Competence through movement improvisation, drawing, music-making and outdoor art.

### *Reflexive Inquiry*

Throughout the research process, I have sought to articulate how my own personal and professional cultural heritage shapes my thought and action, which in turn shapes my research process and its potential contribution to my professional field (McLeod 2001). This is particularly important in practitioner-research, as the expert knowledge required to conduct specialised action research implies a vested professional interest in perpetuating one's own schema, and the authority of the practitioner role may motivate informants to confirm rather than refute prior findings. My reflexive process took the form of reflective and creative writing, movement improvisation, drawing and both academic and clinical supervision.

### **Key Findings in Relation to DMT**

The data were striking in their diversity, as one would expect of multi-modal inquiry. My research interest was not to reduce Transcultural Competence to one key variable, but to develop a detailed map of a multidimensional landscape. It is no surprise, then, that findings ranged from how practitioners interpret hand gestures to the role of

unconditional love. These clustered into five kinds of competence, building up from specific cultural knowledge at the bottom, through intrapersonal and interpersonal skills, to generic, attitudinal competencies at the top. The findings can be summarised as a logical level diagram:

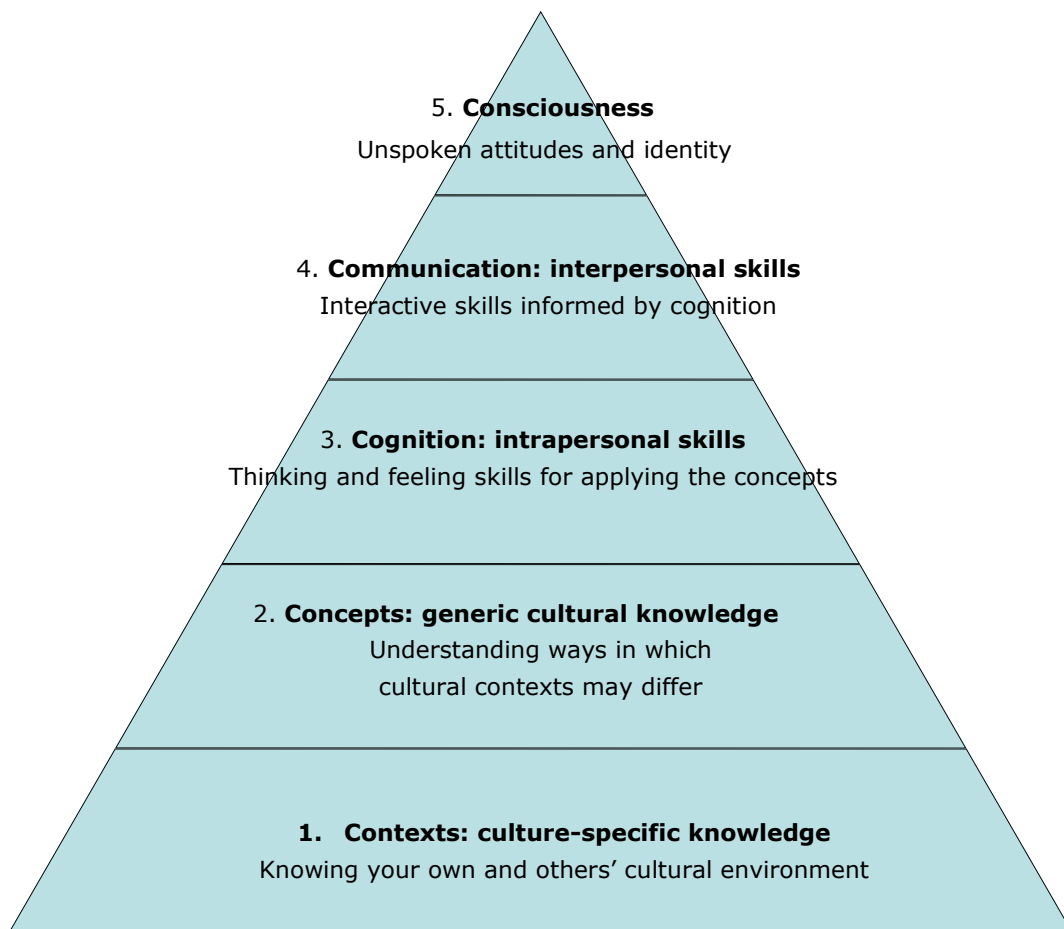


Figure one: The Transcultural Competence model

I shall use five mini-vignettes to present the five levels of the findings, as they relate to DMT. The vignettes are illustrative and do not describe actual individuals. They are informed by cases presented by participants in professional development workshops and by my own interactions with clients and participants in workshops and clinical practice.

