Protest is Mental Health: Afrocentric Healing in a Dance Movement Therapy Session

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Abstract
The black female and male forms are constantly violated by lack of access to education, diagnosis of “illness”, and reinforced stereotypes of aggression. An embodied exploration of the Pan-African dance technique known as Umfundalai (pronounced ma-foon-da-la) provides a deeper understanding of protest within the arts. I will show how therapeutic values inherent in the stylized movement vocabulary of people of the African Diaspora and the utilization of their culture are a viable resource for healing in an acute care psychiatric hospital. I discuss current stereotypes, social constructs and mandates related to what Brenda Dixon Gottschild considers to be the ‘black dancing body’ in America. I then discuss how policing the black dancing and moving body occurs throughout various interlinked systems in America.

Keywords: stereotype, construct, mandate, African-American, protest

Traditional Dance
Some of the earliest African-American ‘protest dances’ to come through this torturous journey into the New World were various versions of shouting. The ring shout, a circular dance, performed close to the ground, where the feet shuffle along the ground and the body is set free (Welsh et al. 2016), was performed as ritual but also at any gathering of the black dancing body, particularly on Sundays where the non-verbal expressions of enslaved Africans could be released, so to speak, in the presence of a self-appointed master. Gottschild (2003: 3) took a similar action
connected to the eventual civil rights sit-ins by submitting to the trials of attending auditions in traditionally white spaces so that her black presence could not be totally ignored. Shouting is verbal, yet just as powerful when performed non-verbally, in non-traditional spaces.

**Systems of Oppression**

The 1890 Louisiana Separate Car Act or Withdraw Act, which introduced the doctrine of separate but equal, directly impacted blacks gaining their education. Six years later, in *Plessy v. Ferguson*, the U.S. Supreme Court upheld this ruling after Homer Plessy sat in the “whites only” section of the train as an Octoroon: someone with 7/8 white ancestry and 1/8 black African ancestry. By the time the Scholastic Aptitude Test was constructed in 1926, which was an additional privilege of the upper class to gain access to colleges and universities (Manhattan Review 1999), scores were used as evidence of blacks lacking intelligence. According to Williams, “most tests take the philosophic frame of reference that white, middle-class standards are the correct ones” (1973: 31). The original ruling was overturned fifty-five years later when *Brown v. Board of Education* (1951) deemed segregation separate but not equal. Yet, this continues to be an issue in our education system.

Regardless of their educational level, the Illinois Department of Public Health (2018: 5) found that non-Hispanic black women are six times more likely to die of a pregnancy-related condition as non-Hispanic white women. According to Martin and Montagne (2017), this translates to black women being 243 percent at higher risk because of bias regarding black people having a higher threshold for pain. Nash (2019: 30) states that the black maternal body has become a symbol for the deathly work of anti-blackness and misogyny, and black motherhood itself is constituted by its imagined proximity to trauma, injury, and precarity, by its location as the crisis. The United States maintains a 1907 public policy that grants the government the right to sterilize unwilling and unwitting people, typically women of certain ethnic groups such as Native American, Latinx, and African-American. The construct of defining an illness and receiving proper care excludes black women and the bias is rampant in our healthcare.

The popular opinion of physicians, prior to the Tuskegee Study, was that “lust and immorality, unstable families, and reversion to barbaric tendencies made blacks especially prone to venereal diseases” (Brandt 1978: 22). During the Reconstruction era, Black Codes subjected newly freed slaves to arrest if they did not show employment papers or pay a yearly tax to hold another occupation besides farmer or servant. Jim Crow laws, for example, stated that a black male must cross the street before passing by a white female. The Broken Windows Policy (Kelling 1982) and the now unconstitutional practice of stop-and-frisk contributed to broken families and harassment of minorities, whom I call majorities since most of the world is people of color. The idea that African-Americans need someone overseeing them because they need a master of their bodies is reinforced through criminal law. The people being affected by the mandates raise their hands in fists because nobody is listening. When we continue to maintain this falsely constructed reality about what aggression should look like, we allow a continued violation of the black male body.
The Session

