

West Meets East: Dance/Movement Therapy*

Ko, Kyung Soon**

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|--|---------------------------------|
| I. Dance/Movement Therapy(DMT) in U.S. | IV. Cultural Differences in DMT |
| II. Establishment of Professional DMT Training | V. Conclusion |
| III. DMT in East Asia | Bibliography |
| | Abstarct |

I. Dance/Movement Therapy in U.S.

The purpose of the literature-based study is to investigate how Western culture-based dance/movement therapy(DMT) in the US can be applied to East Asia, where different cultural aspects dominate. DMT began developing in the West in the 1950s and is rooted in modern dance.¹⁾ As Bartenieff(1975) explained, DMT formed around modern dance because “modern dance replaced the fading content of Western dance with certain key notions: spontaneity, authenticity of individual expression, awareness of the body, [and] themes that stressed a whole range of feelings and relationships.”²⁾ Early dance/movement therapists integrated their experiences in modern dance with a nonjudgmental attitude toward personal preferences in movement and expression through uninterrupted improvisation.³⁾ Levy(2005) further explained that the “basic premise is that body movement reflects inner emotional states and that change in movement behavior can lead to changes in the psyche.” The fundamental belief that body and mind are united and interconnected grew into a

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** Lecturer, Seoul Women’s University.

- 1) Fran Levy(2005), *Dance/Movement Therapy: A Healing Art*(Reston, VA: National Dance Association and American Alliance for Health, Physical, Education, Recreation and Dance).
- 2) Imgard Bartenieff(1975), *Dance Therapy: A New Profession or Rediscovery of an Ancient Role of Dance*. In H. Chaiklin (Ed.), *Marian Chace: Her paper*(Maryland, DC: American Dance Therapy Association), p.246.
- 3) Fran Levy (2005), p.36.

core fundamental belief of DMT(ADTA, 2017)⁴⁾ and merged with the existing theoretical frameworks of psychotherapy and psychology in the 1950s.⁵⁾

The development of DMT as a practice resulted in the establishment of the American Dance Therapy Association(ADTA) in 1966. The ADTA defines DMT as “the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual.”⁶⁾ Members of this professional organization continue to put great effort into developing professional guidelines for DMT training.

II. Establishment of Professional DMT Training

Their work continues to influence the various approaches of DMT education today. Professional DMT training was introduced at the undergraduate level in colleges and universities during the late 1960s. The theory and practice used to develop DMT training was influenced by six pioneers in the US: Marian Chace, Blanche Evan, Liljan Espenak, Mary Whitehouse, Trudi Schoop, and Alma Hawkins. The cultural backgrounds of these DMT pioneers helped shaped their approaches to dance/movement therapy. Their influences and experiences in modern dance, improvisational movement, projective technique, and authentic expression led them to include these aspects as core elements for personal expression in DMT training.⁷⁾

In the 1970s, the educational standards for DMT training were elevated, requiring study and training at the graduate level. Chaiklin(1974), president of ADTA during that time period, stated that “the development of a high quality curriculum is presently an urgent need of the dance therapy profession” (p. 63).⁸⁾ Chaiklin’s vision for DMT professional development led to the creation of “guideline[s] for graduate dance/movement therapy programs.”⁹⁾ These became the fundamental guidelines for approved educational programs and alternative educational routes in the US, and they continue to be revised. Currently, there are seven graduate schools that offer ADTA-approved programs: Antioch University, Drexel University, Naropa University, Columbia College Chicago,

4) American Dance Therapy Association(2017), What Is Dance/Movement Therapy?. Retrieved from <<https://adta.org> 2017. 7. 30>.

5) Fran Levy(2005).

6) Connie. L. Moerman(1976), The Alive Body: An Exploration into Dance/Movement Therapy: Its Genesis, Rational and Application. *Voices: Journal of the American Academy of Psychotherapists*, 12(2), pp.62-79.

7) Levy Fran(2005).

8) Sharon Chaiklin(1974), Curriculum Development in Dance Therapy. In K. Mason (Ed.), *Focus on Dance VII: Dance Therapy*(Reston, VA: The American Alliance for Health, Physical Education, Recreation and Dance), pp.7-12.

