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Cultural Differences in Group Therapy: A Phenomenological Study of the Lived Embodied Experience of the Cultural Bump

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CULTURAL DIFFERENCE IN GROUP THERAPY: A PHENOMENOLOGICAL STUDY OF

THE LIVED EMBODIED EXPERIENCE OF THE CULTURE BUMP

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Abstract

Utilizing transcendental phenomenology, this study sought to better understand dance/movement therapists' experiences of the culture bump phenomenon in the group therapy setting. Culture bumps are defined as moments in which two or more people enter a situation with different culturally-based expectations about customs, behavior, beliefs, communication styles, and other norms (Archer & Nickson, 2012). Data were collected using individual in-person semi-structured interviews with five Chicagoland dance/movement therapists who self-identified as having experienced the phenomenon of the culture bump while in the group therapy setting. Data analysis was completed using Moustakas' (1994) adaptation of the Stevick-Colaizzi-Keen method and resulted in five textural-structural themes that describe the experience of the phenomenon of the culture bump: a) elusory and complex in nature, b) at its essence, about a meeting of differing expectations, c) having a shifting/changing quality to it, d) inextricably tied to the participant's own cultural context, and e) therapeutically important material. The participants' experiences indicated culture bumps are a common occurrence in the group dance/movement therapy setting, and both their presence and the processing of them are breeding grounds for necessary conversations about cultural difference.

Keywords: Cultural competence, cultural difference, group therapy, dance/movement therapy

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Introduction

I am facilitating a dance/movement therapy group with six clients. We are exploring preferences around 12 step meeting attendance. I feel comfortable with the way group is progressing and group members seem willing to openly share with one another. All of a sudden, like a rug is pulled from beneath my feet, a client says, "I don't like going to meetings in that neighborhood because of all the gays." My thoughts start to race. My mouth goes dry. I wonder if I should try to redirect the comment but before I can another client chimes in, "Yeah, and we can't beat them up like we could in the 70's." At that remark I freeze. My heart rate increases, my hands become clammy, my jaw clenches and then my mouth falls open. Time stops.

This was a moment from early on in my clinical internship – a moment in which I felt completely unsure of how to respond from either a professional or personal standpoint. In that moment, as well as in my processing of it after the fact, I found myself wanting to confront the clients who made the derogatory comments out of my own anger at the intolerance they expressed. I was also reminded by my supervisor that yelling at clients or shaming them for their beliefs is not professional behavior. The American Dance Therapy Association (2015) Code of Ethics states, "dance/movement therapists examine and strive to eliminate the effects of prejudice in their work and do not knowingly participate in or condone activities of others influenced by such prejudice" (section 1.1.d), and yet those same codes say that I have the professional responsibility to respect the beliefs of each and every client (ADTA, 2015, 1.1.c.) even if they go against some of my most deeply held values. I was also unsure if it was my place as a cisgender heterosexual female to speak out on behalf of an experience of the LGBTQI community. In short, I was conflicted.

As I tried to make sense of what happened and what my role and responsibilities were in that moment, I started to understand the interaction as *culture bound* (Archer & Nickson, 2012a). Not only did the remarks address a particular broad cultural identifier (the LGBTQI community) but I suspected these were learned beliefs and the behavior of stating them in a group was learned as well. I have started to refer to moments like the one above as culture bumps. A term borrowed from Archer's Culture Bump Theory (1986; 1991) that serves as a both a tool for beginning the navigation of cultural difference as well as an approach for the navigation process (Archer & Nickson, 2012a). Using Archer's (1986) definition as a basis, culture bumps are defined for the purposes of this study as interactional moments that have to do with the meeting of differing culturally-based expectations. The manifestation of these differences can range from something innocuous like greeting preferences – imagine one person leaning in for a hug while the other reaches out a hand for a handshake – to outright conflicts and intentionally harmful behaviors like making prejudicial remarks. Because of this range of manifestations, the term culture bump, as it is used in this study, is inclusive of cultural misunderstandings, miscommunications, conflicts, clashes, and any other positive, negative, or neutral moment in which two cultures come in contact with each other and difference is that the root of the interaction. Culture bumps, as interactional moments at their foundation (Archer, 1986; Archer, 1991; Archer & Nickson, 2012a), also allow for the analysis of the moment and processing of it to be about both parties and how they can come together, through collaboration and mutual respect, towards greater connection.

The purpose of this study was to encourage conversation about cultural difference in group therapy. I chose to start this conversation by interviewing dance/movement therapists about their lived embodied experiences of the phenomenon of the culture bump in group therapy.

A secondary point of focus quickly arose regarding how the participants' own personal cultural context informed both the experience of the culture bump and their ultimate response to it. The choice to focus specifically on group therapy had to do with the unique struggle group therapists have in these moments of cultural difference due to the need to maintain multiple therapeutic alliances (Compare, Lo Coco, Tasca, & Kivlighan, 2016). The choice to interview dance/movement therapists came from both the acknowledged importance of a client's cultural context by the American Dance Therapy Association (2015), as well as the fact that dance/movement therapists may be uniquely suited to describe the body-based aspects of the lived embodied experience of a phenomenon.

The phrase culture bump is not currently a part of the dance/movement therapy or counseling psychology vernacular, save for an instance in which Archer and Nickson (2012b) suggested Culture Bump Theory ought to become a part of the curriculum for psychotherapists in training. It proved difficult to find an alternative term in the existing social sciences literature that captured the range of interactions included in Archer's (1986; 1991; Archer & Nickson, 2012a) phrase. Literature about cultural difference in the therapy setting tends to focus on one manifestation (e.g., racism, sexism, xenophobia) to the exclusion of others. Additionally, little literature exists related to the work of the culturally conscious clinician in the group therapy setting. In the field of dance/movement therapy in particular, there is a growing body of literature associated with the importance of considering client and clinician cultural context (e.g., Carmichael, 2012; Caldwell, 2013; Roberts, 2016; Schultz, 2017). However, as with the larger field of psychology, very little of it addresses the group practice of dance/movement therapy. Because of this, a review of the literature considers the importance of client and clinician cultural

context within the larger field of psychology, group therapy, and dance/movement therapy separately.

The Importance of Cultural Context in the Field of Psychology

For the purposes of this study, a client's cultural context is understood as the interplay between the culturally-based elements that "shape our mental, emotional, and physical selves" (Allegranti, 2011, p. 487) and inform our values and norms (Allegranti, 2011). The importance of a client's cultural context to the work of therapy is something widely agreed upon in the field of psychology (e.g., Ivey, D'Andrea, & Ivey, 2011; Sue, Arredondo, & McDavis, 1992; Sue et al., 2007); however, this has not always been the case. As early as the 1970's, psychotherapy practitioners and theorists such as Jean Baker Miller (1976) identified the need for considering the worldviews of those who were not consulted in the development of accepted techniques and theories. However, it was not until the 1990's that a shift began to happen across the field of psychology, resulting from Sue et al.'s (1992) call to the profession to include cultural competence as a part of best practices.

Sue et al. (1992) established 31 multicultural competencies emphasizing the need for clinicians to look at beliefs, attitudes, knowledge, and skills related to their own culture and the culture of others on an ongoing basis. Sue et al.'s (1992) paper also referenced studies showing that marginalized populations are less likely to seek treatment and have access to care, and more likely to terminate early to emphasize the need for the consideration of the life experience of the non-dominant culture. It is now widely acknowledged that traditional expectations about normative behavior long held in the field of psychology are largely reflective of a White, middle class, and mostly male cultural contexts (American Psychological Association, 2002; Arredondo, 1999; Sue et. al., 1992). A practitioner who is not trained to build an awareness of this historical

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context risks perpetuating societal norms in the therapy room existing in the larger collective culture. Examples of these norms might be the expression of unconscious or conscious discrimination and prejudice; both of which have been shown to have negative impacts on the wellbeing of targets (Bulato & Anderson, 2004; Comstock et al., 2008; Dunbar, Liu, & Horvath, 1995; Sue et al., 2008; Sue et al., 2007) as well as non-targets (Dickter & Newton, 2013). Ignoring harmful practices like the unconscious promotion of prejudicial viewpoints promotes an equally harmful status quo in the therapy setting reflective of the larger systemic ills present in American culture (American Psychological Association, 2002; Comstock et al., 2008; Roysircar 2008).