Dance Movement Therapy (DMT) is a way to fully organize all the parts of one’s self, spiritual, emotional, physical, cognitive, cultural, and political, in order to bring about better awareness of the relationship between self and other. Ten years ago, while working at an urban, acute care, adult inpatient psychiatric hospital, I developed a structured fifty-minute DMT session entitled Body Impressions: The Healing Power of Dance, in order to address the needs and wants of clients from the African Diaspora. Infused into the session is Umfundalai (“essential”) technique (1970), a codified and holistic pan-African movement method created by Doctor Kariamu Welsh. We count in Kiswahili (“an African dialect”). We replace Eurocentric terminology such as “plie” with descriptors like “soft knees”. We arrange movement by how it sounds rhythmically (ya, baaa diya) rather than what count the movement is restricted to in the music, as we move through a traditionally oppressive setting to discharge. Clients of the African Diaspora may express resistance to treatment because they are better with acknowledging history than the clinicians. Therefore, I deemed it appropriate to engage clients who identify as members of this group, by meeting them where they are, a familiar stomping ground of shared and often parallel experiences. We cannot erase what is already built into the body to keep it healthy. Clients exhibit the ability to execute movement vocabulary, adjust for their individual needs, and learn about the connection between the New World, known as America, and the continent known as Africa. In these moments, I am able to see their thought organization and ability to interact calmly.

Hidden Messages

There is the power of the Umfundalai Stance: the pulling down to go up sensation that is present when you stand with your weight over your toes, knees soft (slightly bent), hands cupped, palms facing back, and shoulders down. That sense of grounding one’s self within the technique might feel familiar to clients of the diaspora because of the commonality of other traditional African-based movement styles such as Jazz, Lindy, House, Breakin’, Salsa and Freestyle—the list goes on. Based in African tradition, whether people realize it or not, is a grounding, down into the earth quality.

If you have the clients organized enough to handle something outside of the larger circle, they soon create a circle within a circle known as Nanigo. This spatial formation is named after the traditional Afro-Cuban rhythm that is used in an experience of a Umfundalai class. We may use recorded music with 808s but every once in a while, we have clients who are also drummers, who play out the hidden message of our ability to transmute that gets spoken through the drum. Another movement to incorporate in this moment is the head articulation. When we acknowledge the four points of the universe, seeing where you are, seeing where you are going, and seeing where you came from, we organize the body within the environment and prepare the community for action.

Walk strong is another concept regarding gender and age. You are allowed to move your hips if you are male. You are allowed to be strong if you identify as female. You are allowed to shift from one to the other. Participants are not restricted
to gender constructs. Of note are traditional dances where the men emulate the women as a way of honoring them.

Artistic Inquiry

Nance (2014) provides an in-depth analysis of Kariamu & Company: Traditions’ various performances of *Raaahmonaaaah!* (1989), an on-stage account of the 1985 attack on members of the MOVE organization in Philadelphia and their subsequent act of resistance. Kariamu Welsh had a desire to “fill a void in movement forms for African-Americans that affirmed their experience in the United States” (Mills 1994: 37). Mills writes that this codified movement system is applicable within three settings: educational, recreational, and professional (1994: 37). This codified protest, containing stories of a people, counteracts the dominant cultures of dance therapy and psychiatry because it is designed with African-Americans in mind. This method is currently being utilized in its fourth application of a therapeutic setting when applied as an effective intervention for traumatized clients of the African Diaspora.

Recently, I have witnessed the funeral procession, so prominent in African-American culture, be replaced by marches and protests. Yet, that has always been a part of our healing process. The lifting of the feet is always emphasized as well as the sound that steps make upon returning to the earth. The impact is so vital that there are different variations of stomping throughout African and American dance culture, which mirror the natural swag of the way my uncle or cousin might enter a room. These intricate and delicate aspects of my culture get drowned out, negated, and then reinstated with the need to exert control on the movement of a people.

As a clinician, I have to constantly experience what my patients feel, which can be difficult if I have no frame of reference for their lives. If I am able to use a cultural frame of reference as a resource, to mirror and reflect back to the clients these moments filled with rage, anger, distrust, impulsivity and fear, then I can continue our protest into the next session of healing.

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References

Bibliography


