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## Dance/Movement Therapy at an After School Program for At Risk Adolescent Girls in Yonkers, New York

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Running head: DANCE/MOVEMENT THERAPY AND AFTER-SCHOOL PROGRAMS

Dance/Movement Therapy at an After School Program for At Risk Adolescent Girls in  
Yonkers, New York

by

Sarah Zichi

Submitted in partial completion of the Master of Science Degree at  
Sarah Lawrence College

May 2015

Abstract

This thesis examines how the addition of dance/movement therapy affected the participants of an after-school program hosted by The Mary J. Blige Center for Women and Girls in Yonkers, New York. A brief history of the city of Yonkers, focusing on the impact of political changes on the socioeconomic divide, is provided, as is a discussion of Mary J. Blige's experiences growing up in this urban environment and her decision to open a center for women and children. Through a review of the literature, the effectiveness of after-school programs in teaching adolescents life skills, building positive and trusting relationships, increasing self-esteem and strengthening impulse control and social skills is examined. A case study is presented, describing the author's experience developing dance/movement therapy groups with adolescent girls attending the center's after school program.

Dedication

This thesis is for the After-School girls at MJB, for teaching me so much and without you I would have had nothing to write about!

### Acknowledgements

First and foremost, I would like to thank my family and boyfriend for their unconditional support and for encouraging me throughout the process of earning my Masters. I would not have made it as far as I have without you all by my side each step of the way. You all have been there for me through it all and I am extremely thankful for everything you have done for me.

This graduate school experience would not have been possible without the love and support of my cohort. The strong bond we have created as well as the memories we have shared will be with me forever and I cannot wait to see where this career takes us. Thank you for always being there and supporting me.

This thesis would not have been possible without the encouragement and support from my program director and professors. I can not thank you all enough for always pushing me to reach my potential. If it were not for you, I would have never had the opportunity to work with the girls at MJB and to write about my work in this thesis. Your guidance and wisdom continue to inspire me and I cannot thank you enough for everything you have done for me.

Having the opportunity to work with the girls at the MJB Center has made my graduate school experience complete. Providing dance groups for the girls has allowed me to witness the importance in forming relationships and how meaningful they can be. I am honored to have had the privilege to provide this service for the girls and this experience has been the most rewarding work I have ever done.

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Yonkers, New York, began as a farming community and started its development into the industrial era during the 1800's when inventors arrived to create new products, and take advantage of the economic benefits of the area's waterfront ("Yonkers, New York" n.d.; Jennings & Perelman, 2013). As the wealthy built up the city, a need developed to help maintain it (Jennings & Perelman, 2013). New European immigrants worked as laborers and settled in ethnic neighborhoods (Jennings & Perelman, 2013).

Now, with a population of approximately 200,000, Yonkers is the fourth most populous city in the State of New York (U.S. Census Bureau, 2014). With increasing diversity and population growth, it inevitably changed and now faces many of the same issues as other large cities in the United States: poverty, increased crime rates, and lower funding for public schools in economically depressed areas. How to solve problems of this kind is a highly debated topic at municipal, state, and national levels. One approach is to focus on the children in the community and provide them with the tools they need to succeed later in life (Carnegie Council of New York, 1992). Children growing up in these conditions are considered "at-risk", living in the direst circumstances, facing early childhood trauma (Werner, 2000). Consequently, when considering a plan focused on at-risk youth, it is essential to include mental health services to address matters related to trauma and resilience.

### **Yonkers**

The city of Yonkers was primarily home to European immigrants during the Industrial Revolution, but then grew to include people from all over the world (Jennings & Perelman, 2013). Lisa Belkin, a journalist who specializes in social issues in America,

observed in her book *Show Me a Hero* that Yonkers has been a city comprised of almost 40 distinct neighborhoods (1999), with citizens of a higher socioeconomic status living on the East and Northwest Side of the city, while those citizens near or below the poverty line are living in the Southwest section of the city (“Yonkers Crime Rate and Statistics”, n.d.). The distinct neighborhoods functioned as if they were their own separate cities, ignoring the larger governing power of the Yonkers City Council. The citizens did not see an issue with how they were living or how the city was organized, but in 1987 Judge Leonard Sand did (*Show Me a Hero*, 1999). No one expected, as a Jewish boy born in the Bronx in 1928, Sand would become a high-powered attorney and ultimately a judge. Sand aspired to attend Columbia University, but, discriminatory acceptance policies at the time prevented him from even applying. Instead, he attended a trade school and studied accounting. Eventually, he was accepted at Harvard and went on to have a successful legal career (Belkin, 1999). Sand understood personally how neighborhood cliques could affect the lives of individuals as well as community life.

