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Embodied Nonverbal Microaggressions From the Perspective of Dance/Movement Therapists: Interpretative Phenomenological Analysis

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EMBODIED NONVERBAL MICROAGGRESSIONS FROM THE PERSPECTIVE OF
DANCE/MOVEMENT THERAPISTS:
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Abstract

This interpretative phenomenological analysis (IPA) study explored dance/movement therapist's embodied experiences of nonverbal microaggressions and how they experience nonverbal microaggressions in the clinical relationship. Data were collected via hour-long, video recorded, in-person interviews of four ($N = 4$) current practicing dance/movement therapists in the Chicago area. Data analysis was conducted using IPA of verbal and movement data where five key themes emerged (a) personal offense, (b) anger, and (c) curiosity towards experiences of nonverbal microaggressions; and microaggressions have the potential to both (d) strengthen and (e) harm the clinical relationship. Their experiences implicate the vital role the body plays in the experience of microaggressions by highlighting how the body responds to these experiences via changes in flow, retreating, and moving the limbs over the center of the body. An embodied movement response to nonverbal themes was created by the researcher in an attempt to more clearly articulate the themes of the movement data and is included as an embedded link.

Keywords: Microaggressions, nonverbal microaggressions, embodiment, dance/movement therapy

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Introduction

The social justice movement seeks to achieve equality for marginalized groups (Constantine, Hage, Kindaichi, & Bryant, 2007), however, this pursuit neglects to report how injustice can be based in, occurs towards, and impacts the body. One important way injustice occurs is through microaggressions. Microaggressions are defined as, “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults...” (Sue et al, 2007, p. 271). Sue et al (2007) outlined three different types of microaggressions: microassaults, explicit attacks intended to hurt the person targeted; microinsults, disrespectful comments that debase a person’s identity; and microinvalidations, denying the thoughts, values, and experiences of a person or minority group (Sue et al, 2007). Microaggressions can occur based on one identifier or across multiple identifiers as in gender and sexual orientation, or race and gender manifesting in microaggressions such as gender-based stereotypes of gays and lesbians or the exoticising of women of color (Nadal et al, 2015). This study examined *nonverbal microaggressions*, microaggressions through movement, whether intentional or unintentional that are perceived as hostile, pejorative, and/or based on a person's identity (Sue et al, 2007). Microaggressions, both verbal and nonverbal, are an issue of social justice because they enforce stereotypes as well as systematic forms of oppression (Runyowa, 2015; Sue et al, 2007). Therefore, it is necessary to understand both the mental and physical repercussions of microaggressions to fully grasp their impact.

Research on the short-term impact of microaggressions has found the experience leads to a variety of effects ranging from fear to anger to empathy (Dover, 2016). Other research on microaggressions has shown a negative impact on a person’s mental health including increased

depressive symptoms ($F(1,354) = 7.43, p < .01$) and decreased positive affect ($F(1,354) = 8.43, p < .01$) (Nadal, Griffin, Wong, Hamit, & Ramus, 2014), as well as higher levels of distress (average $r = .72, p < .001$) (Torres-Harding & Turner, 2015), internalizing of negative emotions ($p < .01$) (Wang, Leul, & Schodal, 2011) and feelings of marginalization (Joshi, McCutcheon, & Sweet, 2015; Shelton & Delgado-Romero, 2011). Microaggressions can also negatively impact the therapeutic alliance ($d = 0.42, p < .05$), an important factor in the effectiveness of therapy (Owen et al, 2014; Shelton & Delgado-Romero, 2011).

Across different identifiers, studies have pinpointed a couple common themes in how microaggressions are interpreted. These are the tendency to base verbal and nonverbal interactions with minority group members on stereotypes, and to see minority groups as inferior (Capodilupo et al, 2010; Dávila, 2015; Gonzales, Davidoff, Nadal, & Yanos, 2015; Nadal et al 2014; Owen et al, 2010; Shelton & Delgado-Romero, 2013; Smith, Mao, & Deshpande, 2015; Sue et al, 2007). Specific examples of these themes include, being considered an alien in your own land (assumed foreigner), denying the experience of minority groups by discounting minority racial experiences as being different from Whites (color blindness) (Sue et al, 2007), sexual objectification, sexist language (Owen et al, 2010), heteronormative bias, assuming sexual orientation is the root of psychological issues (Shelton & Delgado-Romero, 2013), assumed a second-class citizen because of a mental illness (Gonzales et al, 2015), differential treatment based on class (Smith et al, 2015), or disregard and bullying because of a disability (Dávila, 2015). These examples emphasize the scope of microaggressions impact across a myriad of personal identifiers.

