



## Turning data into dance: Performing and presenting research on oppression and the body



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### ABSTRACT

Multiple qualitative research methods were employed to explore the somatic effects of oppression on people living in marginalized social categories. Interviewees became co-researchers and co-creators as an inclusive means of further disseminating and investigating themes that arose in the research project. By choreographing a public performance over the course of five months and folding in personal artistic inquiry, the authors developed a collaborative relationship around themes of transgender identity and the somatic effects of oppression. In this way, a synergy was achieved between the research methods used and the need for research to contribute to the resolution of body oppression in society.

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“As a live medium, theater has the potential to refigure the visual and linguistic codes that have worked to construct the disabled [queer/trans] person in society and to collapse the distance between performer and audience” (Fox, 2004, p. 236)

### Introduction

What are the somatic effects of oppression on people living in marginalized social categories? This research question has compelled the authors and other researchers to investigate, via qualitative and arts-based performance methods, the lived experiences of over 30 co-researchers who identify as disabled, as LGBTQ (lesbian, gay, bisexual, transgender, or queer), as a person of color, or as occupying other oppressed identities. The term transgender (“trans\*”) refers to someone who has a gender identity or expression that is different from the sex they were assigned at birth (Enke, 2012).

Oppression occurs when an individual or group keeps down another individual or group via an unjust use of force or authority. To *oppress* literally means to press down, with implications of restraining or preventing motion or mobility (Frye, 1997). Traditionally, oppression has been understood as a socio-political and psychological activity used to exploit entire populations and individuals. Oppression takes root when differences between

individuals or groups are manufactured or highlighted, and these differences are leveraged to create narratives that legitimize and normalize some groups while delegitimizing and making abnormal the ‘others.’ Examples of oppression include racism, sexism, classism, ableism, heterosexism, sizeism, transphobia, and other -isms that systematically work to reinforce the imbalance of power between groups and individuals.

Much has been written about how oppression operates and how it is enacted in different cultures and groups (Fuller, 2003; Johnson, 2001). In this article, a few specific and less researched features of oppression will be considered, particularly the ways in which oppression can be used against the body in general and against specific bodies in particular. In other words, the body itself is often marginalized and seen as both wrong and less than the mind, particularly in Western and developed countries. The bodies of specific groups are also regarded as wrong (wrong skin color, wrong hair, wrong eyes, wrong body parts, wrong way of walking, etc.) as a means of identifying differences from the preferred norm (those with the power to oppress).

Another less understood feature of oppression is that it can often be enacted from body to body via non-verbal means such as claiming more space, dominance gestures, facial expression, and voice tone and volume (Henley, 1977). Likely because of this embodied nature of oppression, the act of being pressed down and restricted can have bodily repercussions. An increasing body of research has explored this correlation, noting that oppressed groups, even after controlling for class and access to healthcare, suffer many differential health outcomes, such as higher rates of heart disease, autoimmune disorders, stress-related illnesses, and certain cancers (Feagin, 2001). Although the differentials in physical health

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outcomes are increasingly well understood, the somatic outcomes of oppression are not.

The word ‘soma’ derives from Greek and is another word for ‘body.’ In modern Western contexts, soma has been expanded to include feelings in the body, attitudes about the body, and the ability to be present with sensations and movements the body enacts (Hanna, 1987, 1988). A somatic experience, therefore, is not just biological but also social, emotional, and psychological. A somatic effect would alter our body image, our ability to track and appreciate sensory experiences, our expressive movement, and our ability to hold our bodily life in high regard.

What, then, are the somatic effects of oppression? How can oppression influence how we carry, think about, and care about our bodies? How might we research these questions in ways that embody methods that give the body a direct and empowered voice? How might we use the answers to these questions as leverage for social change?

### Design, methods, and analysis

In 2009, Dr. Rae Johnson (then at the University of Toronto) and Dr. Christine Caldwell (Naropa University) began a qualitative research study that endeavored to tackle these questions using arts-based approaches. Research in the arts and arts-based therapies can take many forms, and because these fields can be said to be inherently embodied and oriented toward creative processing, research methods that match these values are increasingly being centralized (Denzin & Lincoln, 2008; Stoecker, 2005). At the same time, social justice activists have long criticized the assumptions and actions of constructivist research, noting that it can further marginalize and oppress people who live away from the peaks of bell curves (Dudley-Marling & Gurn, 2010).