9) Arlynn Stark(1980), The Evolution of Professional Training in the American Dance Movement Therapy Association, *American Journal of Dance Therapy*, 3(2), p.16.

Lesley University, Pratt University, and Sarah Lawrence College.¹⁰⁾

The ADTA(2017) guidelines for current training programs include the following: DMT theory, human development and behavior, knowledge of verbal and non-verbal behavior, methods for observation, analysis and assessment, clinical application of individual and group work, DMT and related psychological theories, human anatomy and kinesiology, research in DMT, psychopathology, and neuroscience.¹¹⁾ As DMT in the West is practiced primarily as a form of psychotherapy, these courses are essential to facilitating the development of practical clinical skills in DMT students; the clinical skills gained are similar to those that would be learned in more traditional psychotherapy training at the university level.¹²⁾

Required clinical experiences include coursework, clinical fieldwork, and internships. The fieldwork experience is completed first in a student's education; it is designed to introduce students to the clinical environment and to help them begin the experiential learning of what it means to work as dance/movement therapists. The internship requires a higher level of responsibility and a longer time commitment than fieldwork. Students must complete a minimum of 700 hours of supervised internship, which includes 350 hours of direct client contact and 70 hours of supervision. Both experiences are designed to help students develop clinical skills and attain the standard DMT credentials.¹³⁾

The ADTA(2017) created two levels of credentials for dance/movement therapists: Registered Dance/Movement Therapist(R-DMT) and Board Certified Dance/Movement Therapist(BC-DMT). Upon completion of their graduate studies at approved programs, students are eligible to apply for the R-DMT. This tier of credentialing signifies the basic level of competence. Registered Dance/Movement Therapists are able to seek employment as dance/movement therapists in facilities and work underneath the supervision of a BC-DMT. Registered Dance/Movement Therapists accrue work and supervision hours for the attainment of the BC-DMT. After meeting the supervision and employment experience criteria, Registered Dance/Movement Therapists may apply for their BC-DMT. The BC-DMT credential certifies an individual's competency to provide DMT training and supervision, and to have a private practice.¹⁴⁾

10) American Dance Therapy Association(2017). ADTA Approved Graduated Program in Dance/movement Therapy. Retrieved from <<https://adta.org/approved-graduate-programs/> 2017. 7. 30>.

11) Ibid.

12) Ibid.

13) Ibid.

14) American Dance Therapy Association(2017), Credentials. Retrieved from <<https://adta.org/credentials> 2017. 7. 30>.

III. Dance/Movement Therapy in East Asia

1. The Body–Mind Relationship in Asia

Although the term DMT and the profession of psychotherapy were generated in the West, Haque (2010) stated that people in Asia have been using body-mind approaches to treatment in their daily lives for numerous generations. These holistic body-mind approaches include practices such as acupuncture, qigong, and herbal medicine:¹⁵⁾

Chinese holistic theory of body and mind proposes that mental activities are a result of somatic activities and mental health depends largely on physical health. Good physical and mental health is attributed to the state of emotions in a person. Emotion is an integral aspect of the body's basic functions and is regulated by the circulation of ch'i (air) that is partly innate and partly a product of one's food and drink [ch'i also can be translated as energy]. Ch'i not only maintains the physical body but also mental and spiritual processes in the individual. Thus, excessive, unbalanced, or undisciplined emotions are primarily the reason for any kind of illness.¹⁶⁾