Research also includes examples of nonverbal microaggressions and how they impact people. Owen et al (2010) study on gender microaggressions discovered negative consequences

of nonverbal microaggressions via eye gaze. Women reported becoming uncomfortable when the therapist, male or female, gazed at them in a particular way or glanced them up and down (Owen et al, 2010). The participants reported feeling objectified or judged when this nonverbal communication occurred (Owen et al, 2010). This correlates with findings on verbal microaggressions where participants described feeling verbally judged (Joshi, McCutcheon, & Sweet, 2015; Sue et al, 2007). Other studies have cited behavioral communication as a form of microaggression as in the study by Sue et al (2007) which explored nonverbal behavior such as a White person clutching a bag when a Black person walks by or a taxi driver refusing to pick up a Black person but stops to pick up a White person (Sue et al, 2007). Some other extrapolated examples include avoiding eye contact with a person in a wheelchair, moving after a minority sits by you on the train, avoiding a homosexual couple walking down the street (Sue et al, 2007), or taking up more than one seat on public transportation (Feeney, 2014). Microaggressions are interpretive and sometimes unintentional and can be difficult to discuss leading people to expressions of anger, blaming, and/or distancing (Friedersdorf, 2015). Nonverbal microaggressions are even harder to identify because they are not always as blatant or recognizable.

This study used a multicultural counseling metatheory lens to address the issue of embodied nonverbal microaggressions. To meet the needs of a client, multicultural counseling metatheory proposes the therapist must address four factors: psychological differences, sensitivity to cultural differences, their own cultural worldview, and the client's context as it relates to the environment and communities to which they belong (Ponterotto, Casas, Suzuki, & Alexander, 1995). The goal of this metatheory is the liberation of consciousness, so a client can feel internally empowered by all aspects of their identity while also being aware and potentially

acting against institutionalized forms of oppression against their identity (Ivey, D'Andrea, & Ivey, 2012). To help accomplish this, the therapist must understand their own identity (Dovidio, Gaertner, & Pearson, 2016) and their knowledge of different worldviews (Ivey et al, 2012).

Intersectionality in Microaggressions and Identity Development

A counselor's knowledge of their own identity is partially contingent upon their identity development (Ponterotto et al, 1995). Identity development is the awareness a person has regarding the multidimensionality of who they are (Ivey et al, 2012), and influences both the verbal and nonverbal expressions of one's identity. There are several models for identity development covering gender (Downing & Roush, 1985), sexual orientation (Cass, 1979), racial (Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001), and ethnic identities (Phinney & Ong, 2007) There are also separate models to cover majority/White racial identity development (Helms, 1990; Ponterotto et al, 1995; Sabnani, Ponterotto, & Borodovsky, 1991). Because these models only focus on one dimension of an individual's identity, they fail to encompass the intersectionality of identity development (Murphy, 1995; Reynolds & Pope, 1991).

Intersectionality links the way different social dimensions overlap and create unique forms of discrimination (Cole, 2009). A few models have been created in an attempt to address this issue including a model for bisexual identity development (Paul, Smith, Mohr, & Ross, 2014) and models for biracial identity development (Poston, 1990; Root, 1990). Within the intersectionality of identity, these models are useful because development of each social identifier may vary across clients (Purdie-Vaughns, & Eibach, 2008; Tatum, 2000). For example, a person may identify more with their gender than their sexual orientation. These models provide some guidelines for how culture can impact identity development and can be a useful tool for therapists to use when addressing cultural differences with their clients.

These models are also useful because people can experience microaggressions in an intersectional way (Crenshaw, 1991; Crenshaw, 2015; Reynolds & Pope, 1991). Anyone who does not fully recognize their social identity, be it sexual orientation, race, religion, etc., cannot grasp the role that identity plays in everyday interactions with those of other identities (Roberts, 2016; Tatum, 1992). Therapists are not exempt- they too must understand their identity and the way others perceive it or risk demeaning their clients through unintentional microaggressions (Pedersen, 1990).

Multicultural Competence and Social Justice in Dance/Movement Therapy

Cultural differences have the power to negatively impact interpersonal interactions. These differences can lead to feelings of oppression, marginalization, and isolation for those who belong to minority groups (Caldwell, 2013; Chang, 2016; Johnson, 2015; Levine & Ambady, 2013; Ramseyer & Tschacher, 2011; Roberts, 2016; Sue et al, 2007). Therapists can combat this through the expansion of their knowledge of different worldviews. The field of dance/movement therapy has turned to multicultural competence to address this issue (Carmichael, 2012).

Dance/movement therapists must have both verbal (Ratts et al, 2015) and nonverbal (Carmichael, 2012) knowledge of other worldviews to effectively provide treatment. Therefore, a therapist must enter a therapeutic relationship aware of bias that may occur in order to avoid misinterpreting how a client's or their own movement is construed (Caldwell, 2013; Chang, 2016).

Though research is limited, dance/movement therapists have already begun to implement preventative measures related to nonverbal microaggressions through the adoption of cultural competencies, including attention to issues in assessing movement (Caldwell, 2013; Chang, 2016) and the development of nonverbal cultural competencies (Carmichael, 2012). The field has

also focused on embodiment and the impact of culture on how people live in their bodies as well as the impact larger forces such as oppression (Johnson, 2015; Roberts, 2016) and stigma can have on the body (Caldwell, 2013).