Practitioners who have not been trained with an attention to considering cultural context are also at risk of applying universality to an unhelpful degree (Chang, 2009; Lee, 2008; Tomlinson-Clarke, 2013). Cultural anthropologist Ruth Benedict (1934) posits that once a dominant culture has been accepted as the norm we are led "to accept a belief in the uniformity of human behavior that under other circumstances would not have arisen" (p. 5). Sue et al. (1992) refer to this idea as an "invisible veil" (p. 480) and what follows is a subtle *ethnocentric monoculturalism* (Sue, 2004) in which "only the dominant can indulge in cultural ignorance" (Boas 2006). From the practical perspective of the mental health professional, this kind of unconscious assumption impacts treatment planning, assessment, and diagnosis (Ivey et al., 2011; Sue, Zane, Hall, & Berger, 2009).

The Importance of Cultural Context in Group Therapy

In the group therapy setting, one in which there are two or more members in addition to the facilitator (American Counseling Association, 2017b), a clinician's ability to be culturally competent takes on greater importance and complexity because the clinician becomes

responsible for tracking multiple alliances and client contexts (Compare et al., 2016; Rait, 2000). The Association for Specialists in Group Work, in accordance with its parent organization, the American Counseling Association, understands this client context as multidimensional, multi-layered and inextricably tied to that client's cultural context as well (Singh, Merchant, & Ingene, 2012). As in individual therapy work, the group therapist is tasked with "negotiat[ing] differences or cultural conflicts when they emerge" (Singh et al., 2012, sect. II.a.9) but because of the multiple relationships the clinician must attend to (Compare et al., 2016) as well as the increased focus on interpersonal material (Yalom, 1995), a group therapist's roles and responsibilities can become increasingly complex. Additionally, group therapy is understood to function as a microcosm of the larger dynamics in the clients' worlds outside of therapy (Yalom, 1995; Parish, 2012; Roysircar, 2008) and so provides a container for addressing harmful, neutral, or positive systemic patterns.

There is only a small amount of literature existing that addresses clinical strategies for attending to moments of cultural difference in group therapy. It may be left up to the clinician to find the overlap between existing literature about group work and literature about culturally competent clinical skills. Techniques for adapting existing practices to be more culturally competent – something recommended by Sue et al. (1992) and echoed by the American Psychological Association (2002) – is largely missing from the literature as well. An example of this lies in the way in which a clinician might define a term such as harm. Wendt, Gone, & Nagata (2015) suggest that clinical definitions, such as harm, are informed by culture and therefore must be examined by the culturally competent clinician. Group therapy guru Yalom (1995), a theorist whose work is widely used in group therapy education curriculum, suggests that the group therapist consider factors like whether or not a client is at risk of harm when

weighing the choice of intervening or allowing the group to do its own interpersonal therapeutic work (Yalom, 1995). However, Yalom's (1995) ideas about what causes psychic harm fail to include important discoveries about the psychic harm that can be caused by prejudicial remarks (e.g., Bulato & Anderson, 2004; Comstock et al., 2008; Dunbar, Liu, & Horvath, 1995; Sue et al., 2007; Dickter & Newton, 2013) and other ways in which a harmful status quo can be consciously or unconsciously promoted, in part because those impacts were not widely acknowledged or understood at that point in time.

Looking specifically at the harm that prejudicial remarks and behaviors can have on both targets and non-targets, it is important to note that research on the subject is a fairly recent addition to the field of psychology (Arredondo, 1999). Though prejudice was included as a way in which conflict may manifest in the group therapy process in the writings of group therapy theorists like Yalom (1995; 1989) and Gans (1989), it was understood as a way for clients to distance themselves from others or alleviate internal unrest. There is a lack of conversation about the impact these types of remarks can have on group members, especially the potential they hold for harm (e.g., Bulato & Anderson, 2004; Comstock et al., 2008; Dunbar, Liu, & Horvath, 1995; Sue et al., 2007; Dickter & Newton, 2013). A clinician using a lens which considers a client's cultural context might be in a position to critically examine the existing literature – and especially literature written before the inclusion of cultural context as a competency expectation – and better assess the need for an intervention in cases when not doing so could promote harm.

A culturally competent group therapist also considers the client's cultural context because it offers the clinician more information about the dynamics in the group therapy setting (Roysircar, 2008). As an example of this, Ivey et al. (2011) consider the common interpersonal pattern of one person dominating group discourse. The competent clinician may see this

interpersonal pattern as good therapeutic material to work with, but the culturally competent

clinician may note the possibility that larger societal patterns of some voices being allowed to be

heard over others are manifesting in the group microcosm (Ivey et al., 2011). Further, Comstock

et al. (2008) and Asnaani and Hofmann (2012), also found that patterns of interpersonal relating

are informed by cultural context including a client's potential for authenticity in a group. An

inability to be authentic in group can make it difficult for that group member to benefit from the

process of therapy (Ivey et al., 2011; Roysircar, 2008), which may in turn influence retention and

self-efficacy (Yalom, 1995). A clinician armed with more information about the layers and

complexities informing the patterns happening in group is ultimately in a better position to foster

growth in clients.

The Importance of Cultural Context to the Practice of Dance/Movement Therapy

The roots of dance/movement therapy in the United States sprung first from a theoretical

framework which aligned with the "focus on self-expression and exploration" (Levy, 1988, p. 5)

of early psychodynamic theorists and went on to follow the shift in the field of psychology to a

humanistic framework which encouraged non-judgment and a consideration of client-in-context

(Levy, 1988). Dance/movement therapy professionals understand clients holistically,

considering mind, body, and spirit as intertwined, co-existing, and equally important parts of the

whole (Levy, 1988). Recognizing an important part of this holistic approach to treatment

included the consideration of cultural context, the American Dance Therapy Association

(ADTA) established a Multicultural and Diversity task force in 2008 (Hervey & Stuart, 2012). In

2015, the ADTA drafted a set of multicultural competencies as a part of their code of ethics

(ADTA, 2015). Further noting the necessity that cultural competencies are addressed in the

future professional's graduate training, Hervey and Stuart (2012), conducted an evaluation of

ADTA approved programs in the United States in order to learn how they were incorporated into the dance/movement therapy education. Hervey and Stuart (2012) found that all ADTA approved programs at the time were "actively grappling" (p. 96) with the task of cultural competency and most (five out of six) had a course in Social and Cultural Foundations and "integrate multicultural and diversity education throughout their curricula to some extent" (p. 96).

The clinical practice of a culturally competent dance/movement therapist, therefore, involves the consideration of the verbal and nonverbal expressions of both the client's and clinician's cultural context (Allegranti, 2011; Boas, 2006). As with verbal counseling (Sue et al., 1992), Allegranti (2011) suggests the nonverbal practitioner approach the work of dance/movement therapy with an openness that involves "continually challenging personal and public taken-for-granted assumptions" and biases (p. 498). Without this attention to challenging nonverbal assumptions and biases, dance/movement therapists are at risk of promoting the same kind of harmful status quo through nonverbal communication that could be communicated though verbal expression (Allegranti, 2011; Chang, 2009; Stanton-Jones, 1992). An example of this might lie in the unconscious enactment of power and privilege that Moore and Yamamoto (1998) describe as the ideas of body knowledge and body prejudice, or the interpretation of another's movement through the lens of our own experience without the consideration of that person's cultural context. There is inherent power that is communicated through the assumption that the experience of one is the experience of all and to promote this belief consciously or unconsciously can be a harmful practice for the dance/movement therapist (Allegranti, 2011; Caldwell, 2013).

The acknowledged importance of considering body-based information as a source and subject of bias and assumption is not unique to the field of dance/movement therapy. In the

wider social sciences community, it is recognized that harmful biased-based interpersonal interactions like microaggressions happen both verbally and nonverbally and have the potential to cause harm in of themselves (Joshi, McCutcheon, & Sweet, 2015; Sue et al., 2008). In the therapy setting, when they go unaddressed or acknowledged, they can also promote an unsafe therapeutic norm (Sue et al., 2008; Sue et al., 2007). In their nonverbal form, microaggressions impact therapy clients (Nadal et al., 2014; Sue et al., 2007; Sue et al., 2008) and clinicians alike (Schultz, 2017). In her 2017 study, Schultz found that for clinicians in particular, nonverbal microaggressions inspire feelings that range from personal offense, to anger, to curiosity (Shultz, 2017). Both verbal and nonverbal microaggressions as well as other forms of prejudicial behavior can lead a person to retreat, disengage, and become less authentically expressive in the therapy work (Sue et al., 2007).