Similarly, Tseng (2004) explained that the concept of body-mind connection is embedded in Asian culture. People in the East tend to communicate their problems through their bodies, even if the problems are psychological issues. Traditionally, the five emotions of fear, joy, anger, worry, and sorrow are connected to the five visceral organs of the kidney, heart, liver, spleen, and lungs respectively. These are subsequently interrelated with the five elements of nature: water, wood, fire, earth, and metal. The cultural understanding of the body-mind connection may have led to the somatization of emotional suffering, thus creating a tendency to express physical symptoms instead of acknowledging mental illness when one suffers from emotional and psychological problems.¹⁷⁾ Tseng(2004) argued that this “may reflect that it is more acceptable in the [Asian] culture to communicate problems indirectly through the body, rather than directly through verbal and psychological expression.”¹⁸⁾ For example, the fourth edition of the Diagnostic and Statistical Manual(4th ed.) of Mental Disorders from the American Psychiatric Association(2000) identified Hwa-Byung, a unique Korean cultural disorder also known as anger syndrome, which is caused by the emotional suppression of anger. A person with Hwa-Byung usually complains of physiological symptoms rather than psychological symptoms, describing a feeling like a fire or storm in the chest,

15) Amber Haque(2010), Mental Health Concepts in Southeast Asia: Diagnostic Considerations and Treatment Implications, *Psychology, Health & Medicine*, 15(2), pp.127–134.

16) Ibid, pp.128–129.

17) Wen Shing Tseng(2004), Special Section: Cultural Issues in Mental Health Services and Treatment. Culture and Psychotherapy: Asian Perspectives, *Journal of Mental Health*, 13(2): pp.151–161.

18) Ibid, p.156.

indigestion, generalized aches and pains, a feeling of a mass in the epigastrium, dysphonic affect, palpitations, indigestion, anorexia, and dyspnea.¹⁹⁾

Although practitioners and scholars in the West have sought to define and codify the somatically-based practice of DMT and traditional psychotherapy, it is clear that for numerous generations people in East Asia have believed that different emotions are related to certain parts of their bodies, and that the human body has been utilized as a container for emotions and a somatic expressive tool for their psychological difficulties. This long-lasting empirical belief in the body-mind as one unit in East Asia resonates with DMT's core belief of body-mind connection.

2. Dance/movement Therapy's Influence from West to East

In response to the global educational trend of internationalization, dance/movement therapists from the West began providing training opportunities in East Asian regions during the last decade. Not only have Western DMT educators traveled to conduct DMT trainings and seminars in 37 different countries worldwide, they have also helped international students with solid English skills travel to the US to study DMT.²⁰⁾ In order to foster the growth of Asian students and therapists, the ADTA organized the Asian & Asian-American Affinity Group(AAAAG). This group is a part of the Multicultural and Diversity Committee, and is meant to support the continued professional growth of members with Asian cultural backgrounds(ADTA, 2017).²¹⁾ Several dance/movement therapists from the West have offered international training and conducted research based on their experience of offering DMT workshops. American dance/movement therapist Dosamantes-Beaudry(1999) explained the divergent cultural self-construals based on observing participants' movement and interactions. Cross(2015) defines self-construal relating to cultures:

Self-construal refers to the grounds of self-definition, and the extent to which the self is defined independently of others or interdependently with others. Initially, the term derived from perceived cultural differences in the self. Westerners were thought to have an independent self-construal, which is characterized by separateness from others, by attention to one's abilities, traits, preferences, and wishes, and by the primacy of one's individual goals over those of in-groups. East Asians were thought to have an interdependent self-construal, which is characterized by a sense of fundamental connectedness with others, by attention to one's role in in-groups, and by the primacy of group goals over one's individual goals.²²⁾

19) American Psychiatric Association(2000), *Diagnostic and Statistical Manual of Mental Disorders*(4th ed., text rev.), (Washington, DC: American Psychiatric Association).

20) Dianne. Dulicai, & Miriam. Roskin. Berger(2005), *Global Dance/Movement Therapy Growth and Development*, *The Arts in Psychotherapy*, 32(3), pp.205-216.

21) American Dance Therapy Association(2017). *Multiculturalism and Diversity in Dance/Movement Therapy*. Retrieved from <<https://adta.org/2015/02/04/multiculturalism-and-diversity-in-dancemovement-therapy/>> 2017. 7. 30>.