### **Transcultural Contexts: knowing the cultural environment**

*Zeka is new to DMT. Anna, his therapist, seeks to establish a connection with Zeka but finds it hard because he won't look her in the eye. He maintains eye contact for a fraction of a second before glancing down and to the left. This quick eye movement repeats itself throughout each session, especially when Anna addresses Zeka directly. She tries to 'hold' eye contact but he appears increasingly uncomfortable as she does so. It is clear to Anna that Zeka feels timid, even fearful; she wonders what past trauma is behind this. After several weeks, Anna is becoming disheartened. There is still no sustained eye contact and Anna fears that she is failing to establish a relationship of trust with Zeka.*

The basis for working across cultures is knowledge of the context you are dealing with. A cultural context may be a nation, an ethnic, linguistic or religious group, an institutional setting, or an explicit collective identity such as deaf culture (Senghas and Monaghan 2002). Every aspect of a culture – from manners to monuments – is a clue to its deeper values. Because of this, a therapist never really knows her clients until she knows their context. Furthermore, whether we realise it or not, the context sets the unwritten rules of the game and defines the meaning of our behaviour – an idea elaborated by generations

of cultural anthropologists and elegantly explored by Gregory Bateson in conversation with Carl Rogers (Kirschenbaum and Henderson 1990 176-201).

Anna is unaware that Zeka's eye movements are a conscious and conventional way to indicate respect for an elder. He feels safe and trusting in her presence and this is enhanced by the fact that Anna is older than him. She seems powerful and maternal as – in Zeka's world – a healer should be. When she tries to establish eye contact, he becomes confused. It is an unexpected and inexplicable rejection of his deferential manner. His discomfort grows as this potential mother-figure looks him straight in the eye, thereby implying intimacy of a more sexual nature.

Anna is unwittingly applying the assumptions and values of her own cultural context in the sessions with Zeka. She ignores the cultural heritage which forms the basis of Zeka's engagement in the therapeutic process and imposes her own rules: "we are all equal... we demonstrate equality by looking each other in the eye... sustained eye contact expresses trust". These unwritten rules are the product of her particular cultural heritage.

Unexamined, their cultural source is denied and they live in Anna as natural truths. *Her* context defines the way she makes sense of Zeka's movements; *his* meanings have no place in her awareness.

The Transcultural Competence project brought me time and again to the same overwhelming conclusion: that we can only be effective, ethical practitioners in a multicultural society if we first and foremost become aware of our *own* cultural contexts.

This done, the therapist is in a position to investigate the other cultural contexts, to find out what rules, assumptions, beliefs, values and history shape their clients' movement in the therapy space.

The second major finding of the project was the importance of fostering curiosity and exploring together the client's cultural context. We engage with a cultural context as a holistic lifeworld: the environment of cultural norms, rules and beliefs that structures experience and interaction, as described by the philosopher Jurgen Habermas (b. 1929) and developed by researchers in phenomenological sociology, psychology, anthropology and education (Habermas 1987, Schutz and Luckmann 1973, Good 1994, Sloan 1999, Sergiovanni 2004). By actively seeking to explore and discover other lifeworlds, it seems that we not only enrich our own, but also enhance the effectiveness of our therapeutic practice.

A third finding was that we are each the product of multiple contexts – what we could call *the multicultural self*. Practitioners who had examined the tensions, dynamics and mutual influences among their own *inner* cultural 'encounters', in the course of my professional development workshops, believed themselves to be better prepared for encounters with their clients' cultures than they had been previously. This is consistent with findings in self-relations theory (Muran 2001). If borne out, this observation could have significant implications for practitioner training and merits systematic inquiry.

So, context knowledge is the base, the foundation stone of Transcultural Competence.

However, awareness of our *own* contexts will never be complete, let alone our understanding of the multiple, complex and constantly evolving cultural contexts we encounter in our work. Something more is needed to help us get to grips with this endless variety.

