



BERN—A METHOD FOR ANALYZING DANCE/MOVEMENT THERAPY GROUPS

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The field of dance/movement therapy (dmt) lacks a broad conceptual framework for explaining group functioning. It is ironic that while most dance therapists work with groups, most of the research to date focuses on individuals. This is in part because there is no comprehensive system for examining group patterns in dmt, whereas there is a conceptual framework for understanding and examining individual movement patterns—Laban analysis (Laban, 1960). This study meets the need for a broad conceptual framework by offering a social systems approach to the study of dmt groups.

Currently, there are three research approaches that examine videotapes of group dmt through the lens of systems theory. They are Dance Therapy Analyses (DTA) (Schmais & Felber, 1977); Structural Analysis of Movement (SAMS) (Johnson & Sandel, 1996); and Analysis of Interaction in Movement Sessions (AIMS) (Koch, 1990).

DTA (Schmais & Felber, 1977) looks at the interaction of group behaviors such as proxemics, touch, vocalizations, synchrony, formations, etc. For example, their analysis of a dmt session with adolescents revealed that moving synchronously and touching, while in a circle, preceded breaking up into smaller grouping. Apparently, in this group, the experience of closeness enabled group members to exert their autonomy and leave the circle.

In a similar study with adolescent in-patients,

Moss (1978) found that the group used touch, synchrony and group vocalizations to remain within the structure of the circle. She attributes this to the active role of the leader, as well as to the strong dependency needs of the group.

Hirsch and Summit (1978) applied DTA to a session with psychotic in-patients. They determined that touch at arms length and moving in and out of the circle enabled the group members to become close to each other.

SAMS looks at the interaction of tasks (actions and sounds), space (circles, lines, clusters, etc.) and role (group leader, sidecoach, audience, etc.). The focus is on how the group works or is not working towards its goal in dmt sessions. In a study comparing high and low functioning patients in dmt sessions, Johnson and Sandel (1977) found that high-functioning patients were able to maintain their tasks and roles, whereas the lower functioning patients had difficulty maintaining stability; however, they tended to be more stable when the task was not interactive.

In Bruno's (1981) study, an adult schizophrenic group became unstable when they were dealing with highly affective material, a complex task or a disruptive individual.

SAMS was also used to trace the development of a group of low-functioning patients over a 10-week period (Sandel & Johnson, 1983). Initially, the group was socially adaptive and compliant. In the middle

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phase, the group developed some intimacy and could tolerate loose structures. The last phase was characterized by low attendance, fragmentation and loss of group identity.

Leadership was examined in two studies using SAM's methodology. The first study (Johnson, Sandel, & Eicher, 1983) analyzed the management style of three dance therapists. Each therapist led three sessions, one with a so-called normal group, one with a group of people designated as character-disordered and one with a group of individuals diagnosed as schizophrenic. The results show that each group responded best to a particular style. The schizophrenic groups responded favorably to the leader who evoked intimacy, while maintaining boundaries, whereas the normal groups preferred a *laissez-faire* style. The character-disordered groups responded to clarity and a well-boundaried social environment. In a similar study (Johnson, Sandel, & Bruno, 1984), three dance therapists separately led groups of normal, schizophrenic and character-disordered people in two dmt sessions. In the first session, they used specific, designated activities, whereas in the second session, they relied on the spontaneous development of movement. The character-disordered clients preferred the highly organized sessions, while the schizophrenic groups responded better to a more open-ended approach. The normal group was dissatisfied with the open-ended session, responding with boredom, but not with the disruptive behavior that was typical of the character-disordered clients.

AIMS (Koch, 1996) provides a second-by-second analysis of how a group organizes itself through the subtle and not so subtle behavior of its members. Koch looks at the interaction of four system elements: boundaries, feedback, steady state, and system tension, in combination with three behavioral elements: directives (verbal and movement instructions), orienting (visual and postural focus) and positioning (postures and movements).

Much of what appears in the first viewing of the videotape is countervailed in the microanalysis. For example, in one portion of the tape, it appears that group action comes to a halt when the therapist leaves the circle to change a record. However, close examination reveals that the cessation of movement is jointly negotiated by the members even before the music stops. In another segment, it appears as if a disruptive member is stepping out of the circle. However, second-by-second analysis reveals another story, namely, that he is pushed out by the other group

members. The members opposite him lean forward, three members gaze directly at him and the members on either side of him literally put pressure on him to move.

Each of the models presented addresses a specific aspect of dmt and yields valuable information, but none of them address the emotional, social and cultural aspects of a group, i.e., the feelings, norms, values and expectations that people bring with them into dmt sessions. This study contends that a social systems approach cannot only address how groups function, but might also provide understanding of why groups behave in particular ways.

Before discussion of the group as a social system, it is important to define what is meant by a system. von Bertalanffy (1968), the father of general systems theory, defines a system as "a complex of components in mutual interaction" (p. 708). Rapoport (1968) (Whiteley & Gordon, 1979) elaborates this concept. He defines a system as:

1. Something consisting of a set (finite or infinite) of entities.
2. Among which a set of relations is specified so that
3. Deductions are possible for relations to others or form relations among the entities to the behavior or the history of the system (p. 453).

Briefly, a system can be described in terms of hierarchy, boundaries, openness, wholeness and steady state (Buckley, 1967; Rice & Rutan, 1987). Each system is part of a larger system and at the same time is made up of smaller units. For example, a dmt group exists within a hospital and is itself made up of individual patients. Each system has a boundary separating it from the environment in which it exists. The boundaries of a group determine who is and who is not a member. Human systems are open in that they have significant interchanges with the environment. Human systems are whole—changes in one part of the system effect all parts of the system. Systems maintain an ever-changing balance—a steady state. For example, when the norms of a group change, readjustment in behavior are made to accommodate to that norm. If adjustments cannot be made, the group eventually disintegrates.

A social system is made up of the relationships of individuals cooperating within a larger system—culture. The structural components of a social system are interacting persons. It is roles rather than personalities that are the units of the social structure (Parsons & Shils, 1951).

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