Dance/movement therapists have started to emphasize meaning in movement is not universal and the importance of considering a person's movement within context of their story and how they identify (Chang, 2016). For example, some studies have shown oppression and stigma can lead to asymmetrical nonverbal relationships wherein the dominant group feels more comfortable engaging in a wider array of nonverbal communication such as use of touch and greater flexibility in use of interpersonal space. These are norms of the dominant culture but not necessarily norms in all cultures. This may lead minority members to imitate majority group movement styles and aesthetics to blend in (Johnson, 2015; Roberts, 2016). Blending in and other forms of embodied oppression can lead to feeling unsafe in one's body, low self-esteem, increased preoccupation, fear, and anxiety at the thought of being found out, shame about feeling different, and increased submissive behaviors (Johnson, 2015; Roberts, 2016). The cultural norms of embodied oppression may be so ingrained people may not recognize how their nonverbal communication has been shaped systematically by society (Johnson, 2015). This would suggest the culture of both microsystem and macrosystem are in part nonverbally transmitted and internalized not only cognitively but also physically and in movement (Johnson, 2015).

The field has also addressed cultural differences through the concept of body prejudice. Body prejudice occurs when a person applies their own body knowledge to others or interprets other people's movements without considering the individual in their unique context (Moore & Yamamoto, 2012). If a dance/movement therapist is unaware of their own body knowledge and

the potential social structure where it may have originated, they may unknowingly attempt to put those biased movements on their clients (Chang, 2016). One example of this comes from the experience of a Greek woman who attended a Westernized DMT session in Greece (Panagiotopoulou, 2011). The author, Efthimia Panagiotopoulou (2011), came from a Greek culture that revolved around doing movement with Greek music and traditional Greek dances. Panagiotopoulou (2011) was not as familiar with the elements the therapist brought into the class- modern dance or dancing without music. Panagiotopoulou (2011) reports feeling dissatisfied and culturally ignored during these groups because they went against the author's Greek culture and expectations (Panagiotopoulou, 2011). The body prejudice comes in as the therapist from her Western background reportedly did not ask the participants in the session about their background or how they preferred to move (Panagiotopoulou, 2011). The therapist did not meet the author at the cultural level by adapting activities to include Greek music and dance styles (Panagiotopoulou, 2011).

Existing research reveals people experience objectification, marginalization, and oppression through both words and movements. Therefore, to understand the impact of microaggressions, it is necessary to address how it influences a person at both levels. This can be achieved by examining how nonverbal microaggressions are embodied by those experiencing them. Two research questions guided this study: How do dance/movement therapists understand their experience of nonverbal microaggressions? How do nonverbal microaggressions impact the clinical relationship?

Method

Interpretative phenomenological analysis (IPA) research focuses on how people make sense of their lived experiences and highlights everyone's experiences as unique (Pietkiewicz &

Smith, 2012). IPA methodology was utilized for this study because of its emphasis on both idiographic and interpretative data. These qualities were necessary to fully capture the lived experiences of the participants.

Participants

This study involved four dance/movement therapists who live or work in the Chicago area. Dance/movement therapists were chosen as study participants because they are believed to have heightened awareness of nonverbal communication and responses. Therefore, they are better able to identify how and when nonverbal microaggressions occur in their own lives and in the clinical relationship. Because dance/movement therapists make up a small community, participants identified their own demographic information and it has been generalized to help maintain confidentiality. Participants identified as female or queer. Participants identified as Caucasian or African American or Biracial. Some participants identified as spiritual or religious. Some participants were heterosexual while others identified as homosexual or queer. Participants' level of experience ranged from 1.5 to 33 years. Participants were currently working in outpatient with some working in inpatient settings. Participants met the inclusion criteria: working as a dance/movement therapist for the past year, held R-DMT or BC-DMT credentials, could attend an in-person interview in the Chicago area, and had interest in the topic of the study. Given the nature of the topic, conducting in-person interviews was desired to create the most authentic and supportive relationship between the researcher and the participant as well as gather the richest nonverbal data.

Recruitment procedure. Dance/movement therapists in my professional network were emailed an encrypted recruitment letter (see Appendix B). The email included the informed consent form (see Appendix C) and the interview questions. Those who respond with interest set

up a time for an interview via email. Snowball sampling was used to gather additional participants. Participants were invited to forward the email to other people who might be interested. Recruitment continued until the desired sample size of 4-5 participants was achieved.

Data Collection

Data were collected through an hour-long, video-recorded, semi-structured interviews. Sixteen pre-identified questions from an interview script (see Appendix D) were asked regarding the participants background, identity, and experiences of nonverbal microaggressions both in and out of the clinical relationship, including: What population are you currently working with? How do you identify yourself? How would you describe your relationship to these identifiers? What do they mean to you?