Understanding the role of culture in the therapy setting is complex. The consideration of cultural competencies alone can be daunting especially because distinguishing between the particular skills necessary to be a competent therapist, and a culturally competent one, can be challenging to differentiate (Sue, 1998). Luckily, however, this distinction is hardly necessary due to the fact that the recommendations for the ethical practice of dance/movement therapy (American Dance Therapy Association, 2015) and counseling psychology (American Counseling Association, 2014), and for best practices in group counseling (Thomas & Pender, 2008), make mention of multicultural or cultural competence as a necessity. This movement towards including a client's cultural context as a part of therapy work is still fairly young, and, as a result, the body of literature related to the subject matter is small but growing – though even within that growing body of literature, there is a lack of writing dedicated specifically to the practical application of the competencies. There is also a particular lack of literature about the roles and

responsibilities of the culturally competent group therapist. What does not seem to be lacking is an interest in the subject of culture and the role it plays in the therapy setting. Within this interest there seems to be a place for more discussion about the ways in which cultural difference may arise in the therapy setting and how it is best addressed. This study then aims to add to the growing inquiry about the practice of the culturally competent therapist in general and the group dance/therapy practitioner in particular.

Methods

Methodology

Transcendental phenomenology was utilized to gather descriptions of the lived embodied experience of the culture bump in group therapy. The experiences of both culture (Benedict, 1934) and the culture bump (Archer & Nickson, 2012a) are subjective, so a methodology "rooted in subjective openness" (Moustakas, 1994, p. 25) offered a framework that supported the topic and put an emphasis on meaning making by bringing an attention to intentionality, or what we choose to bring into focus (Moustakas, 1994).

Another key aspect of the transcendental phenomenology methodology is the *epoché*, a concept taken from the Greek meaning of the same word: to refrain from judgment (Moustakas, 1994). The *epoché* is the way in which the researcher engages with the research participants and involves suspending "everyday understandings, judgments, and knowings" (Moustakas, 1994, p. 33) so that data is received as it is, rather than through the researcher's interpretive lens (Moustakas, 1994). To arrive at this more objective frame of mind, I first identified bias by conducting a self-interview using the same procedures as the participant interviews. An added benefit of approaching this study with a methodology requiring engagement with my own bias is that this practice is something promoted in the study of culture as well (e.g., Benedict, 1994;

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Lakes, Lopez, & Garro, 2006; Sue et al., 1992). Archer and Nickson (2012a), further encourage the parties involved in culture bumps to acknowledge the influence of culturally-based values, assumptions, and social norms on the way we see the world and others in it.

Participants

Study participants were selected from the Chicagoland community of dance/movement therapy professionals who hold either a registered or board-certified credential with the American Dance Therapy Association. Participants were required to meet additional criteria including; 1) self-identify as having worked or working currently as a group therapist, and 2) self-identify as having experienced the culture bump in the context of group therapy. Because of the nature of the subject matter and the almost universal encouragement that any study of culture and cultural interactions benefits from self-examination, participants were also required to self-identify as having an awareness of their own cultural context and the role culture plays in the therapy setting.

I planned to use snowball sampling (Creswell, 2013) once I exhausted my own professional network to reach a minimum of 4 and maximum of 6 participants. However, one more than my minimum for participants agreed to participate in this study after sending my initial recruitment emails so I did not end up having to use a secondary sampling method. Additionally, while it was not necessarily an intention, my participants claimed a wide range of cultural identifiers, experienced complex *intersectionality* (Gordon, 2016), and ranged in years of professional practice experience from three to thirty-seven.

Because of the relatively small size of the Chicago dance/movement therapy community, it became clear at the start of the interview process that including the cultural identifiers of participants in any combination could make a clinician immediately identifiable. The inclusion

of most details from the examples given of culture bumps by study participants proved problematic as well, due to the fact that giving demographic information or other cultural identifiers, or the context of the setting in which the culture bump took place might make it easy to identify a participant or participant's client as well. I also felt that changing the cultural identifiers involved in any of the examples given would defeat the purpose of describing a culture bump, as the unique cultural context of those involved is important material and makes each culture bump what it is. Because of this, I made a choice to look at the general overlaps and commonalities between participant narratives rather than the specific instances, and have only referred to participants by their identified gender. All identifying information referencing a clinical site, and unnecessary demographic or cultural identifier information about clients being referenced in culture bump examples was omitted.

Procedure

In keeping with the methodology being used, I first engaged in the *epoché* process (Moustakas, 1994) to uncover my own beliefs, assumptions, and biases related to the experience of the phenomenon of the culture bump. Another aspect of this process is to establish potential inductive themes to be considered later on in the analysis process (Moustakas, 1994). My own themes suggested an intimate, interwoven relationship between an individual's personal cultural context and the way that cultural difference is received and responded to in the context of group therapy. This overall theme is one echoed in the results of this study and the importance of the participant's own cultural context to the experience of the phenomenon being studied is perhaps the most defining theme which arose.

After receiving approval from the Institutional Review Board at Columbia College Chicago, I reached out to potential participants from within my professional network. Once I

secured five participants, in-person interviews were scheduled and took place in one of three locations: a participant's home, office, or a secure space at Columbia College Chicago. Interviews were scheduled to be 90 minutes in length, though one interview lasted for almost two hours per an agreement between the participant and myself to continue the interview beyond the allotted time. Participants received an informed consent form, planned interview questions, and definitions of key terms for the study ahead of the interview and were encouraged to contact me with any questions.

Informed consent forms were signed at the time of the in-person interview. Interviews were recorded using the Voice Memos application on my password protected personal iPhone. Due to the use of a semi-structured interview format, the interviews themselves deviated from the original planned interview questions, however each interview consistently began with a conversation about the way participants understand culture, their own cultural context, and the role culture plays in the therapy setting.

Data Analysis and Validation Strategies

The process of data analysis commenced once all of the interviews were conducted. The choice to do this was an attempt on my part to limit the amount of influence one participant's experience of the phenomenon had on my interviewing of another. Once interviews were complete, data analysis began with manual transcription, in which I kept in all filler words and did not edit for flow or clarity. Once transcribed, each of the five interviews were analyzed using Moustakas' (1994) modification of the Stevick-Colaizzi-Keen Method (p. 121). This method offers a seven step process for analysis starting with identifying only those statements relevant to the phenomenon of the experience of the culture bump in group therapy. This widened quickly to also include statements related to the participant's own culture and worldview, which were

relevant to my secondary point of focus about how a clinician's own culture influences the experience of a culture bump and the response to it. Considering each statement as holding equal weight, I then identified the *invariant horizons* (Moustakas, 1994), or those aspects of the phenomenon that were consistent and/or unique to the experience. Once these themes were identified, a textural description (the what of the experience), structural description (the how of the experience), and textural-structural description was created for each participant. At this point, I made some edits to direct quotes including the removal of some filler words and phrases for clarity and flow. As the last step of this method, a "composite textural-structural description" (Moustakas, 1994, p.124) from the data of all five participants was created to capture the essence of the shared experience.

Validation measures were taken to ensure participants were accurately represented. I engaged in intersubjective validation (Creswell, 2013) by continuing to engage in the *epoché* process during data collection and analysis through the use of journaling and *bracketing*, or demarcating my noticed biases and assumptions (Moustakas, 1994), while in the process of data analysis. Participants were also asked to review an analysis of their data, a table of their textural and structural themes with direct quote examples, and a table of the composite themes to ensure they felt reflected in the final composite or essence of the experience (Moustakas, 1994). All direct quotes included in this study were approved of by those who spoke them.