Dosamantes-Beaudry(1999) conducted DMT workshops in Zurich and Taipei. Each group was composed of 20 to 25 self-selected dancers or mental health professionals. Dosamantes-Beaudry started her workshops by asking participants to give their names and then produce a movement or gesture demonstrating how they felt about themselves. The participants in the Zurich group displayed an extreme range of positive and negative emotions along with a variety of individual expressive movements. However, those in Taiwan demonstrated great hesitation in expressing emotions. In addition to dampened emotional expression, Taiwanese participants treated Dosamantes-Beaudry as a teacher, indicating a more vertical relationship, meaning that group members tended to imitate the leader’s movements and displayed only positive emotions.²³⁾ Only one participant from the Taipei group in Dosamantes-Beaudry’s study (1999) expressed a strong emotional reaction after performing the Chinese “fan dance.”²⁴⁾ To this participant, the dance symbolically represented a prescriptive of “how a Taiwanese woman should behave,”²⁵⁾ representing “too narrow and restrictive”²⁶⁾ a role for women. Later, Dosamantes-Beaudry found that the participant had been trained in improvisational modern dance in a Western culture, possibly explaining—at least in part—her ability to express this stronger emotion. By the end of the Taipei workshop, participants had experienced an awareness of “the importance of not assuming that there exists a single homogeneous type of self-construal even within the same cultural group.”²⁷⁾ Dosamantes-Beaudry emphasized the following:

Educational institutions that provide training for creative arts therapists need to assume responsibility for offering courses in their curriculum which sensitize their students to the influence of varying worldviews upon a person’s self-perception, and to the clinical implications and ethical considerations this knowledge poses for the exportation of their clinical practices.²⁸⁾

Dosamantes-Beaudry (1999) used the individualistic perspective of Euro-American societies in the West and the collectivistic perspective of Asians in the East to help explain behavioral and emotional differences between the two groups.²⁹⁾ Her interpretation of students’ attitudes in Asia is supported by a number of researchers in other fields of study (Ko, 2014;³⁰⁾ Seo, 2010;³¹⁾ Sue, Bucceri, Lin, Nadal,

22) Susan Cross(2015). Self-Construal. In S. Cross (Ed.), Oxford bibliographies. Retrieved from <<http://www.oxfordbibliographies.com/view/document/obo-9780199828340/obo-9780199828340-0051.xml> 2017. 7. 30>.

23) Irma Dosamantes-Beaudry(1999), Divergent Cultural Self Construals: Implications for the Practice of Dance/ Movement Therapy, *The Arts in Psychotherapy*, 26(4), pp.225–231.

24) Ibid, p.230.

25) Ibid, p.230.

26) Ibid, p.230.

27) Ibid, p.229.

28) Ibid, p.231.

29) Irma Dosamantes-Beaudry(1999).

30) Ko Kyung Soon(2014), Korean Expressive Arts Therapy Students’ Experiences with Movement-Based Supervision: A Phenomenological Investigation, *American Journal of Dance Therapy*, 36(2), pp.141–159.

& Torino, 2007;³²) Triandis & Gelfand, 1998;³³) Triandis, 1995³⁴).

Chang (2006), another dance/movement therapist from the US, researched cultural competency in DMT by providing 12 weekend workshops in Korea, with 16 hours of instruction per weekend. A total of 19 students (female n = 17, male n = 2), aged 27 to 40 (M = 33.5), participated in the study.³⁵) Qualitative data were gathered based on in-depth interviews and videotaped observations. The research revealed that Korean participants had difficulties with self-disclosure and verbal expression in a large class, as the students were used to a didactic teaching style where the teacher-centered model always expected “[a] right answer” (p. 202).³⁶) Therefore, when the students first experienced a student-centered model where they were asked to lead rather than follow a teacher’s movement, they were confused. However, the participants gradually recognized the benefits of the student-centered dance/movement directives through self-reflection and self-awareness.³⁷)