**Transcultural Concepts: understanding ways in which cultural contexts may differ**

*Priya has worked with her therapist, Louise, for several months and has identified a need to be more assertive in her relationship with her husband. A theme of protecting boundaries has emerged. Priya often arrives late and typically explains that she had to do something for another family member. When Louise asks Priya how she feels about this, she says that it's fine. Priya usually shakes her head while she says this and Louise notices that while the words say 'yes', the movement says 'no'. Louise is concerned that Priya's inability to acknowledge these violations of her boundaries may impede the progress of her therapy.*

The next level of the findings takes us from the infinite complexity of 'different cultures' to the relative simplicity of 'how cultures differ'. This is a more abstract and conceptual kind of cultural knowledge, based on generalisations about significant dimensions of culture. For example, some cultures favour a blunt communication style whilst others are more indirect; some cultures believe in fate, others in free will; some emphasise competition, others cooperation. As well as such folk concepts, there is an extensive

research literature providing a proliferation of cultural dimensions models; the four dimensions referred to below are drawn from the widely-used model developed by Geert Hofstede (1991).

Priya, like millions of others with South Asian heritage, indicates 'yes' with a side-to-side movement of the head; Louise lacks this basic context knowledge and mis-reads Priya's gesture. On top of this, Louise is unaware of key concepts that could have been helpful. One such concept is the *collectivist-individualist* dimension, which distinguishes cultures in which the group or community is perceived as the basic unit of society from those in which the individual is supreme. In Priya's lifeworld the basic unit of society is not the individual but a collective. Priya has stated that she wants to be more assertive with her husband and Louise supports this goal. But it means different things to therapist and client. Louise, the therapist, imagines Priya standing up for her own individual needs; Priya wants to better balance her husband's demands with those of her children for the sake of family balance and harmony.

Furthermore, Louise's high *uncertainty avoidance* contrasts with Priya's low uncertainty avoidance. The uncertainty avoidance dimension distinguishes cultures in which ambiguity and change are tolerated from those in which people attempt to control the future by making and implementing detailed plans. Louise values flexibility and responsiveness within the session, but her punctuality is a core value and an important way of providing the therapeutic holding environment. Priya, with low uncertainty avoidance, expects to go with the flow of life. For her, the theme of boundaries concerns

subtle aspects of sexuality and spirituality – as realms of collective experience. Priya’s discomfort from the last-minute family arrangements which lead her to arrive late for sessions arises only from the fact that her therapist insists on discussing them!

We can identify a third dimension here. Initially labelled *masculinity-femininity* by Hofstede, this dimension distinguishes between cultures in which people generally relate to one another in either a competitive or a cooperative manner. It is often renamed *tough-tender* to avoid reducing it to gender roles. Louise’s ‘tough’ culture leads her to view the world in competitive terms – Priya’s interests compete with her children’s needs and her husband’s demands. Priya’s more ‘tender’ culture means that her goals are shaped by ideals of cooperation, sharing resources and nurturing each person.

Thinking back to Anna and Zeka, we see Hofstede’s fourth dimension at play. The *power distance* dimension distinguishes between cultures’ expectations of the existence and expression of hierarchy. Anna comes from a low power distance culture and likes to be ‘on a level’ and ‘seeing eye to eye’, both literally and metaphorically. Zeka’s culture is high power distance: he feels reassured by the elder’s power and expresses this by his respectful distance.

The Transcultural Competence findings indicate that conceptual knowledge of the dimensions of culture (whether folk concepts or from the research literature) support effective and ethical professional practice. As well as raising awareness, such concepts provide a common language for talking about our differences; they can help us to notice

hidden differences and compare our values and assumptions. For the therapist who is finding it hard to connect with a client, conceptual knowledge may be a first step towards the development of vital empathy (Rogers 1975).

However, the findings also indicate that consistent application of *one* conceptual model may undermine effective practice. Practitioners with a strong allegiance to one specific cultural dimensions model (either a folk concept such as ‘primitive-modern’ or a research-based model in which they had been trained) were apparently *less* responsive to clients’ varying needs than others with a more fluid intellectual approach. At the other end of the spectrum is the complete lack of a conceptual ‘lens’ to alert practitioners to cultural differences. So, conceptual knowledge of cultural dimensions is the second level of Transcultural Competence. We need to do our homework, but without losing our lively curiosity.