Participants were encouraged to recall or notice what thoughts, feelings, images, sounds, movements, or bodily responses emerged as they answered the questions and invited to respond verbally or with movement. Movement is defined as any fluctuation in location of the body including facial expressions and breathing. Because the interviews were semi-structured, conversation could move beyond the scope of the identified sixteen questions to allow of deeper discussion and inquiry. The researcher was also able to respond to participants answers verbally or with movement, such as reflecting a participant's movement or asking them to describe a movement in further detail.

Setting. Interviews were recorded in a private classroom or at a private office of the participant, all with a similar set-up. Chairs were placed 2-3 feet apart with one chair at a 45-degree angle to create a comfortable conversational environment (Broekmann, & Moller, 1973). An iPad, used for video recording, was placed 5-6 feet away to get both researcher and participant's full bodies in frame.

Data Analysis

Verbal and movement data were analyzed for themes using the IPA three-step framework: becoming immersed in the data and notating initial observations, identifying themes, and making connections between themes (Pietkiewicz & Smith, 2012). To help create uniformity in how each individual's data was analyzed, I used Moore and Yamamoto's (2012) structure of observation. This was operationalized using the steps laid out in *Beyond movement: Movement observation and analysis* (Moore & Yamamoto, 2012). The structure of observation will be as follows: One, during data analysis, the researcher acted as an observer (Moore & Yamamoto, 2012). Two, the duration of the observation was brief as each interview lasted about an hour; This provided a snapshot of each participant's movement (Moore & Yamamoto, 2012). Three, the movement parameter was how the participants embodied their experiences (Moore & Yamamoto, 2012). Four, themes in movement patterns were identified as a way to make sense of the data (Moore & Yamamoto, 2012). Each participant's data was analyzed individually within a month of their participation. Analysis of themes across participants occurred after all the data were collected and analyzed. All data were analyzed in a private area at the researcher's home, using headphones to listen to audio data to maintain confidentiality.

Verbal data analysis. The first step of the IPA framework, identifying initial observations, occurred by watching each interview and notating verbal responses to the questions as well as any direct quotes. These stood out to the researcher based on the depth of verbal detail provided by the participant and lead to a visceral reaction in the researcher when observed. Notations were kept in a participant specific, password protected word document in an attempt to prevent other participants information from influencing analysis. In the next step, each participants' notes were analyzed individually and key themes were identified based on

repetition of words or phrases. Finally, key themes were examined and connections were made between the identified themes based on how they related to the research questions. Once all participants had completed the validation process, data were analyzed across participants and connections were made between the individual participant themes through the identification of common words or descriptions.

Movement data analysis. Using the IPA framework, the researcher watched the videos with the sound off and notated movements from the participant that were repeated, or created a visceral reaction in the researcher. Movement notations were made in the same word document as verbal themes. The researcher looked for how the participants embodied their experiences of nonverbal microaggressions. The researcher looked for 3-4 salient examples. Initial observations were notated, movement themes were identified by making connections between repeated movements and the participants' verbal descriptions of Laban movement qualities. Then, connections were made between the key themes by looking for how movements aligned with participants' verbal descriptions of emotional and cognitive experiences. Finally, data were analyzed across participants and themes were identified by notating similar movements and descriptions of movement qualities by the participants. Connections were then made across participants movement data and verbal data by creating a chart which lined up verbal and movement themes.

Researcher's Movement Data Response

A summarized embodied response to the movement data by the researcher is included as an embedded link (<https://www.youtube.com/watch?v=Lo5ic6WsKg0>). The purpose of this response is to better illustrate the visceral, movement impact of the results. I believe nonverbal microaggressions and kinesthetic responses cannot be captured solely with words. Therefore, this

movement response provides readers a taste of what the data brought up for the researcher kinesthetically. The embodied response was created after all the data had been collected and analyzed both individually and as a whole. The video was completed in the privacy of my home. The response was filmed on an iPad and then uploaded to a secure site.

Validation Strategies

Rich description and member checking were used as validation strategies for this study. Rich description occurred in the presentation of the study. Both verbal and nonverbal descriptive examples were provided to give readers insight into the transferability of data (Creswell, 2007). Member checking occurred post-interview via presentation of questions, and themes found in the data analysis process. Direct quotes were also sent at this time for participants to review before they were used. Conclusions were sent individually to each participant via secure, encrypted email to allow them the ability to clarify accuracy of conclusions, the participants' verbal and nonverbal experiences, and their intent.

Results

The participants' interviews led to the creation of key themes and answered the research questions. Participants' experiences of nonverbal microaggressions revealed three verbal key themes: personal offense, anger, and curiosity. Their experiences revealed two nonverbal key themes: retreat/bound flow/hands over center and flare up/tension/warmth. The impact of nonverbal microaggressions on the clinical relationship revealed two key themes: strengthening and harming.