With regard to cultural competency in DMT, Chang (2009) suggested that “unlike the pragmatic and student-centered education of the United States graduate dance therapy program, the habits of education in Korea are based on Confucius’ principles in which a hierarchical relationship dictate[s] not only [the] education system, but all interactions.”³⁸) The high value of harmony is emphasized, which also extends to relationships between teachers and students. Chang (2009) observed this tendency in regard to the relationship between Asian students and teachers in peer-oriented Western DMT programs. Therefore, international students new to the US may need to learn unfamiliar skills like questioning teachers and actively offering their verbal presence to be successful in Western classrooms. For example, in Western DMT training, nondirective improvisational movement was used as a way to learn about the self; this approach confused Korean students.³⁹) The findings imply that the Korean students were challenged to adhere to a new cultural paradigm, as they were asked to create their own movement without the teacher’s demonstration. For Korean students—who were

31) Young Seo(2010), Individualism, Collectivism, Client Expression, and Counselor Effectiveness among South Korea International Students, *The Counseling Psychologist*, 38, pp. 824-847.

32) Derald. Wing. Sue, Jennifer. Bucceri, Annie. I. Lin, Kevin. L. Nadal, & Gina. C. Torino(2007). Racial Microaggressions and the Asian American Experience, *Cultural Diversity and Ethnic Minority Psychology*, 13(1), pp.72-81.

33) Harry. Charalambos. Triandis(1995), Individualism and collectivism (Boulder, CO: West View Press).

34) Harry. Charalambos. Triandis & Michele. J. Gelfand(1998), Converging Measurement of Horizontal and Vertical Individualism and Collectivism, *Journal of Personality and Social Psychology*, 74, pp.118-128.

35) Meg Chang(2006), How Do Dance/Movement Therapists Bring Awareness of Race, Ethnicity, and Cultural Diversity into Their Practice? In S. C. Koch & I. Brauningner (Eds.), *Advances in Dance/Movement Therapy: Theoretical Perspectives and Empirical Findings* (Berlin, Germany: Logos), pp.193-204.

36) Ibid, p.202.

37) Ibid.

38) Meg Chang(2009), Cultural Consciousness and the Global Context of Dance/Movement Therapy. In S. Chaiklin, & H. Wengrower (Eds.), *The Art and Science of Dance/Movement Therapy: Life is Dance* (New York, NY: Routledge), p.306.

39) Ibid, pp. 299-316.

familiar with a cultural paradigm in which they are expected to do whatever the teacher requires and to give a right answer—creating movement on their own clashed with their expectation and experience of a teacher-centered model. Unfamiliar with this non-directive and student-centered approach, Korean students, and those teaching them, had to spend much time learning how to adapt.

Chang (2009, 2006)⁴⁰⁾ and Dosamantes-Beaudry (1999)⁴¹⁾ emphasized the challenges and differences between students from the East and DMT teachers from the West. Both noted the effects of cultural influences on the ways DMT education is received and offered, and specifically brought awareness to differences in movement repertoire, level of creativity, self-expression, and verbal sharing. Their research findings speak to the importance of DMT educators having an understanding of their students' cultural backgrounds in order to successfully import DMT from the West to East Asia.

Another interesting aspect of the influences of Western visiting trainers or returnees who completed DMT training in the US is the development of DMT education in local areas. There are currently 28 international DMT programs, and Hong Kong and Korea have established DMT training programs at the graduate level,⁴²⁾ indicating a rapid growth of DMT by returnees and local dance/movement therapists. None of these international DMT programs has been approved by the ADTA, which implies that they are not qualified to issue the credentials of R-DMT and BC-DMT.

IV. Cultural Differences in Dance/Movement Therapy

Several researchers from Asian cultures have described the cultural mismatches that arise when DMT is conducted cross-culturally. Sakiyama and Koch(2003) pointed out differences in perception concerning DMT movement interventions that use physical touch and personal space as they occur within the cultural context of Japanese society. People in Japan naturally flow in and out of others' spatial boundaries and are accustomed to interpersonal physical touch.⁴³⁾ It is helpful to look at elements of Asian languages to further understand this aspect of Asian culture. The Chinese character (Chinese characters influenced Korean and Japanese characters) for human is a hieroglyph, written as “人間” [human]. “人” [person] signifies not only a single person but also the concept that humans—in order to be human—need the existence of others in nature. “間” [space between] contains the meaning of relationship in a social place. The human relationship, as conceptualized in East Asia, seems to be clearly represented by this hieroglyph, indicating in both pictorial form and linguistic meaning that an

40) Meg Chang(2009) & (2006).