These first two levels of the model – summarised as contexts and concepts – are the knowledge base of the effective and ethical practitioner. But DMT is a field of practice: knowledge is not enough.

### **Transcultural Cognition: thinking and feeling skills for applying the concepts**

*Bettina leads an open DMT group in a drop-in centre for refugees. She brings great commitment to her work and the group has some long-term users. Abed attends his first session and seems keen to enter the process. Bettina seeks to create a safe space for*

*Abed, mirroring movements and matching his rhythm whilst being careful not to impose contact. At the end of the session Abed leaves abruptly and does not return for further sessions. Some time later Bettina hears that Abed has told the centre's receptionist that he will not return because "Bettina was so unfriendly".*

Knowledge of different cultures and awareness of how cultures differ are the basis of Transcultural Competence, yet these have little value until they are applied. The next level of findings identifies key thinking and feeling skills. Exercised before, during and after client sessions, these cognition skills help us to imagine and feel our way into another lifeworld. Here, cognition refers to a range of skills including the ability to become aware of your own prejudices and assumptions, to actively assess your own thinking process, to shift between different perceptual positions and to reconcile opposing values. The findings in this under-researched area have been particularly rich. For the purposes of this chapter, I shall present just one of the cognition skills, which is especially relevant to DMT.

First, however, we can think back to the concepts and see how Bettina's tough culture is reflected in her direct, straight-forward, fact-based communication style. Abed's relatively tender culture leads him to expect more feeling-based communication, explicit verbal encouragement, and smiles. Bettina has not developed the cognition skill which would equip her to identify this need.

A key finding in the Transcultural Competence project was the crucial role of *perceptual position flexibility*: the ability to move freely between several different points of view. I referred earlier to the four perceptual positions used in NLP (Dilts and DeLozier 2000). This four-fold classification – identification with self, other, observer or relationship – proved inadequate to map my findings. I therefore defined two further perceptual positions. ‘Zero position’ is an individual perspective, but not grounded in personality or ego. ‘Infinity position’ refers to an inclusive, transcendent identification with the whole human family, all living beings, or the cosmos (we might explore the correspondence between zero position and the idea of individual soul, infinity position and universal spirit). All six perceptual positions are critical to Transcultural Competence; many research participants found their professional practice to be compromised by their preference for certain perceptual positions and neglect of others.

Bettina’s preferred positions are: first, third, zero and infinity. Her highly developed first position is reflected in her passion for her work. She is a committed member of the multidisciplinary team and often takes a stand on ethical issues if she feels that her core values may be violated. She is able to move into third position to critically reflect on her own practice and consider ethical principles. Through many years of spiritual practice she feels familiar with the freedom of zero position and the bliss of infinity. However, Bettina does not easily enter second position – the place of empathy. Second position involves feeling what the other feels; seeing the world through the other’s eyes. Bettina goes through the motions of attunement, but does not easily access the empathic experience. This, combined with her passionate commitment (first position) to her value of ‘giving

space' and her clear thinking (third position) on ethical issues, leads her to keep a physical distance from Abed which he experiences as cold and unwelcoming. Had Bettina been able to step out of her own lifeworld and into Abed's, if only for a moment, she would have noticed his different experience of space and been aware of his disappointment and confusion.

Perceptual position flexibility is but one of the cognition skills with a central role in effective and ethical practice; such skills are the basis for developing a multidimensional, multicultural view. However, it is only a view, not yet a full-bodied engagement. The cognition skills are *intrapersonal*; therapeutic practice is by its very nature *interpersonal*.

### **Transcultural Communication: interactive skills informed by cognition**

*Maria is starting a new group in a mental health residential unit. The group members are from diverse cultural backgrounds and Maria is keen to address this openly. She wants everyone to feel included and to participate in forming the culture of the group. Maria regularly makes this explicit and invites people to speak out if anything is unacceptable from their cultural perspective. No-one raises concerns and Maria takes this as a sign that no cultural difficulties have arisen. Occasionally Maria asks how people feel with the process; the answer is the same every time "Fine!"*

The fourth level of findings describes a set of vital communication skills, including meeting the other person on their ground, speaking their language – both verbal and non-

verbal – and defining shared values (which may be few and far between!). Almost all the dance movement therapists I have met are highly skilled in the main body of the communications skills identified by the project: the movement awareness, observation, attunement, adjustment and synchronisation that enable client and therapist to develop their unique movement dialogue, led chiefly by the client and without the need for words. However, the findings also highlight the need for more explicit verbal communication where possible: articulating unspoken assumptions and checking understanding of a radically different point of view.