Results

The purpose of this study was to explore the lived embodied descriptions of the phenomenon of the culture bump in group therapy on the part of dance/movement therapists and ultimately inspire a larger conversation about culture bumps and cultural difference in group therapy. A second curiosity was to find out how participants experienced their own culture and

its impact on their work. The results of this were that five common textural-structural themes arose from the data of all five participants that make sense given the current body of literature about working with culture in psychotherapy and clearly indicate that culture bumps are of great therapeutic importance.

The shared textural-structural themes that emerged described the lived embodied experience of the culture bump as: a) elusory and complex in nature, b) at its essence, about a meeting of differing expectations, c) having a shifting and changing quality to it, d) inextricably tied to the participant's own cultural context, and e) therapeutically important material. Verbatim descriptions evidencing each of these themes can be seen in the table below (Figure 1) and a further discussion follows. It is important to note that while these five themes overlapped between participant narratives, each participant had their own unique cultural understanding of the theme itself. I have tried to capture the shared characteristics of each theme below.

Figure 1. Composite Textural-Structural Themes

Theme 1: Elusory and Complex
The culture bump experience is one that has an unknown quality to it and a feeling that the full weight of the moment is not understood. At times it feels like there is no end to the amount of different pieces that make up the puzzle of any single culture bump. They may also have a feeling of something hidden or subtle, or spoken and not spoken at the same time. The process of navigating and responding to a culture bump is also one of being in murky water. It can be difficult to pin down exactly who the bump belongs to and who might be best suited to take the lead in its navigation. When the definition of culture is broad, it can also be tricky to know whether the moment being observed is a culture bump or something else entirely. Culture bumps are multidimensional, complex, and context dependent. **Direct Quote Examples** "Mostly I felt like there's so much more here than I understand. And, that is, as I said, now, I mean I'm not sure what I'm, I don't feel threatened by that. Um, I'm kind of fascinated and I'm glad that that's the case…and I feel like no matter how thick a description I could get, it would never have the weight of this." "I don't always know that I've hit the bump, right? And that's where it gets tricky as well, and even more sticky."

"I know that there were thousands upon thousands of things that, like, I would miss, someone else would miss, we would miss together."

"[One clinical setting] is like, you're just in your boat and you're like, oh it's fine it's just a tiny little thing and all of a sudden it rips a hole through the bottom of your boat, and you're like, what? And then you realize that it's like 3 miles deep and you're like oh, ok...[at another clinical setting] it would be more like, um, more like, I don't know, like, the biggest waves humans have ever surfed, and so you see like how massive it is, there's no, there's no, there's no hidin' it, you know what I mean, like, you see it."

Theme 2: Differing Expectations
At their core, culture bumps were experienced as a meeting of differing expectations. An important aspect of this theme is that it honors the way that these expectations are developed. Expectations can be about behaviors, humor, sexual expression, parenting, or any other idea that falls within the agreed upon definition of culture. Expectations can also feel like being projected upon. Often these expectations also have to do with what is considered appropriate or "normal". At times, this difference between expectations feels like a painful conflict, which can bring up sadness and frustration. At other times, the differing of expectations arises as benign disconnect or can even be fun when navigated with a sense of deep wondering and respect, moments in which expectations are challenged hold the potential for allowing an individual to let go of long held beliefs which are no longer of service.

Direct Quote Examples

"[Participant's co-facilitator] said, "I know in other places, they have, you know, men have sex with men, that doesn't happen here". Um, and...I thought well maybe it does and maybe it doesn't."

"finally one guy goes, "well, I guess I have something to say…guys don't do this…we would only look at each other in the eyes when we're ready to fight". And I was like, what?...you know? Because my male didn't do that."

"Just because I do movement with you doesn't mean I'm on the same – I'm in the same boat with you – just because I'm doing the same movement as you."

"[the client] makes a [sexual joke]…and I'm sitting there across from [the client], and I think, ok, am I supposed to be embarrassed now? What am I – how am I?...What I'm thinking about at this point is, how are they [the other group members] going to respond to this overt reference to sexuality? To the body. Exposed. When they are so covered. Much to my amazement, they giggled…"'

Theme 3: Shifting/Changing
The experience of the culture bump is also one of shifting, changing, and evolving. As a result of culture bumps, perspectives and beliefs change over time. Culture bumps offer an opportunity for discovery and new awareness. There is a feeling of perspective widening.

Direct Quote Examples

"If I don't quite understand it [the culture bump], I take another step back. If I still don't understand it, I take another step back, because there's something about that perspective that I need to challenge, and if I'm this close to it I can't get that perspective."

"In the past, I interpreted culture bumps as stop signs, detours, right? Like the relationship ends here and you have to take a different path, there was a lot more anger and confusion, and resentment, and guilt, um, and now I've shifted…to a curious lens."

"as I've gotten bruised along the way, if you will, run into my own bumps, it's also, I mean that's just how we learn. So It's also helped me to see more clearly where those bumps are in other areas."

"This experience [of a culture bump] has certainly changed that, like, unconscious way of being."

Theme 4: Influence of Personal Culture
In order for a person to describe the experience of the culture bump, the moment has to be seen as having to do with culture. This is of course influenced by the way that person conceives of culture. Present in every culture bump description, and especially in the process of response, was the participant's clinical perspective, thought about for the purposes of this study as their theoretical framework. This theoretical framework, along with the participant's definition of culture, is reflective of and supported by that participant's unique cultural context.

Subtheme 1: Definition of Culture
Across the interviews culture is, of course, defined differently by each participant. However, all do take a broad and flexible approach to they way they think about what culture means. Most consider the more traditional demographic categories of race, ethnicity, gender, sexual orientation, economic status, geographic location, spirituality, religion, and educational background. Culture is also defined as having to do with opportunity and systemic and institutional bias. Culture is also about belonging and feeling safe. Culture informs expectations about behaviors and ways of being in relationship. Culture is also understood as intersectional and ever evolving.
*There are no direct quote examples for this subtheme due to the difficulty including quotes would pose to maintaining the confidentiality of participants through the disclosure of their cultural identifiers. Leaving out the specific identifiers renders the direct quote examples too vague to be useful for inclusion.

Subtheme 2: Theoretical Framework
Like the definition of culture, each participant has a unique way of working which influences how culture bumps are greeted and processed. Even in the sharing of the title, dance/movement therapist, each participant approaches the work differently. All participants, however, do share a humanistic consideration of individuals as individuals, strive for authenticity, work from a strengths-based perspective, value the therapeutic movement relationship, and are unending in their search for deeper knowing. There is an intentionality in the approach of navigating the culture bump and like any other therapeutic moment, the work

of navigation starts with meeting the client where they are. In order to do this the clinician has to be able to set their own worldview and biases aside and be open to the patient process of investigating and re-investigating.

Direct Quote Examples

"Isn't it part of the journey, is to faux pas, or fumble, and to not know, and that's how we learn together?"

"That's important, finding the strengths in them being who they are."

"I think part of that is…embracing the person in front of me from that place of right now. Like we all come with our own history, right, our own baggage or luggage whatever, and of course that, you know, informs and shapes who we are right now but that doesn't define who we are."

"And even if you don't reach acceptance…even just learning how to engage with the parts and be very curious about them…that is the learning of how to do it with the other."

"Let's just go into the space and say, hi I'm this, and if someone has a hard time with it, they got a hard time with it."

"I would like to posit the notion that I could be a part of [the group's culture bump navigation process], not just, uh, an observer of it…it may be dance/movement therapists, because we actually move, we initiate and respond to movement within groups. And we're not just, um, an outside observer helping to hold a container. But we're playing with, you know, the wavelengths of sound and we're reverberating to the energy that's being cast in the room."

Theme 5: Therapeutic Importance
A part of the culture bump experience is that it holds within it some therapeutic value. Because of the complexity both the moment itself as well as the process of the response hold, some of the importance of the experience simply has to do with exposing a layer; making something visible that was, up to that point, invisible. Through the navigation of a culture bump comes greater awareness and the potential for a group or dyad to find deeper connection by working through the process in community. Culture bumps are also about taking ownership for beliefs and biases and looking at the influence they have on interpersonal interactions. There is also an aspect of this theme that touches upon the more macro shifts that are taking place on a larger societal level. With this subject matter comes the weight of its history and the knowledge that approaching the topic of cultural difference is a not a predictable dance.