Experience of Nonverbal Microaggressions Key Themes

These key themes revealed in the data were developed through cross thematic comparison of the participants individual data. Participants answered questions about their

experiences in everyday life and within the clinical context. It is important to note all participants had their own unique understandings within the common themes found between them. Outside of the clinical setting participants were more likely to experience nonverbal microaggressions as movements of retreating and covering the center of the body when experiencing a personal offense and heat, increased tension, a moving upward when experiencing anger. Inside the clinical relationship participants were more likely to experience nonverbal microaggressions as curiosities or learning opportunities which one participant described as a bubbling up movement with the hands, though some participants also experienced a retreat, covering the center of the body personal offense and heat, bound flow anger within the clinical context. Table 1 provides a comprehensive layout of participants verbal and nonverbal experiences in both the everyday and clinical context.

Table 1

Verbal and nonverbal experiences of nonverbal microaggressions in the everyday and clinical context

Experience	Everyday Context		Clinical Context	
	Verbal	Nonverbal	Verbal	Nonverbal
Personal Offense	Feelings of disbelief, uncertainty, being offended, deflation, a personal hit, “ouch”	Retreat with bound flow, arms and hands covering the center of the body	“ouch”	Slight retreat, hand over heart
Anger	Feelings of flaring up, frustration, or anger	Increase in tension, warmth, hands moving up over the head	Anger, frustration	Heat, clenched jaw, bound flow

Curiosity	Feelings of curiosity, quizzical	No thematic nonverbal movements were provided	Feelings of embodied curiosity, confidence, safety because of power differential, and not taking it personally	Fingers bubbling up from collarbone to chin
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Personal Offense. Participants described personal offenses as deflating, offensive, and as personal attacks. Nonverbally this yielded a theme of retreating and binding in the torso as well as the moving of the hands over the center of the body. One participant described such a personal attack as “having something put on your body that makes your body question itself.” While another participant described it as a feeling of people being “unwilling to see all of them.”

Anger. Participants described anger as frustration, defensive, or as the flaring up of anger. Nonverbally this led to themes of warmth, tension, and acceleration. Some of the participants moved this anger as the tightening of the fist or as the hands moving quickly up the body and over the head. The participants described this anger arising from the microaggression itself or from the microaggression triggering something. One participant noted, they had a hard time working with teens because it triggered a flare up of anger related to their own teenage experiences.

Curiosity. Participants most often used the word curiosity to describe their experience of nonverbal microaggressions in the clinical setting as well as safety and confidence as it related to the power differential between client and therapist. As a therapist, participants iterated it was part of their job to address these experiences when they arose and, therefore, there was a sense of safety and confidence when they appeared in the clinical setting. Only one participant provided a

movement for the experiences of curiosity; the participant used a rising, fingers bubbling up motion to describe how they experienced curiosity about nonverbal microaggressions in the clinical setting.

Impact on the Clinical Relationship Key Themes

The two key themes were developed through cross thematic comparison of the participants individual data. Participants answered questions about nonverbal microaggressions impacted the clinical relationship. These themes aligned with current literature on microaggressions impact on the clinical relationship. Participants spoke about microaggressions that occurred toward both themselves and their clients. How the nonverbal microaggressions impacted the clinical relationship was dependent on the ability for both the participant and their client to address their differences.

Strengthening. Participants agreed that when nonverbal microaggressions were committed in the clinical relationship, the relationship was strengthened when the client and therapist could successfully address and overcome the experience. One participant found, they experienced microaggressions in the clinical relationship due to socioeconomic differences between them and a family with whom they were working. Using nonverbal attunement, they were able to show the family acceptance of their differences. This helped the family to open up, greatly benefiting the therapeutic relationship. This is because the client and therapist were able to work through and overcome something that was once an issue in their relationship. This lead to the clients feeling more comfortable to open up and engage with the therapist. There were no salient movement themes related to nonverbal microaggressions in the context of the clinical relationship.

Harming. Microaggressions can hinder the therapeutic relationship. Particularly when

the experience could not be overcome by either the client or the participant. A participant described the feeling of “ouch” when microaggressions occur in the clinical relationship because of the fundamental role the relationship plays in therapy. Another participant described a situation where they and their client were unable to move past cultural issues during sessions preventing them from addressing the reasons the client was in therapy. The participant stated eventually the client needed to be referred to someone else because the issues within their clinical relationship impeded the ability for the relationship to grow. Participants noted clients would stop coming to session or continue to have difficulties opening up if they were unable to work through the microaggressions when they occurred during session.

Discussion

The participants of this study both confirmed past research on microaggressions as well as brought new insight into the role the body plays in these experiences. Participants experienced similar nonverbal microaggressions such as shifting away and gaze parallel to participants of the gender microaggressions study by Owens et al (2010). This provides evidence that microaggressions can be committed through nonverbal means. Participants also experienced both anger and empathy in response to the experience of nonverbal microaggressions. This aligns with emotional themes found in research on the short-term impact of microaggressions (Dover, 2016).