In our vignette, Maria is well-intentioned. She builds on her context knowledge, conceptual awareness and cognition skill to identify and address a real issue for the group. However, she does so in a way that is bound to fail. Maria is asking group members to do something they cannot do without violating their values. Several are from collectivist cultural backgrounds: to stop the group process and speak out as a lone voice would be both inconsiderate and humiliating. Some are from contexts with high power distance: to question the group process would challenge to the therapist's authority. A few have high uncertainty avoidance: they feel confused by the open-ended suggestion. One or two are from tough cultures; they want to get on with the action and are not yet comfortable being asked to articulate their feelings.

After several weeks, Maria realises the hopelessness of her request. She adapts her communication by providing a structured exercise, with a 'talking stick' which is passed around to each group member, asking them to describe (rather than judge) the process

they have just engaged in. By removing the request for critique and providing this clear task with everyone involved, Maria begins to realise that seldom does “Fine!” mean ‘fine’.

Contexts, concepts, cognition, communication: in the first year of the project, the Transcultural Competence model stopped there. Then I met, interviewed and observed an outstanding individual. He had extraordinary knowledge of the many cultural contexts he encountered in his work. His mastery of cultural concepts was dazzling. The agility of his cognition was astounding. His communication skills were highly developed and unusually wide-ranging. But I felt that something was missing. Further inquiry led me to conclude that his understanding, adaptability and responsiveness were in the service of a clear unspoken message “My culture is right, your culture is wrong; you will learn to do things my way”. The outcome was a fifth level in the model, which is the very essence of Transcultural Competence.

### **Transcultural Consciousness: unspoken attitudes and identity**

*Frank has recently moved to take up a DMT post in a community centre. He has decided to become better informed about his client population by reading about their culture, religion and history. After some weeks in his new role, Frank is troubled by sleep difficulties and feelings of nausea and disorientation. These symptoms decrease at the weekends and return during the working week. Frank is concerned; this has not happened before and bringing it to supervision seems to make no difference.*

Transcultural consciousness is the fifth level of the model and in recent years has become my main focus within the project. The attitudes and identity referred to here as consciousness arise from the four other levels. However, consciousness determines how the other levels of competence are used. You can be *effective* by virtue of your knowledge and skill in the first four levels of the model. The fifth level makes you *ethical*.

Transcultural consciousness refers to a cluster of higher-order capabilities. Key elements include uniting the zero and infinity perceptual positions to cultivate a fluid and inclusive sense of identity in which notions of ‘us and them’ dissolve; developing epistemological flexibility so that radically different worldviews can be experienced with ease; and raising and reiterating questions about global ethics. Linking these competencies is an attitude towards humanity which can best be called universal love – or kenosis – the power of which seems to be recognised in all the world’s cultures (Garrard Post et al. 2002). This is in turn underpinned by transcendent states which can be strengthened at a neurological level through certain kinds of spiritual practice (Varela et al. 1993, Austin 1999). We see that Transcultural consciousness, although harder to capture in words than the previous four levels, can also be actively developed.

What has all this to do with Frank’s misery? This brings us full circle, to the multicultural self. Just as context knowledge needs to be applied to self, so does this *inclusive consciousness*. Frank sees himself as an open, accepting and caring person. As a gay man

living far from the country of his birth, he has critically examined notions of culture and identity. He practises meditation and actively nurtures the knowledge, skills and attitudes that correspond to the five levels of the Transcultural Competence model.

After months of confusion and moments of despair, Frank decides that he needs to enter a deeper exploration of the issues. Through facilitated movement improvisation, letting his body do the thinking, Frank finds himself pacing the studio with the strutting gait and rasping voice of a persecutor. This leads him to ask questions. He discovers that in his grandparents' generation, his ancestors were involved in an ethnic conflict which is part of the history of the community with which he now works. These power struggles live on in Frank's body memory; re-awakened, they demand to be addressed. Frank summons the courage to explore beyond the boundaries of his familiar sense of self and takes more time for quiet meditation. In doing so he acknowledges and extends loving kindness to the different parts of his *own* heritage – persecutor and victim alike. Only then do his psychosomatic symptoms pass.