41) Irma Dosamantes-Beaudry(1999).

42) ADTA(2017), International programs. <Retrieved from <https://adta.org/international-programs/> 2017. 7.30>.

43) Yukari Sakiyama, & Nana Koch(2003), Touch in Dance Therapy in Japan, *American Journal of Dance Therapy*, 25(2), pp.79–95.

individual is defined by the existence of two individuals who rely on each other. This connection to language indicates a different level of comfort regarding interpersonal space and physical touch in Asian cultures.

Sakiyama and Koch's (2003) studies used different types of physical touch in an open DMT group that consisted of five to eight clients in a local clinic in Japan from December 1997 to October 2005. The DMT sessions that incorporated touch were conducted twice per month, and each session lasted for two hours, including a short break. The researchers discovered that those outside of Japan often viewed the phenomenon of physical touch and personal space from a different perspective than did the Japanese. Those from outside Japanese culture often operated under the assumption that the Japanese do not actively express themselves in a physical manner or communicate through their bodies and that it is difficult to read their expressions. In reality, the Japanese were naturally open to using physical touch and rhythmic touching. In contrast, the Western perspective considers physical touch a very sensitive matter and one that could—and does—bring up ethical issues.⁴⁴⁾

Sakiyama and Koch(2003) argued that the use of touch might enhance Japanese patients' interactions, leading to healthier and more supportive contacts, since people in Japan not only consider the body and mind as interrelated, but also as representing an encompassing state of mind, heart, and spirit.⁴⁵⁾ Sakiyama and Koch's article implied the need for cultural considerations in DMT assessment and education, as movement, touch, and proxemics must be viewed through culturally informed lenses. This cultural sensitivity will help prevent misinterpretation and misleading sessions. Sakiyama and Koch's study emphasized the importance of bringing awareness to the cultural aspects in DMT training and clinical work.

Another area for cultural discrepancy in DMT is in the way dance/movement therapists assess movement. Laban Movement Analysis(LMA) is an observation and assessment tool developed from 20th century European movement patterns(Von Laban, 1975);⁴⁶⁾ it is also a mandatory course in DMT training. Tepayayone(2004) investigated how cultural influences on attitudes, values, and biases affect the assessment of movement. In this study, four trained dance/movement therapists were selected intentionally from four different ethnic groups. Data were gathered based on video ratings, narrative questionnaires, and in-depth interviews. Results indicated that when observers from different cultures rate movement, their cultural background influences the way they perceive and process movement for assessment. Tepayayone's (2004) study suggests that observation and assessment need to include not only an awareness of body motion, but also consideration of historical, cultural, and ideological aspects in the analysis of human movement. This indicates the importance of

44) Ibid.

45) Ibid.

46) Roudolf Laban(1975), *A Llife of Dance* (Trans. L. Ullmann), (New York, NY: Theater Arts).

considering the cultural influences and backgrounds of both the observers and those being observed in DMT training and movement assessment.⁴⁷⁾

Kaji, Miyagi, Ito, Komori, and Matsuo(2002) conducted a case study of four health professionals' experiences in an informal DMT training that was conducted by Amy Wapner, a dance/movement therapist from the US. All participants were from different professions: social work, nursing, clinical psychology, and occupational therapy.⁴⁸⁾ Kaji et al.(2002) discovered that during the informal series of short seminar-style DMT trainings, there were not many language-related difficulties, as movement—a nonverbal communication tool—corrected any verbal communication difficulties. However, participants experienced emotional anxiety due to an inconsistent systemized training structure which indicated that providing well-structured education is important from students' perspectives.⁴⁹⁾

Ho(2004) conducted a pilot study for cancer patients based on six consecutive 90-minute DMT sessions in Hong Kong. Goals for the group sessions were for the participants to enhance emotional expression and regain comfort in their bodies.⁵⁰⁾ Results indicated that “Chinese people are not accustomed to dancing and moving in front of others”⁵¹⁾ and therefore require more time and encouragement to develop self-expression in movement. Chinese culture is unfamiliar with core essences of emotional expression, body movement, and individuality, especially in public places.⁵²⁾ This study indicated the importance of developing cultural sensitivities and competencies in DMT education and clinical work.