Direct Quote Examples

"As soon as I opened myself up to feel them beyond my perceptions of who they were, then I, it was like, ooo, you are suffering."

"I learned on some level that part of what I said wasn't just my voice, but it was the voice of the other [clients] in this room."

"Rarely do we ever see like genuine genuine connections like across, um, big borders of identity, you know what I mean, so, I think it's crucial to the work as a therapist, I think it's crucial to the work as being human."

"We got up and we danced together, and for the most part...[one client's] kinesphere is tiny and [the client's] movement – range of movement is very small but [the client] engaged with others in a way that really delighted [the client]. And so, and I use such a big range of movement to try and draw out both huge, fierce, gestural things, and tiny tiny things...and the clients who've been in the group for a long time go with it and they will go really big and fierce or little tiny intimate detail, um, this other client hardly knows what to make of it but [the client] gives it a go. So it feels like that bump is expanding worlds, right?"

"It's kind of like, yaaaay!! It's evolving it's coming! So it's almost like, gee, I wish you know we were at this level in the late 60's, of course we weren't, you know and we had to go through what we had to go through to get to this point."

"I do feel like I'm experiencing...this multicultural, um, what do I want to say – deepening of...being together, of what it means to be in the world is different, now they're all in a new culture that is nothing like anything they ever imagined...and I feel like this culture bump has a kind – it's like...immunizing. It's like, you take, you get an inoculation and you're able to deal with the tough stuff that comes later, and so this feels a bit like that."

"I also see how it's all interconnected anyway...because that is going to get [the client] into trouble, you know what I mean? So regardless of if that's [the client's] belief or not...and I'm not here to change that, however, how are – are there ways that [the client's] belief system is putting [the client] in danger in some way, us causing [the client] to get into these altercations."

"You wanted to teach them what we thought were healthier ways to gain power, and pushing people's buttons we didn't see as healthy ways to gain power...we wanted to help them expand their repertoire and maybe extinguish some of the stuff."

Discussion

This phenomenological study sought to more deeply understand the experience of cultural difference in the group therapy setting on the part of dance/movement therapists. Because each participant has a unique personal cultural context, which includes clinical experience, the collected narratives of culture bump experiences were understood and described differently by each participant. However, even within the uniqueness of each narrative, like the experience of culture itself (Ivey et al., 2011), all five shared themes in common. This may have

been due to the participants' collective culture of Chicago-based dance/movement therapist, or it could be because all five share some foundational features of their clinical framework like using a client-centered approach and fostering a collaborative therapeutic alliance. Notably, the themes that arose from the participant narratives, while not necessarily intended, are themes common to the experience of culture itself.

Elusory and Complex

Within the narratives of all five participants was an elusive quality to the experience of culture bumps due in part to the complexity of the moment. If a therapy group is understood as a microcosm (Yalom, 1995; Parish, 2012; Roysircar, 2008) and each person comes in with a unique personal cultural context, or "all their layers" as one participant described, then "it gets more complicated very quickly" the participant continued. Because of this, "clinical interactions are not simply the interaction between two or more individuals addressing a given set of problems. The encounter is linked to broader social, political, economic, and cultural processes" (Lakes et al., 2006, p. 394). The promotion of any status quo from the larger macrocosm in the group microcosm, whether positive, negative, or neutral, is important to investigate and ought to be intentional (MacLeod, 2013; Boas, 2006).

In addition to the layers at play in moments of culture bump, participants also spoke to the difficulty of identifying if a culture bump has even happened at all. As is often the case with the experience and expression of culture itself (Benedict, 1934; Hall, 1959) culture bumps were described by participants as sometimes being subtle or hidden. One participant recounted a feeling of knowing there was something going on in a group and not being able to identify exactly what it was. What she initially noted as acting out behavior manifesting in physical fights and aggression towards staff members, she came to understand as a strategy born from the

culture of the group to discourage therapists and other staff so that they would "give up".

Another participant illustrated the context dependent nature of culture bumps with an example in which she asked a client "where did you learn Spanish?". What "could have been a fine question to ask" as the participant noted, offended the client because the client's cultural context included being raised in a Spanish-speaking household. The participant realized after making the remark that she made the assumption the client acquired their Spanish speaking skills outside of the home because of the race of the client. This was an eye opening moment for the participant and one that also highlights the tenuousness of identifying culture bumps when they happen. In this example, the participant relayed, "what revealed my not knowing was [the client's] response", without which the participant may have remained unaware that a bump happened at all.

Participants' responses, either in the moment or after the fact, were also highly complex and context-dependent. Both the cultural contexts of the participants and their clients, as well as the setting in which culture bumps occurred influenced participant response. An additional layer in the way participants responded to culture bumps was the fact that their navigation often involved an element of self disclosure. Some literature suggests that the navigation of culturally-based interactions benefits from an acknowledgement of one's own cultural norms on the part of the parties involved (e.g., Archer & Nickson, 2012a; Cardemil & Battle, 2003; Fuertes, Mueller, Chauhan, Walker, & Ladany, 2002). However, in some cases that kind of self disclosure was not viewed by participants as being a safe choice, a choice that would have been supported by the setting in which the culture bump happened, or a choice that would support the therapeutic alliance or treatment goals. One example of this was given by a participant who chose not to disclose being misidentified as heterosexual by patients because the setting in which the bump occurred was not accepting of the LGBTQI community. Another participant wondered, "how far

can I push this?" when thinking about whether or not to intervene in a culture bump because she was "nervous that I'm gonna get the, um, oh here this one wants to talk about the queer stuff again, oh we gotta talk about the color again".

The very experience of difference is one that feels more fluid and mobile than the static or stable associations made with sameness (Allegranti, 2011). The difficulty in pinning down exactly what is at play in a culture bump, identifying whether a culture bump has happened, and navigating the process of response was shared among the narratives of all five participants. All five spoke to the multidimensionality of the culture bump experience because of the multiple layers, or cultural contexts, involved in each one. As one participant described, "mostly I felt like there's so much more here than I understand…no matter how thick a description I could get, it would never have the weight of this".

Differing Expectations

While the individual examples of culture bumps given by participants varied widely in their specifics (cultural identifiers involved, manifestation of the culture bump, and personal cultural context of the participant), what most of them appeared to be about at their core was a meeting of differing expectations about "normal behavior as learned in one's own culture" (Archer & Nickson, 2012a, p. 407) which could refer to belief systems, movement preferences, or relationship norms. When describing their understanding of what was happening in moments of culture bumps, all five participants voiced a curiosity about how the parties involved (including themselves in many examples) developed the particular belief, behavior, or movement pattern which revealed the moment of cultural difference. This attitude seemed to allow for them to approach the moments of culture bumps themselves as well as the process of response following those moments with curiosity. One participant depicted the moment of differing

expectations as trying to play a game with someone without a mutual agreement on the rules; an idea echoed in the work of both Allegranti (2011) and Boas (2006).

These differing expectations were also felt by participants in certain contexts as projections, generalizations, and assumptions on the part of at least one party involved in the culture bump interaction. In one culture bump example, a participant recalled feeling frustrated by the assumptions being made about him based on his racial identity, which left him wondering, "I get that you're mad at people who look like me, but why are you mad at me?". In another example, a participant expected a joke about nudity would not be received well by another group member of a particular religious faith. What transpired was a bump that "expanded worlds" through its navigation rather than encouraging those involved to distance themselves from other group members as the participant feared would happen. In cases where these generalizations, assumptions, and projections were worked through, participants and clients seemed better able to grasp the nuances of the cultural experience; a process and result echoed in Archer and Nickson's (2012) approach to navigating culture bumps.

Shifting/Changing

Culture bumps were also experienced by participants as having a shifting and changing quality to them. The full experience of a culture bump seems to take time to unfold. For all five participants, the descriptions of culture bump experiences included the manifestation of the bump, the moment of becoming aware that what happened was indeed a culture bump, and the process of response after the culture bump moment occurred. Three of the five participants described the moment of becoming aware of a culture bump as a somatic experience; one that shifted their internal state of being. A participant described "my heart will sink, my stomach will sink, my heart rate will increase...I'll start sweating", and for another it was described as a

"warm wash of shame". For four of the five participants, identifying a moment as a culture bump took time as well; sometimes taking days, weeks, months, or even years to understand more fully.