Some participants also noted a decrease in positive affect in the moment and feelings of marginalization because they did not fit with the expectations others had about who they were. This sides with previous research on racial microaggressions (Nadal et al, 2014) and research on the invisibility of microaggressions (Joshi, McCutcheon & Sweet, 2015) respectively. These results also emphasize research by dance/movement therapists (Caldwell, 2013) and somatic psychologists (Johnson, 2015) about how stigma and oppression permeate both the mind and the

body. It brings into focus how these bodily experiences, when left unresolved or experienced long term, may lead to not only mental health issues but also issues with physical health (Williams, Yu, Jackson, & Anderson, 1997). This emphasizes something that social justice has disregarded; the importance of addressing the body when discussing microaggressions in order to prevent these issues from spiraling into larger, longer term problems.

The dance/movement therapists, however, were also able to provide descriptions of how these experiences impacted them intuitively, something the other studies did not provide. Their descriptions of how the experiences lived in the body both highlight how microaggressions affect the body and provide a language for describing the bodily impact of microaggressions. Words such as retreat, bound flow, and heat illustrate how the body reacts in a visceral way to the experience of microaggression. The body can feel uncomfortable, foreign to those experiencing microaggressions, and invisible to others. This language could be used to help others understand their own bodily experiences of microaggressions, creating greater self-awareness.

Not all the negative effects of microaggressions were reported by the participants such as depressive symptoms, found in Nadal et al (2014) study on racial microaggressions, or an internalizing of negative emotions, found in a study on the emotional consequences of racial microaggressions (Wang, Leul, & Schodal, 2011). Some participants even noted that over time, the experience of microaggressions became familiar and lost its impact. This may be in part due to the nature of the participants profession. As therapists, some of the participants discussed the ability to step back from experiences of microaggressions and recognize that the microaggression was more about the other person. So even though the short-term responses occurred, the long-term impact did not.

In addition to personal experiences, the therapeutic relationship was reported to be

impacted in a way matching previous research. When nonverbal microaggressions were not successfully resolved, it negatively impacted the therapeutic relationship as revealed in studies on gender microaggressions (Owen et al, 2014) and sexual orientation microaggressions (Shelton & Delgado-Romero, 2011). However, they positively impacted the therapeutic relationship if they were addressed and overcome, consistent with the study by Owen et al (2014). While the participants did not provide any salient movements for these experiences, as dance/movement therapists, they were able to add an additional layer to the therapeutic relationship by nonverbally attuning with their clients, allowing them to address both verbal and nonverbal microaggression experiences during sessions.

This study adds an additional layer to the way microaggressions are studied by including movement as a criterion. Previous research looking at the embodiment of oppression (Johnson, 2015; Roberts, 2016), highlights the importance of considering the body when looking at concepts formerly seen from a cognitive viewpoint. In addition, the field of dance/movement therapy has emphasized body prejudice as a way to conceptualize how bias appears in the body (Chang, 2016; Moore & Yamamoto, 2012). By adding the lens of movement, this study revealed not only the similarities between how people experience verbal and nonverbal microaggressions, but also the way these microaggressions change how a person lives in their body. The experiences can lead to increased tension and bound flow, or retreating from experiences. The social justice movement could greatly benefit from incorporating nonverbal experiences and knowledge into their fight to achieve equality by ending discrimination, oppression, and microaggressions at the verbal and nonverbal level.

There are several delimitations to this study. The sample size needed to be small to gather the most in-depth data from participants. However, this makes it difficult to transfer the results

outside of the participants. Future research should work to continue gathering in-depth information from people to test transferability. Another delimitation is the population pool was very specific. While this was necessary and helped to provide sufficient nonverbal data, it also poses the question of how transferable the data is to people who are not dance/movement therapists. On the same track, this study may not feel relevant to people outside of the dance/movement therapy community in part because of the study's population as well as because of past lack of attention given to how this phenomenon impacts the body. The movement data is limited because the descriptions provided here only capture a part of what the participants were experiencing. Further research might explore how people outside of the dance/movement therapy community experience nonverbal microaggressions in their bodies.

Conclusion

The purpose of this study was to bring the body into the study of microaggression through how the body is used to commit microaggressions as well as how the body responds to the experience both in the everyday and in the clinical context. The results suggest that microaggressions have an impact on how people live in their bodies at the moment of microaggression. Therapists can use this information in session to expand their understanding of what may be happening, from a movement perspective, in moments when they may be unsure of differences in worldview or their interpretation of an experience. It also provides validation for the field of dance/movement therapy by demonstrating microaggressions have a bodily impact on those who experience them.

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Appendix A: Definition of Terms

Embodiment. Embodiment is the way a person's body helps to shape how they interpret, make meaning, and respond to their experiences (Meekums, 2006). Embodiment is situated in the micro and macrosystems of the cultures to which a person belongs (Meekums, 2006).