Writing of our Cultural Embodiment work, Sandra Reeve and I surmised:

‘The body reveals its knowledge to the mind. Movement releases trans-generational, cellular memory and it becomes clear that we don't know how much we know, about ourselves, our ancestors, our stories and our histories’ (Boas and Reeve 2003: 21).

In the same report, we highlighted the importance of ‘identifying difference and power relations within ourselves, as a means of ultimately honouring our own different cultures as equal to one another’ (Boas and Reeve 2003: 21).

This attentive, loving listening to all our ancestral voices, this *inner democracy*, may be the basis for effective, ethical DMT practice, as it is the basis for a democratic, multicultural society. Just as the therapeutic group may be viewed as a social microcosm, we can find within our own selves a microcosm of our group practice. And here we see the magnitude of the challenge. For which of us extends loving kindness to all parts of self? Who does not deny the existence of our own censored voices? Do we not project the darkness elsewhere, onto our own foreign bodies, our inner outsider, our hidden ‘other’?

### **No Body**

The title of this chapter belies my view of the cultural dimension of humanity. For – as others have clearly shown – there is no ‘body’ of culture (le Goff 1989, Davis 1997, Shilling 2004, Latour 2004). There are only cultural bodies – people moving – and even these are always in formation and transformation, products and creators of a larger... a larger what? If not a body, what metaphor will serve? Here is the crux. The very idea of culture limits and divides us. Yet only the dominant can indulge in cultural ignorance. To avoid becoming naive mini-tyrants and colonisers, we must acknowledge culture. And we must transcend it. How do we hold both: body and no body; culture and no culture? The answer may be in the space we make for these seeming contradictions, within the present moment that is both coming into being and passing away. Paradoxically perhaps, our practice may be all the more ethical when we relax the boundaries of the self and give our full attention to the here-and-now of the myriad diversity between us and within us. This glorious, crashing, stellar multiplicity of incommensurable experiences, beliefs,

memories and dreams; the infinite variety of lifeworlds we strive to know and only ever glimpse in passing.

### **Implications for DMT**

*"Dance first. Think later. It's the natural order."*

Samuel Beckett

For the individual dance movement therapist, I have outlined elsewhere some suggestions for nurturing one's own Transcultural Competence (Boas 2004). Nor is this the place to discuss how the model translates into specific methods and techniques. Here, I shall comment on some broader implications as I see them.

#### *Training*

There is scope for DMT training and professional development to include more systematic and comprehensive education in the knowledge, skills and attitudes of Transcultural Competence. Training institutions could provide reading lists for developing the relevant knowledge base, drawing on research literature in anthropology, education, transcultural nursing, counselling and psychiatry, organisational behaviour and cultural studies (D'Ardenne and Mahtani 1989, Hofstede 1991, Orbe 1997, Moodley 1999, Warnier 2001, Rousseau 2002, Miyaji 2002, Coker 2003, De La Mata and Cubero 2003, Gard 2003, Arpin 2003, Gebru and Willman 2003, Butz and Besio 2004, Glitterberg 2004). In addition, the core cognition and communication skills can be

actively developed in clinical skills training. Finally, experiential workshops can enable deep, personal exploration of transcultural consciousness – a necessary preparation for professional practice across cultures.

### *Supervision*

Providers of supervision can use the five levels of the model to extend the range of responses to case material. For instance, the therapist in supervision might be encouraged to identify their own cultural contexts, develop their context knowledge, study and apply cultural concepts, tell the story of a session from the six perceptual positions, role play client interactions, or expand their consciousness. A multi-modal approach to supervision can support this, incorporating movement, dialogue, drawing, mask work, stillness, silence and so on.