It was in these contexts that Dr. Johnson and Dr. Caldwell developed a research study that sought to use post-modern methodology to study the somatic effects of oppression. Using grounded theory, they sought to answer questions about how people from marginalized social categories experienced oppression in their bodies and what effects oppression had on their bodies. They used semi-structured qualitative interviews with 30 participating co-researchers who identify as disabled, LGBTQ, a person of color, or as occupying other oppressed identities to examine the lived experiences of oppression in a somatic context.

Rae and Christine were interested in counteracting one of the central criticisms of classic academic research—that the projects and collected data were not used so much to benefit the research participants and their communities but were often used to facilitate the careers of the researchers. Although they were committed to publishing their findings, they also decided to use arts-based venues to enable the data to be disseminated into the community in ways that could educate, challenge, and move diverse audiences as well as be usable by the interviewee co-researchers. In this way, research can be used not just to advance a career or a particular field of study but to directly contribute to the alleviation of oppression in society.

Breaking down the distinction between the researchers and the persons being researched was one way this value was promoted. Instead of interviewees being called ‘participants,’ they became co-researchers, actively involved in the creation of data, the data analysis, and the dissemination of the results. One such co-researcher, interviewed by Christine Caldwell, was Owen Karcher. At the time of the study, Owen was an Art Therapy student at Naropa University who was transitioning physically and socially from female to male and was using art as a way to understand and explore his identity and somatic experience. Over the course of eight months, Owen and Christine engaged in three in-depth

interviews that captured Owen’s experience of oppression as a transgender person, his experience of transition, and his feelings and attitudes about his body. Owen and Christine experienced the data from these interviews as powerful, emotionally moving, and important, and they decided to use the interviews as a springboard to choreograph and perform a multi-arts production in Naropa University’s annual Somatic Arts Concert. Thus began a five-month odyssey of studio work, video documentation, collaboration with other performers and choreographers, late nights, and performance anxieties that culminated in three performances in January 2012 that reached 600 people.

### Performance as a tool for social change

A strong motivating factor for presenting the collaborative performance publicly was the possibility of positive social change as a result. The act of creating the work and coming to a deeper personal understanding of identity was something that could be shared with the broader community in an attempt to bridge personal discovery with an act of arts activism (Frostig Newton, 2011). Studies have assessed the effect of publicly displayed artwork created by members of marginalized communities. Findings from one study (Potash & Ho, 2011) found that artwork displayed by people with mental illness helped viewers relate to the artists, fostered empathy, and advanced attitudinal changes.

In a chapter of *Queering Disability* (2004), Fox argues that representing queerness and disability through theatrical work can effect social change. She mentions the limited representations of queer and disabled bodies through performance, literature, and drama as metaphors and with aspects of voyeurism that reinforce the notion that these bodies are abnormal and should be rejected and repressed, exploited, excluded, and violently obliterated. Creative works shown publicly can contribute to an expanded narrative of queer experiences and challenge the expectation that these bodies can be observed and oppressed without consequence. One aim of this public performance was to offer an alternative view of Owen’s identity group to include a narrative of struggle and also one of joy and expansion.

### Methods/process of creating performance

The collaboration was unique in that Owen was neither a “performer” nor a somatic/dance therapist, and Christine was a cisgender woman who did not study art therapy or arts-based research in the way Owen used it. *Cisgender* is a term to denote a person whose gender identity matches the sex they were assigned at birth. Christine’s understanding of Owen’s experience was limited to what he told her or what she learned from other interviews and experiences of gendered politics she encountered as a cisgender female. The initial interviews were completed before Owen had decided to change his name, begin hormone replacement therapy, and pursue gender affirmation surgery in the form of a double mastectomy/chest masculinization. Throughout the collaboration, Owen was physically and socially in a process of transition, and he continues to shift in his understanding and embodiment of his social and internal gender identities. Owen was not accustomed to paying attention to somatic expressions of emotional experiences and then communicating these through movement. He needed help translating his experiences and artworks into a three-dimensional performance format.

During the five-month span of working to ‘perform the data analysis,’ the act of moving together improvisationally, followed by discussing their feelings and thoughts about how it felt and how to craft the piece, generated a deeper relationship to the data and to each other. Owen’s background in art, particularly drawing, became

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