In the processing of culture bumps after the fact and responding to them either internally or externally, all five participants noted a shift as well that often resulted in new awareness. One participant reported that the experience of culture bumps "has certainly changed that unconscious way of being". Pointing to an idea brought up by Archer and Nickson (2012a), another participant stated, "as I've gotten bruised along the way…run into my own bumps…it's also helped me to see more clearly where those bumps are in other areas". Working through culture bumps also seemed to allow participants to adopt more flexibility in their intervention strategies to suit a client's culturally-based needs; a practice emphasized in literature about cultural competencies in psychotherapeutic work (e.g., American Counseling Association, 1992; American Psychological Association, 2002; Sue et al., 1992). When culture bumps revealed assumptions, generalizations, and biases, participants described a kind of intentional shift that can result from this new awareness. As one participant recalled, "I came to be very sensitive to that [newly uncovered bullying behavior in the group]. You know, whereas before, it was like, what? That's not part of my experience that people do that to you".

Personal Culture

Admittedly, in a study about culture it makes sense that the cultural context of its participants would arise as a theme as it is widely accepted that a key aspect of working with culture in the therapy setting is having an awareness of our own cultural context as clinicians (e.g., Ivey et al., 2011; Singh et al., 2012; Sue et al., 1992). However, the purposeful inclusion of this theme comes out of the fact that it is perhaps the most defining quality of the culture bump

experience. Present in the narrative of all five participants were reflections of their own cultural context as well as the culture of dance/movement therapy and the broader field of psychotherapy. After all, "all individuals…are influenced in their development and daily lives by various cultures and personal dimensions of identity" (Arrendondo & Toporek, 2004, p. 46). Other therapeutic interactions, not defined as culture-bound interactions, can certainly have the quality of being elusive and complex. Theories about the work of therapy have pointed to the therapeutic importance of exploring differing expectations, if expectations are understood as being about learned behavioral norms (Archer & Nickson, 2012a). Yet, culture bumps are only defined as such when they involve something that one of the parties involved recognizes as having to do with culture. This is in turn influenced by how that individual conceives of culture.

Across the interviews culture was specifically defined differently by each participant. However, for all five participants, culture was generally understood as flexible and inclusive of both traditional demographic categories like race, ethnicity, religious background, educational background, etc., as well as more theoretical ideas like the meaning of safety or belonging. Participants saw culture as something that informs expectations about appropriateness of behaviors and ways of being in relationship. Definitions of culture also included an awareness of the very real impact systemic issues of bias and oppression have on individuals. A part of this flexible and inclusive point of view about culture also meant that participants acknowledged the more recently widely accepted viewpoint that culture is ever changing and evolving rather than static (Boas, 2006; Ivey et al., 2011; Lakes et al., 2006).

An additional aspect of the participant's personal and professional culture that was a part of each and every culture bump experience was that participant's particular theoretical framework, or clinical perspective. Even in the sharing of the title of dance/movement therapist,

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each participant described their own way of practicing, stemming from their personal worldview, training, and clinical experience, among other things. However, all participants shared a humanistic perspective of individuals as individuals and all value a client-centered and strengths based approach. All five also brought up a goal of working intentionally and authentically in collaboration with clients through the use of a strong therapeutic movement relationship.

This value of intentionality and authenticity continued into the way that participants approached the work of navigating culture bumps, usually starting from a place of meeting the client where they are (Rogers, 1957). One participant remarked on the importance of having a "capacity for inquiry without an expectation of finding answers", a sentiment repeated in the narratives of the other study participants. All five participants also underscored the importance of patiently and continually investigating and identifying their own biases and assumptions within their ever evolving cultural contexts. Both the ways in which these clinicians define culture and the foundational aspects of their theoretical frameworks align beautifully with those recommended by the literature (e.g., Allegranti, 2011; Boas, 2006; Comstock et al., 2008; Lopez et al., 2006; Sue et al., 1992).

Therapeutic Importance

The last theme that arose ties into the conclusion of this study. A part of the experience of the culture bump is that it holds within it some therapeutic value. Because of the complexity of both the moment itself as well as the process of the response, some of the importance of the experience simply has to do with its exposing of a layer; making something visible that was, up to that point, invisible.

Through the processing of a culture bump, which includes the navigation of the elusory and complex, the investigation of differing expectations, the openness to shift and change, and

the acknowledgement of the influence of an individual's personal cultural context, participants gained new awareness. There is the potential for a group or dyad to get to a place of deeper mutual understanding; a place of "evening the field of expectations, so you're using a common language, you're talking about the same kinds of things, and sort of finding common ground", as one participant put it. Both Archer and Nickson (2012a) in their approach to working with culture bumps when they arise, as well as guidelines for culturally competent practice (e.g., American Counseling Association, 1992; American Dance Therapy Association, 2015; American Psychological Association, 2002; Singh et al., 2012), support this result of a deepened understanding resulting from addressing client and clinician cultural context as a within the therapy process.

It was clear that the depth of understanding each participant showed for the dynamics in the culture bumps they described came from an ability to rigorously self reflect. As is recommended in almost every piece of literature about working with cultures different from our own, we must know ourselves first (e.g., Benedict, 1934; Ivey et al., 2011; Singh et al., 2012; Sue et al., 1992). Clinicians must inquire into these moments when we recognize we do not fully understand and acknowledge our blind spots and bias. It is difficult to become aware, for example, of the continuing cycle of silencing that might happening for a female client who is talked over both in group and then again in her place of employ if we have never been that female. It can be easy to brush off a client's description of someone having a "black voice" or a client who says something like, "you people". And yet, for a client who experiences these offenses regularly, one more person in a position of power ignoring them can reinforce this harmful status quo (Comstock et al., 2008; Ratts, 2011; Sue et. al, 1992). Even for those moments that are culture bumps of a positive or neutral nature, the potential for the unconscious

promotion of any dynamic in the room is something of which a therapist ought to be aware (Parish, 2012; Roysircar, 2008; Yalom, 1995).

Additionally, like much other material in the therapy process, culture bumps are not a phenomenon limited to the therapy setting. Because they involve a person's culture, the navigation of culture bumps often touches on deeply rooted ways of being in the world (Benedict, 1934; Boas, 2006; Sue et al., 1992). Group therapy in particular is understood to function as a microcosm of the larger dynamics in the clients' worlds outside of therapy (Yalom, 1995; Parish, 2012; Roysircar, 2008) and so provides a container for addressing harmful, neutral, or positive systemic patterns. Working with culture bumps when they do arise in groups also offers an opportunity for practicing skills in the relative safety of the therapy setting. Speaking about one culture bump in particular as an "immunizing" force, a participant shared, "it's like, you take – you get an inoculation and you're able to deal with the tough stuff that comes later". A part of the work in group therapy is also about fostering interpersonal connections which can be a difficult task outside of the therapy room. As a participant noted, "rarely do we ever see like genuine genuine connections across big borders of identity…so I think it's crucial to the work as a therapist, I think it's crucial to the work of being human".

Conclusion, Limitations, and Future Implications

The conclusion I have come to is that these moments of culture bumps are of great therapeutic importance. It is clear to me that culture bumps are a common experience in the work of psychotherapy from the fact that it was not a challenge for any of the five study participants to call up examples of culture bumps and often the description of one led to the recalling of another. Participants also spoke to the eventual result of acknowledging and responding to culture bumps in their therapeutic work as one that allows for a deeper understanding of both the client and

themselves. This only strengthens the therapeutic alliance which is a foundational aspect to the practice of psychotherapy (Rogers, 1957).