Microaggressions. Microaggressions are defined as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults..." (Sue et al, 2007, p.271). Sue et al (2007) have outlined three different types of microaggressions: microassaults, explicit attacks intended to hurt the person targeted, microinsults, disrespectful comments that debase a person's identity, and microinvalidations, denying the thoughts, values, and experiences of a person or minority group.

Nonverbal microaggressions. Nonverbal microaggressions relate to microaggressions that are conveyed through movement, whether intentionally or unintentionally, and are perceived as hostile, pejorative, and/or based on a person's identity (Sue et al, 2007).

Appendix B: Recruitment Letter

Embodied nonverbal microaggressions from the perspective of dance/movement therapists: Interpretative phenomenological analysis

Rebecca Schultz

Hello,

I am a graduate student studying Dance/Movement Therapy and Counseling at Columbia College Chicago. I am writing to invite you to participate in my research study which looks at the embodied experience of nonverbal microaggressions from the perspective of dance/movement therapists as well as how nonverbal microaggressions come into the clinical relationship. You are being invited to participate because you may meet the following inclusion criteria:

You have previous knowledge or interest in microaggressions and its three subtypes as operationally defined for this study:

Microaggressions are everyday verbal, nonverbal, or societal instances that can be conscious or unconscious and whose underlying message is one that is negative, unfriendly, or disrespectful. The three subtypes of microaggressions include microassaults which are explicit attacks intended to hurt the person targeted, microinsults, which are disrespectful comments that debase a person's identity, and microinvalidations, which deny the thoughts, values, and experiences of a person or minority group (Sue et al 2007).

As well as a relationship with embodiment as operationally defined for this study:

Embodiment is the way in which a person's body helps to shape how they interpret, and respond to their experiences. Embodiment is situated in the micro and macrosystems of the cultures to which a person belongs (Meekums, 2006).

In addition to having previous knowledge or interest in microaggressions and embodiment, you must also be currently registered or certified as a dance/movement therapist and have at least three years of experience. You must also be available to attend an hour long in-person interview at Columbia College Chicago and be open to receiving email correspondence from the researcher after the study in order to check the study's results. If it is more convenient for you to participate, I am willing to conduct the interview at your office, if you have a private

space available to you for use. The interview will be video recorded for the purpose of gathering both verbal and visual data. I will be looking for four kinds of visual data in the following order: first, I will look for how you embody your experiences of nonverbal microaggressions, second, I will look for what impact this had on the movement relationship, third, any nonverbal microaggressions as perceived by the researcher, and fourth, posture-gesture mergers.

If you feel you meet the above criteria and are interested in participating, please look over the attached informed consent form and the research questions for additional information.

Please respond to this email within seven days of receiving it. Please contact me if you have any further questions regarding the study.

Thank you for your time and consideration.

Warmly,

Rebecca Schultz

2017 MA Candidate

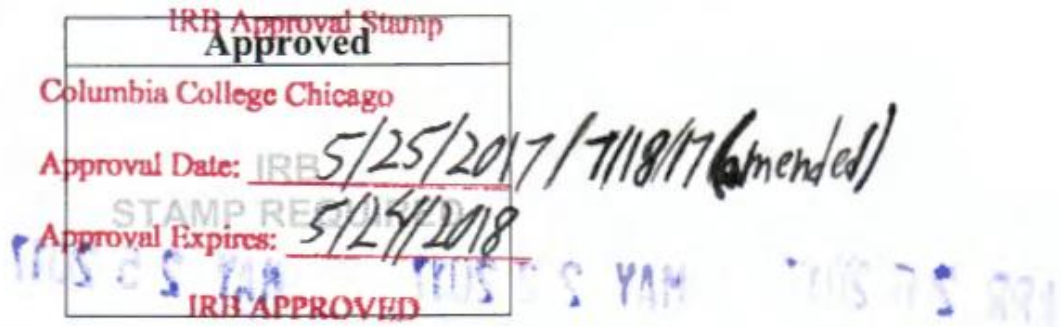
Dance/Movement Therapy and Counseling

Columbia College Chicago

rebecca.schultz@loop.colum.edu

262-339-6723

Appendix C: Informed Consent



Informed Consent Form

Consent Form for Participation in a Research Study

Title of Research Project: Embodied nonverbal microaggressions from the perspective of dance/movement therapists: Interpretative phenomenological analysis

Principal Investigator: Rebecca Schultz

Faculty Advisor: Laura Downey, EdD, BC-DMT, LPC, GL-CMA, ldowney@colum.edu

Chair of Thesis Committee: Laura Downey, EdD, BC-DMT, LPC, GL-CMA, ldowney@colum.edu

INTRODUCTION

You are invited to participate in a research study to examine the phenomenon of embodied microaggressions with dance/movement therapists. 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 listed as a Chicago area dance/movement therapist. Dance/movement therapists are the participants because I believe that as a dance/movement therapist you have a heightened sense of kinesthetic awareness that allows you to be more adept than the average person at identifying nonverbal microaggressions.