Clearly, there is potential for cultural and educational gaps when Westerners conduct DMT training in East Asia without understanding cultural norms and learning styles. Of course, this gap also needs to be addressed when Asian dance/movement therapists are trained in the West and then bring DMT to East Asian countries. Hervey and Stuart(2010) emphasized the need for cultural competency in the DMT approved programs in the U.S. by saying educators need to “embrace, develop, and teach to the cultural competencies unique to DMT.”⁵³⁾ Also, Chang(2009),⁵⁴⁾ Ko(2016),⁵⁵⁾ (2017),⁵⁶⁾ Tepayayone

47) Warin Tepayayone(2004), Culture, Perception, and Clinical Assessment in Dance/Movement Therapy: A Phenomenological Investigation (Unpublished master's thesis), Drexel University, Philadelphia: PA.

48) Miyuki Kaji, Tadashi Miyagi, Asuka Ito, Chiyoko Komori, Toshiko Matsuo(2002), Development of Dance/ Movement Therapy Program in Japan: A Case Study, *American Journal of Dance Therapy*, 24(1), pp.17–26.

49) Ibid.

50) Rainbow Tin Hung Ho(2005), Effects of Dance/Movement Therapy on Chinese Cancer Patients: A Pilot Study in Hong Kong, *Arts in Psychotherapy*, 32(5), pp.337–345.

51) Ibid, p.343.

52) Ibid.

53) Lenore Hervey, & Lindsay Stuart(2012), Cultural Competency Education in Approved Dance/ Movement Therapy Graduate Program. *American Journal of Dance Therapy*. 34(2), pp. 85–98.

54) Chang(2009).

55) Ko Kyung Soon(2016), East Asian Students' Experiences of Learning Dance/Movement Therapy in the US: A Phenomenological Investigation. *American Journal of Dance Therapy*, 38(2), pp.358–377.

56) Ko Kyung Soon(2017), A Broken Heart from a Wounded Land: The Use of Korean Scarf Dance as a Dance/Movement Therapy Intervention for a Korean Woman with Haan. *The Arts in Psychotherapy*, 55(4),

(2014),⁵⁷⁾ and Ho(2005),⁵⁸⁾ cultural influenced dance/movement therapists suggested that DMT needs to develop awareness of social conditions and embedded cultural mores.

V. Conclusion

Cultural traditions in East Asia have long linked body and mind, not only in dance but in general day-to-day practices. The seeds of DMT were sown by visiting scholars from the West and have been nurtured by East Asian practitioners who studied abroad and brought back DMT teachings to their native countries. However, there have also been barriers and challenges in applying DMT to places with different customs and beliefs. This study calls attention to researchers, educators, and dance/movement therapists' continuous efforts to bridge the divide between Western and East Asian cultures.

pp. 64-72.

57) Warin Tepayayone(2004).

58) Rainbow Tin Hung Ho(2005).

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West Meets East: Dance/Movement Therapy

Ko, Kyung Soon

Lecturer, Seoul Women's University

This article reviews the literature regarding the growth of dance/movement therapy (DMT) in the United States and its expansion to East Asian countries. The purpose of the literature-based study is to investigate how Western culture-based dance/movement therapy in the US can be applied to East Asia, where different cultural aspects dominate. This review attempts to initiate both discussion and research on how dance/movement therapy – as a form of psychotherapy – can be relevant in places that have different cultural social norms, life styles, and relationships. This study indicates that considerations of cultural aspects are crucial to indigenizing dance/movement therapy in new settings.

Keywords: Dance/Movement Therapy(무용/동작치료), Psychotherapy(심리치료), Indigenization(현지화), Cultural differences(문화적 차이), Self-construals (자기개념)