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THE ROLE OF DANCE/MOVEMENT THERAPY IN TREATING AT-RISK AFRICAN AMERICAN ADOLESCENTS

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Growing up Black in urban America is a venture of peril. A day in the ghetto-bound existence of African American adolescents produces minute-to-minute casualties of an insidious neglect generations in the making (Children's Defense Fund, 1995). Every 85 seconds a Black child is born into poverty (Children's Defense Fund, 1995) and its chances of overcoming the deleterious effects of marginalization have appeared to worsen over the last three decades (Gibbs, 1989).

Homicide, suicide, addiction, delinquency and teenage parenthood are just some of the psychosocial ailments that jeopardize the development of these youths (Gibbs, 1989). Although these problems prevail in the general teenaged population, affecting Whites as well as non-Whites (Children's Defense Fund, 1995), Black youth comprise nearly half the total Black population; therefore the impact of these difficulties presses all the more hazardously on the well-being and survival of the community-at-large (Children's Defense Fund, 1995; Gibbs, 1989).

In 1993, 11 million Black children constituted 16% of the youth population and nearly half were living at poverty levels (Bureau of the Census, 1994). Black children are three times as likely as Whites to be born into poverty (Bureau of the Census). Homicide is the leading cause of death among Black adolescents, both male and female (Children's Defense Fund, 1995). However, Black males, ages 15-25, are the most vulnerable. A Black male teenager between the ages of

15 and 19 is nine times more likely than his White peer to be a homicide victim (Children's Defense Fund).

The labels "at-risk" and "endangered species" (Gibbs, 1984) have become synonymous with poor urban Black youth, whose environmental conditions render them among the most vulnerable to social and psychological dysfunction in contemporary society (Gibbs, 1989).

Severe social stressors wear on the fabric of marginalized existence to create chronic patterns of psychosocial imbalance (Franklin, 1989; Gibbs, 1989; Meyers, 1989). For example, homicide rates are highest in large urban areas where poverty, poor housing conditions and unemployment prevail (Staggers, 1989). The suicide rate is linked to exacerbated stress related to unemployment, decreased access to education and the stresses of peer competition (Gibbs, 1989; Staggers, 1989). Additionally, substance abuse thrives on a cross-generational pattern of chronic welfare dependency (Gibbs, 1989). The feelings of vulnerability, hopelessness, frustration and anger that are bred under these conditions end up draining the coping resources of adolescents, leaving in their wake the psychological and psychosomatic symptoms of maladaptive adjustment (Staggers).

There is little to arm these embattled youths in their struggle toward adulthood when their own family and community supports have disintegrated under the same pressures they are forced to contend with

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(Children's Defense Fund, 1995). Without the protective buffers of a reliable home and community network in place, their transition to becoming adults is further undermined by the effects of racism that threaten their developing self-concept (Meyers, 1989).

The perpetual struggle to function adaptively under inhospitable circumstances renders the at-risk Black adolescent more vulnerable to depression, conduct and post-traumatic stress disorders as well as to a high incidence of somatic symptoms, mainly asthma and hypertension (Gibbs, 1991; Staggers, 1989). African American children were reported to be found in state and county psychiatric and mental health facilities in numbers well exceeding double those of White children (Greene, 1992). Typically diagnosed with disorders of adjustment, socialization and impulse control, young Blacks tend to manifest their distress in outward expressions of anger and anti-social behavior (Meyers, 1989). Depression is the single common denominator underlying these diagnoses (Fuller, 1992; Gibbs, 1991; Meyers, 1989) rendering the young adults incapable of altering the vicious cycle of their own victimization.

The potentials of Black children must be assessed and nurtured on the merit of their own strengths. Otherwise the adaptive advantages of culturally specific skills and assets may continue to go unrecognized within the limited range of sanctioned behaviors (Hale-Benson, 1986; White, 1991). It was my experience in recognizing how a culturally specific skill could serve the clinical treatment of at-risk Black American adolescents that determined the direction of this paper. With surprise and relish, I came upon a group of in-patient youngsters at an inner-city psychiatric hospital, who, for the most part, were most eager to dance and most adept at expression through improvisational movement. These were adolescents who fit the at-risk profile neatly. Most were experiencing substantial difficulty functioning in their home environments, whether with their families, foster parents or assigned residential placements. Many were already entangled in the legal system and remanded to detention centers. Physical and sexual abuse figured among their childhood traumas, along with chronic inconsistency in care giving. They would reach adulthood, many skewed by an unharnessed rage that threatened in the form of suicide or homicidal threats. Their vision of the future was dimmed by the weight of developmental deficits, rendering their panorama of opportunity very slim. Still, these youths possessed a

creative resource that could nourish a unique rendering of themselves through expressive movement and dance. Even under the stress of repeated hospitalization, the mere sound of a favorite song would transport many of them to a place of profound expression.

My search for literature highlighting the clinical application of dance in the treatment of African American adolescents revealed none that had been published. Despite my faith in the potentially compatible match between dance/movement therapy and this population, there were no available references on the subject. There was, however, a substantial body of literature addressing the multicultural approach that values African American identity and experience from an intrinsically Black cultural view. It further argues that prevalent psychodynamic models, Euro-American in origin, fail to acknowledge the strengths and skills in the African American coping repertoire that are potential building blocks for treatment and educational programs.

Dance and Black Behavioral Styles

Dance played a significant role in the lives of Black Americans prior to their forced journey out of Africa and has endured as a primary language of expression and release through their subsequent trials as slaves and a free people on the American continent (Emery, 1988; Haskins, 1990; Thorpe, 1989). "Dance is as natural and instinctive to (Blacks) as conversation," noted dance historian Edward Thorpe (1989). "Practically every human emotion—joy, sorrow, anger, fear, pity, religious ecstasy—is habitually displayed in daily discourse through dance. . . ." (p. 1).

Indeed, in West Africa, home to most of the slaves sent to the American and Caribbean mainland, dance served as the primary vehicle for religious and secular observance. It was the language of ritual that prevailed in tribal interaction (Haskins, 1990; Thorpe, 1989).

Dance ritual functioned as a sort of central ordering system, providing meaningful structure to African communal activity in its religious and secular expressions (Emery, 1988; Hannah, 1979). Not only did it serve the tribe in mediating significant transitions in the human and natural spheres, but it also provided a mechanism for communal coping—an expressive outlet with restorative benefits to ensure healthy adaptive functioning, particularly under difficult circumstances (Hannah).

Once the conveyer of a vital and expressive cul-

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