One of the limitations of this study has to do with the breadth of the subject matter. With a definition of culture that encompassed everything from traditional demographic identifiers to culturally-based agreements about appropriate behavior, it was difficult to know at times what the participants and I understood as a culture bump as opposed to another type of interpersonal interaction. I also did not limit the participant descriptions to only one particular make-up of culture bumps. Some examples that participants gave were between them and a client, some were between clients and did not directly bump the clinician, some involved bumping up against the rules of an institution in which the culture bump took place, and some bumped multiple parties in different ways all at the same time. Another limitation to this study is that the descriptions of culture bumps are one-sided. The phenomenon of culture bumps as described by Archer (1986; 1991; Archer & Nickson, 2012a) is an interactional one that involves the internal experience of each party involved. Thus analyzing the descriptions of the participants only helps us understand part of the whole experience. Participants were additionally only able to describe culture bumps of which they were aware. Without a more in depth investigation of the particular cultural identifiers claimed by each of the study participants, it was not within the scope of this study to comment on whether this awareness was influenced by the positions of privilege. However, as Sue (2004) and Boas (2006) among others suggest, there is an inherent privilege to being unaware of culture and cultural difference, so it would be interesting to probe further into that line of questioning in the future.

In spite of these limitations, or perhaps because of them, what this study points to is a need for and an interest in more conversation about working with cultural difference in the

therapy setting. Each participant in this study noted the shifting landscape of our work. Regulating bodies of the field of psychology like the American Counseling Association (2017), American Psychological Association (2017), and American Dance Therapy Association (2017) have been reaffirming their practices related to cultural competence, advocacy, and ethics in response to recent political and cultural "acts of intolerance that are on the rise in our country" (American Dance Therapy Association, 2017). One study participant described our current sociopolitical climate and resultant angst about how to react as the "growing pains" of a changing paradigm. Four of the five participants spoke about a clear shift witnessed in their lifetime from being discouraged from bringing conversations about particular cultural identifiers into the therapy room to being more encouraged and supported to do so.

Future research about working with cultural difference in group dance/movement therapy work might also benefit from the adoption of the phrase culture bump. Archer and Nickson (2012a) acknowledge the intentional use of the phrase as a way for "learners from disparate backgrounds [to] immediately create a shared frame of reference for conversing about a particular experience" (p. 409). Like the usefulness of finding a common language with clients, having a shared way of referring to interactions involving differing culturally-based expectations might allow for an increase in our ability to talk with one another as clinicians. Continuing to look at cultural competence in group therapy is a necessity as well. The phenomenon this study set out to research is an inherently interpersonal one, and one that impacts our connections and relationships with others. Group therapy provides a perfect container for addressing interpersonal interactions and the responses humans have to them. Precisely because the group therapy room invites the cultural contexts of each client to enter, the group setting is primed for cultural interactions and moments of cultural difference. Without conversations about these moments of

cultural difference, regardless of how they manifest and whether they be they positive, neutral or negative, the very changes the cultural competencies hoped to inspire in the field of psychology will never take place. There may never be any clear cut answers for working with culture bumps when they arise in the group therapy setting due to the unique context of each one, but it does seem that the more examples are shared the more our understanding of them will increase and the more likely we will be as a profession to make lasting positive social change.

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Appendix A
Key Terms

Culture. For the purposes of this study culture is assumed to be the "filter through which [we] see" (Hervey, & Stuart, 2012, p. 32). Ruth Benedict's (1943) description of culture as "customs that shape...experience and behavior" (p. 3) will be used as the basic definition.

Culture Bump. Most basically, a culture bump is a moment of cultural difference (Archer, 2012). More specifically, it "occurs when two or more people enter a situation with different expectations about a behavior. It can be caused by: communication styles, behaviors involving the use of time, space or speaking, physical objects such as clothing or artifacts, or even the architecture or décor of a location" (Archer, & Nickson, 2012, p. 407). Within the context of group therapy, the culture bump is also a moment with therapeutic value and so it necessarily additionally involves a decisional moment on the part of the clinician and a question of whether or not to respond arises.

Cultural Identifier. A means of self-identification that includes values, customs, and beliefs used to relate to the world (Ivey et al., 2012, p. 32).

Dance/Movement Therapy Professional. A clinician, registered or board certified as a dance/movement therapist by the American Dance Therapy Association, who places an emphasis on using the body as a lens to understand the human experience.

Group Therapy. A form of psychotherapy in which there are two or more members in addition to a facilitator. For the purposes of this study, the definition of group therapy will include family therapy.

Lived Embodied Experience. This term is a combination of: 1) lived experience, defined by Creswell (2013) as the individual experience of conscious beings (p. 285), and 2) embodied experience, defined as "our physical abilities to receive information" (Shaw, 2003, p. 42)

Microaggression. Intentional or unintentional "verbal, behavioral, or environmental indignities that communicate" hostility or are pejorative towards a person based on that person's identity (Sue et al., 2007).

Phenomenon. "What one perceives, senses, and knows in one's immediate awareness and experience" (Moustakas, 1994, p. 27).

Hello,

My name is Natalie Breitmeyer and I am a graduate student from Columbia College Chicago's Dance/Movement Therapy and Counseling program. I am writing to extend an invitation to participate in my graduate thesis research study about the phenomenon of the *culture bump* in the group therapy setting. Within the context of this study, culture bump is operationally defined as: two or more people entering a situation with different culturally-based expectations about a behavior – or more simply, moments of cultural difference.

The purpose of this study is to understand the lived embodied experiences of dance/movement therapy professionals who have encountered the culture bump in group therapy. I am also interested in how the understanding and relationship to one's own culture informs both the experience of the phenomenon and the response to it.

To participate in this study, you must be an R-DMT or BC-DMT who self-identifies as either currently working or having worked in the past as a group therapist; which includes family therapy. You must also have some awareness of your own cultural identifiers and how culture plays a role in therapy. Additionally, within the context of group therapy, you must have experienced the phenomenon of the culture bump. Interviews are expected to take place between June and August of 2017 at a private location agreed upon between you and I such as a private office or a reserved space at Columbia College Chicago.

Over the course of this study, participants will also be expected to do the following:

- Read and sign the informed consent form

- Respond to communications from the researcher prior to and after the interview process until the time of thesis submission which is expected to be by the end of December, 2017.

- Schedule a date and time for the interview to take place at an agreed upon private location.

- Set aside at least 1.5 hours for the interview process allotting additional time for travel to/from the interview location.

- Give the researcher permission to use portions of the answers to interview questions in the final product of this study. Participants will be asked to approve any direct quotations before a first draft of the study is submitted to the researcher's thesis advisor in the fall of 2017.

- Be willing to offer feedback, clarification and/or additional information in response to a narrative of the analysis of the participant's data.

If you feel that you meet the above requirements and will be able to devote time to the expectations stated above, please refer to the attached informed consent form for details. To inform me of your intention to participate in the study, please contact me via email or phone by July 7, 2017. If you should have any questions or concerns regarding either this letter or the attached informed consent form please also feel free to contact me at the contact information below or my thesis advisor, Laura Downey at ldowney@colum.edu or 312.369.8617. Thank you in advance for your interest and time, I look forward to hearing from you soon.

Best,

Natalie Breitmeyer

MA Candidate, Dance/Movement Therapy and Counseling

(206) 949.2892 Natalie.breitmeyer@loop.colum.edu

Appendix C
Informed Consent

Columbia
C O L L E G E C H I C A G O

IRB Approval Stamp
Approved
Columbia College Chicago
Approval Date: IRB 6/5/2017
STAMP REQUIRED
Approval Expires: 6/4/2018
IRB APPROVED

Informed Consent Form
Consent Form for Participation in a Research Study

Title of Research Project: Cultural Difference in Group Therapy: A Phenomenological Study of the Lived Embodied Experience of the Culture Bump
Principal Investigator: Natalie Breitmeyer, MA Candidate,
natalie.breitmeyer@loop.colum.edu, 206.949.2892
Faculty Advisor: Laura Downey, EdD, BC-DMT, LPC, GL-CMA, ldowney@colum.edu, 312.369.8617
Chair of Thesis Committee: Laura Downey, EdD, BC-DMT, LPC, GL-CMA, ldowney@colume.edu, 312.369.8617

INTRODUCTION
You are invited to participate in a research study to explore the phenomenon of the *culture bump* as experienced by dance/movement therapy professionals in the context of group therapy. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are being asked to participate because you are either an R-DMT or BC-DMT who is currently working as a group therapist or who has worked as a group therapist in the past. For the purposes of this study, family therapy is considered group therapy. Within the context of group therapy, you have also experienced the phenomenon of the *culture bump* defined for this study most basically as a moment of cultural difference and more specifically as occurring when "two or more people enter a situation with different expectations about a behavior. It can be caused by: communication styles, behaviors, involving the use of time, space or speaking, physical objects such as clothing or artifacts, or even the architecture or décor of a location" (Archer, & Nickson, 2012, p. 407).