PURPOSE OF THE STUDY

The purpose of this study is to explore how dance/movement therapists understand their embodied experiences of nonverbal microaggressions and how they see nonverbal microaggressions in their clinical relationships.

PROCEDURES

If you agree to participate in this study, you will be asked to do the following:

- Self-identify as a R-DMT or BC-DMT with at least 1 year of experience
- Participate in an hour long semi-structured interview at Columbia College Chicago in a private classroom or in a private meeting room at the participant's place of employment
- Interview questions will relate to the topic of embodied nonverbal microaggressions and your experiences with this topic. The questions will be provided before the interview.
- Participant will be contacted no later than 1 month after their interview. The researcher will communicate themes and direct quotes identified in analysis to verify accuracy of conclusions and the participant's intent. The researcher will attempt to contact participants two times within the two-week period for participation in the validation process. If participants do not respond within two weeks, their data will not be used.
- Interviews will be video recorded using an iPad set on a table with both interviewer and interviewee in frame.
- Interviews will be video recorded for the purpose of gathering visual data. The researcher will look for the following visual data during the analysis process in the following order: how participants embody their experiences of nonverbal microaggressions, second, what impact this has on the movement relationship, third, any nonverbal microaggressions as perceived by the researcher, and fourth, posture-gesture mergers.
- Participants give initial permission to use direct quotes through the signing of this consent form. Participants will be given the opportunity to review direct quotes in the member checking stage of the study.

POSSIBLE RISKS OR DISCOMFORTS

The risk(s) in this study is(are):

- There are no known direct risks in the participation in this study except for the possible discomfort in the discussion of sensitive experiences. As all participants are therapists, it is assumed that they are capable of self-regulating, will terminate the interview if necessary, and seek out any additional support.

POSSIBLE BENEFITS

The possible benefits of being in this study include:

- benefits in participating in this study.
- come from engaging in a discussion of a topic of interest.

There are no known direct

Indirect benefits may

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 use of encrypted files for the storing of recordings
- Identifying information will be kept separate from other study data and codes will be utilized to label data.
- Email correspondence will be conducted via a secure and encrypted server and all consent forms will be collected in-person.
- The interviewer will be the only person with the ability to access, view, or transcribe data.
- Data will be kept for one year following the studies completion and will be kept on an encrypted thumb drive.
- Study data in the form of generalized conclusions and paraphrasing will be submitted in a journal article to the *American Journal of Dance Therapy*. Participants name and identifying information will not be used.
- Confidentiality cannot be guaranteed in instances of reported child abuse or neglect.
- There is a limit to confidentiality because dance/movement therapists are a small community, however, this is acceptable given the professional nature of the research question which is one also found in the population community.
- Participants will be asked to keep client information confidential. If confidential information is revealed during the interview process, it will be redacted and participants will be asked to stop discussion.

The following procedures will be used to protect the confidentiality of your information:

1. The researcher will keep all study records on an encrypted jump drive in a secure location.
2. Any videotapes will be destroyed after one year.
3. All electronic files containing personal information will be password protected.
4. Information about you that will be shared with others will use a pseudonym or be generalized to help protect your identity.
5. No one else besides the investigator will have access to the original data.
6. At the end of this study, the researcher may publish their findings. You will not be personally identified in any publications or presentations.
7. Your permission will be obtained before using direct quotes.

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, Rebecca Schultz, 262-339-6723 or the faculty advisor, Laura Downey, 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

- Participants are required to pay for their own transportation to the study location.
- The study should not take longer than an hour. This does not include travel time for the participant.

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 give the researcher permission to use direct quotes and understand that I will be given an opportunity to review these quotes in the member checking stage of this study. 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/Parent/
Guardian Signature:

Print Name: Date: _____

Principal Investigator's
Signature/ Person Obtaining
Consent

Print Name: Date _____

Appendix D: Interview Script

How long have you been working as a dance/movement therapist?

What population are you currently working with?

What is your favorite part about the work?

Identifiers can include but are not limited to age, ethnicity, race, religion, gender, or sexual orientation.

How do you identify yourself?

How would you describe your relationship to these identifiers? What do they mean to you?

I appreciate you sharing your perspective with me.

Ok. Do you feel comfortable moving into embodied nonverbal microaggressions?

How did you become interested in the topic of embodied nonverbal microaggressions?

What is it that interests you about embodied nonverbal microaggressions?

How do you know when you are experiencing a nonverbal microaggression?

What is that experience like for you?

How do you respond after you have experienced a nonverbal microaggression?

What has been your experience of nonverbal microaggressions in the context of the clinical relationship?

How do you know when a nonverbal microaggression is occurring in the clinical relationship?

What is that experience like?

How do you respond?

How do you think those experiences impact the clinical relationship?