### *Professional identity*

The professionalisation of DMT is accompanied by much debate and soul-searching about our collective identity. We would do well to raise our cultural self-awareness as a community of practice. Broadly speaking, DMT professional culture is low power distance, low uncertainty avoidance, individualist and tender. How does our professional culture shape the movement culture of our DMT groups? To what extent do we require our clients to adapt to our unwritten rules? If we claim to be reflective, critical practitioners, we need to address these questions in our daily practice. Dare we

acknowledge our cultural prejudices and limitations as a profession? I speculate that we need to do so. In particular, we can become much more effective in working with other communities of practice – the medical psychiatrists, for example, with their relatively high power distance, high uncertainty avoidance, tough professional culture. The degree to which DMT has a clear voice and strong presence within multidisciplinary teams is partly a function of *our* level of transcultural competence.

### **Suggestions for Further Research**

Whilst many dance movement therapists around the world work in multicultural settings with skill and sensitivity, the published DMT literature pays scant attention to culture. DMT has ethnographic roots through Franziska Boas – pioneer of dance as therapy, anthropologist and daughter of the great anthropologist and anti-racist Franz Boas; both explored the relationships between culture, healing and dance (Boas 1888, Boas 1944). However, DMT has known only a brief flowering of publications on culture (e.g. Hanna 1990; Antinori and Moore 1997, Dosamantes-Beaudry 1997, Coseo 1997, Callaghan 1998, Dokter 1998, Subramanyam 1998, Dosamantes-Beaudry 1999). In these writings, culture tends to be reified in national or racial terms and presented as a basis for personal identity, determined by ancestry or childhood environment, which may be lost or fragmented and which the therapist aims to understand in order to overcome prejudice, raise self-awareness, or adapt her communication style to match that of the client. Even current research addresses context knowledge rather than a broader transcultural framework (e.g. Sakiyama and Koch 2003). With this narrow research base, almost any inquiry into the role of culture in DMT will strengthen our stance. My recommendations for future research are as follows.

Firstly, we need to conduct ethnographic research into *the culture of DMT* as a community of practice, with particular attention to its relations with other professional communities and with client populations; this should include a consideration of power relations and their impact on DMT practice.

Secondly, we would do well to understand the *group as a social microcosm* in which therapist and client work together to dance a world into being. This builds on an understanding of cultural agency: whilst we are shaped and constrained by the socio-cultural circumstances of our birth and development, we are also active agents of culture, continually co-creating those same circumstances of our coming-into-being (Bourdieu 1977; Giddens 1991, Clark-Rapley 1999, Nellhaus 2004).

Thirdly, we should examine *leadership in DMT group therapy*. This theme was researched in the 1980s, with a restricted definition of leadership (Johnson et al. 1983, Koch 1984). New research could develop an understanding of shared leadership that encompasses both the therapist's role and group members' ongoing co-creation of the group's movement, dynamics and culture.

Fourthly, we can conduct *evaluations of professional DMT practice across cultures*. This could combine self-assessment, observation and interview to triangulate user, practitioner and third-party perspectives, so as to validate findings from the Transcultural

Competence project. In particular, the idea that there is an optimal level of conceptual certainty – as discussed above – merits further research.

Fifthly, we can develop *movement-based cultural dimensions concepts*. This could integrate anthropological studies of the body with existing movement analysis tools and so refine the interpretation of movement in DMT. Since the ground-breaking work of anthropologists such as Gregory Bateson, Margaret Mead and Edward T. Hall, in the first half of the twentieth century, proxemic studies have highlighted differences in how people of varying cultures experience and manage movement and interpersonal space (Bateson 1980, Hall 1981). One could build on this rich literature by conducting a meta-analysis of ethnographic studies of movement in specific cultural contexts, together with the more universalistic movement analysis and cultural dimensions literatures. This would be a basis for identifying patterns and distinctions in cultural movement and exploring their possible significance in relation to notions of power, purpose and other social constructs. The resulting movement-based cultural dimensions model could be used in theoretical and practical training of therapists working in multi-cultural settings. In developing such a model, we need to protect the tension between universalistic and particularistic perspectives, as exemplified in Richard Schechner's careful discussion of the future of ritual (Schechner 1993).

Finally, we can contribute to a *multi-dimensional understanding of the human body* by carrying out DMT practitioner-research together with a much-needed survey of relevant primary research in anthropology, cross-cultural psychology and neuroscience. The

human body – culturally created and creative – moves at the heart of DMT and deserves to be better understood.

*At the still point of the turning world...*

*Neither from nor towards;*

*At the still point, there the dance is...*

T.S. Eliot (1944)

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