Archer, C.M., & Nickson, S.C. (2012). Culture bump: An instructional process for cultural insight. In Groccia, J.E., Alsudairi, M.A.T., & Buskist, W.F. (Eds.), *Handbook of college and university teaching: A global perspective* (pp. 406–423). Thousand Oaks, CA: SAGE Publications, Inc.

PURPOSE OF THE STUDY

The purpose of this research study is to describe the lived embodied experience of the culture bump in group therapy on the part of dance/movement therapy professionals. Further, this study hopes to explore how the research participants' understanding and relationship to their own culture informs both the experience of the phenomenon and their response to it.

PROCEDURES

Potential participants must meet the following criteria:
- Currently practicing psychotherapy and have an R-DMT or BC-DMT standing under the American Dance Therapy Association.
- Currently working as a group therapist, or if not, you have worked as a group therapist in the past. For the purpose of this study group therapy includes family therapy.
- Understand the concept of the culture bump (as defined above).
- Self-identify as having experienced the phenomenon of the culture bump in the context of group therapy.
- Self-identify as having an awareness of your own culture and how it plays a role in the practice of therapy.
- Be willing to participate in a face-to-face interview and consent to having it audio recorded.

Steps of the Procedure:
- The information necessary for this study will be collected from one face-to face interview, 1-1.5 hours in length. The interview will include questions about your own experience of culture and the lived embodied experience of the culture bump in the context of group therapy. It will also include questions about how your own experience of culture informs the way a culture bump is responded to.
- Interviews for this study will be conducted in person or via Skype or Google Chat at a time between June 2017 and August 2017 that is agreed upon by both you and the researcher. If the interview is conducted in person, it will take place at a private location such as a reserved studio or office at Columbia College Chicago or a private office belonging to the participant. If an interview is conducted via Skype or Google Chat, it will take place in the researcher's home.
- Interviews will be audio recorded and transcribed manually. You will be informed of when the recording will start and end and are welcome to ask for the recording to be paused during the interview.
- After the interview, you will be contacted by the researcher for the purpose of checking data analysis for validity. A written narrative of the analysis will be sent to you via email or traditional mail and you will be invited to offer feedback, clarifications and/or additional information relevant to the data.
- The final product will be an article submitted to an academic journal as well as a thesis paper to be submitted to the Department of Creative Arts Therapies. In order to keep the data confidential, a pseudonym will be assigned by the researcher and you will be asked to

approve any demographic information and direct quotes used in the final product of the study.
- Read and sign the informed consent form.
- Respond to communications from the researcher prior to and after the interview process until the time of thesis submission which is expected to be by the end of December 2017.
- Schedule a date and time for the interview to take place at an agreed upon location.
- Set aside at least 1.5 hours for the interview process and allot additional time for transportation to/from the interview location.
- Give the researcher permission to use portions of the answers to interview questions in the final product of this study. Please note, you will be asked to approve any direct quotations before a first draft of the study is submitted to the researcher's thesis advisor in the fall semester of 2017.
- Be willing to offer feedback, clarification and/or additional information in response to a narrative of the analysis of your data.

POSSIBLE RISKS OR DISCOMFORTS
The risk(s) in this study is(are):
- The potential risks of this study have mainly to do with emotional or psychological discomfort. You will be asked to reflect on your own experience with a phenomenon that may elicit a strong emotional response. Because all selected participants are currently practicing as psychotherapists, there is an expectation that you are trained in your own emotional regulation and healthy processing. You may also ask for the interview or recording to be paused if necessary.
- No other identified risks or discomforts.

POSSIBLE BENEFITS
The possible indirect benefits of being in this study include:
- Increased awareness of the lived embodied experience of culture and the culture bump.
- Increased clinical awareness of the culture bump in group therapy.
- The opportunity to add to the growing body of literature about the role and importance of culture in therapeutic work and specifically the work of group therapy.
- The opportunity to contribute to an increased understanding of how the therapist's experience and understanding of culture influences her/his/their awareness of it and response to it in group therapy.

CONFIDENTIALITY
Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

The following procedures will be used to protect your confidentiality:
1. The researcher will keep all study records locked in a secure location, to which only the researcher will have access. No one but the researcher will view the original data in its entirety.

2. All personal communications related to the study between you and the researcher will take place in a private location or over a password protected and encrypted email service. Transcriptions will be stored on the researcher's private firewall and password protected personal computer.
3. Transcriptions and audio recorded data will be destroyed by May, 2018. Personal study notes made by the researcher may be kept indefinitely and will be de-identified; this includes electronic notes.
4. All data will be immediately de-identified and labeled with your pseudonym and cultural identifiers.
5. If you disclose clinical experiences, you are responsible for the protection of any current or past client identities.
6. The final product will use your pseudonym and identifiers and you will have pre-approval over the use of any direct quotations before the final product is submitted at the end of the fall semester of 2017.

If incidents of child or elderly abuse, or harm to self or others are revealed in the course of the interview process, your confidentiality may be compromised due to the researcher's role as a mandated reporter.

RIGHTS
Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

Thoughtfully consider your decision to participate in this research study. We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Natalie Breitmeyer at natalie.breitmeyer@loop.colum.edu or (206) 949-2892 or the faculty advisor, Laura Downey at ldowney@colum.edu or (312) 369-8617. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board (IRB) staff at 312-369-8795 or IRB@colum.edu.

COST OR COMMITMENT
- As a participant in this study, you are expected to supply your own transportation to and from the interview location, though an effort will be made to hold the interview in a convenient location.
- Potential time commitments include: responding to personal communication with the researcher (e.g., emails, phone calls), any time needed for your personal preparation for the interview, travel time to/from the interview location, 1-1.5 hours for the interview process, and additional time necessary for the review of data analysis and approval for the use of direct quotations.

COMPENSATION FOR ILLNESS AND INJURY
If you agree to participate in this study, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Columbia College Chicago nor the researchers are able to give you money, insurance, coverage, free medical care or

any other compensation injury that occurs as a result of the study. For this reason, please consider the stated risks of the study carefully.

PARTICIPANT STATEMENT
This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

_____   _____   _____
Participant's Signature   Print Name   Date

_____   _____   _____
Principal Investigator's   Print Name   Date
Signature

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Appendix D
Planned Interview Questions

Date:
Interview Location:
Participant Pseudonym:
Preferred Demographic/Cultural Identifiers:

Can you think of a time in the clinical setting when you encountered a bump between your culture and a client's (client culture bumped)? If you can, please take a moment to recall this experience. Allow as much detail about the interaction to arise as you can. Make note of any body responses. Please give a brief description of the example that came to mind.

> Secondary Questions: How did you know this was a moment of cultural difference? How did you respond? What informed that response? If you chose to intervene, was there an outcome you were hoping to achieve? Looking back, is there anything about your response that you might have changed?

Can you think of a time in the clinical setting when you encountered a bump between a client's culture and your own (clinician culture bumped)? If you can, please take a moment to recall this experience. Allow as much detail about the interaction to arise as you can. Make note of any body responses. Please give a brief description of the example that came to mind.

> Secondary Questions: How did you know this was a moment of cultural difference? How did you respond? What informed that response? If you chose to intervene, was there an outcome you were hoping to achieve? Looking back, is there anything about your response that you might have changed?

Can you think of a time in the clinical setting when you encountered a bump between the cultures of two clients? If you can, please take a moment to recall this experience. Allow as much detail about the interaction to arise as you can. Make note of any body responses. Please give a brief written description of the example that came to mind.

> Secondary Questions: How did you know this was a moment of cultural difference? How did you respond? What informed that response? If you chose to intervene, was there an outcome you were hoping to achieve? Looking back, is there anything about your response that you might have changed?

Optional Additional Questions (some or all of these questions may be asked in any order):
Can you think of a moment in your life recently when you experienced a moment of cultural difference?
How do you experience your own culture/cultural identifiers?
How does culture live in your body?
How would you represent the different forms a culture bump can take? You can sound, draw, move, shape, etc.