The educational barriers Sand faced as a youth influenced his approach to public housing in Yonkers (Belkin, 1999), which until the 1980’s was being built on only one square mile in Southwest Yonkers (Kavanagh, 2007). In 1985 the Yonkers Board of Education was sued for discriminatory practices in the city's public schools (Williams, 1985). That year, Sand found that zoning policies enacted by city officials had intentionally segregated the public schools. His initial ruling did not specify how the situation should be addressed, but eventually additional city policies and court orders resulted in a wider distribution of public housing throughout the city (Williams, 1985). However, residents of



the East Side and certain City Council members fought to keep the new developments from being constructed on the East Side. Eventually, relevant court orders fulfilled, new townhouses were built, and a few *lucky* families were relocated, but this change did not mark the end of the struggle. The move to new townhouses on the East Side meant that for the first time these mostly African-American families, from Southwest Yonkers, entered what Elijah Anderson calls “White Space” (*The White Space*, 2015).

Anderson writes about the negative stereotypes of urban ghetto residents, and how segregated “Black Spaces” and “White Spaces” still exist in metropolitan areas of the United States (2015). Expectations and assumptions are made when an African American enters or lives in a White Space, based on a ghetto stereotype. In the case of Yonkers, White Space was being disrupted permanently, causing many new issues to arise, as well as questions regarding the success of the new housing units. For example, the circumstances were/and remain such that the East Side residents must still travel to the West Side for doctor’s appointments, to fill prescriptions, and to go out to eat. The original occupants of the East Side failed to make the necessary adjustments to accommodate a different set of needs brought by the new residents, examples being East Side doctors understanding or accepting Medicaid (Belkin, 1999).

Judge Sand stated that the reasoning behind his ruling was to desegregate, not necessarily integrate (Belkin, 1999). He saw the distinct neighborhoods of Yonkers as a limitation to the city, and he thought that, by rearranging the city’s public housing, the problems in the Southwest would sort themselves out and the city would begin to function as a single unit (Belkin, 1999). However, true integration and cohesion are possible only if the

citizens of Yonkers work together and believe the changes will make for a better, stronger, and safer city. Initially resisted, the court order succeeded only in initiating the first step in integrating the many micro-communities of Yonkers (Belkin, 1999). Balancing the need for integration with a desire to maintain ethnic identity continues to challenge the city. A critical question is: How does desegregation affect the youth of Yonkers, and what can be done in the Southwest portion of the city to help improve the situation for those still living in the massive high-rise apartment-style units of public housing?

### **Mary J. Blige**

Mary J. Blige is a well-known R&B singer/songwriter who spent her formative years in Schlobohm, a housing project in Southwest Yonkers (Blige, 2015). Born in the Bronx on January 11, 1971, Blige moved to Yonkers with her mother when she was four years old. As the daughter of an alcoholic mother and a father, who was a former jazz musician suffering from post-traumatic stress disorder, who was abusive to his family, Blige had a difficult childhood (Blige, 2015). Fleeing from her abusive husband, and hoping to make a fresh start, Blige's mother moved with her daughter into public housing in Yonkers. However, relocating did not provide them with a new beginning. As Blige later recalled:

*I'd hear women screaming and running down the halls from guys beating up on them. People chased us with weapons. I never saw a woman there who wasn't abused. It was a dangerous place. No one wanted anyone else to get ahead. When I was 5, sexual stuff was done to me. My mother was a single parent, a working woman. She left us with people she thought could be trusted. They hurt me. (Blige, 2015).*

Blige found refuge at the House of Prayer Pentecostal Church. "I loved being there because I wouldn't be hurt," Blige said. "I felt wanted and special, and when I was 12, I sang the hymn 'Lord, Help Me To Hold Out Until My Change Has Come.' I was praying as I sang it. I felt the Spirit" (Blige, 2015). At 16, Blige became addicted to cocaine. Describing this period of her life, she has said: "I ended up becoming my environment...It was bigger than me. I had no self-respect. I hated myself. I thought I was ugly. Alcohol, sex, drugs—I'd do whatever it took to feel a little better" (Blige, 2015). Fortunately, Blige was discovered by a record company when she was 16 and started her long journey toward the life she is currently living. Even though her career took off, fame negatively impacted her personal life. The lifestyle afforded Blige easy access to all of the drugs and alcohol she wanted, and she struggled with depression, marked by feelings of low self-esteem and self-worth (Blige, 2015). In 2001, she met Kendu Isaacs who helped her realize she could love herself, and they married in 2003 (Blige, 2015).

Six years after her marriage, on October 29, 2009, The Mary J. Blige Center for Women and Girls opened in Yonkers, just a couple of miles away from where Blige herself grew up. As part of the media coverage surrounding the opening of the center, Blige gave many interviews about Yonkers: "It starts here. I can't start in Africa because we need help here... It would be so unfair to me have come from here [Yonkers] and having seen everything that I saw in Yonkers, not to open the center here." (Wolfe, 2009). In an interview with CNN on the same day, Blige said:

*I think there's definitely enough resources, but ... a lot of women are ashamed to come forth. What I believe I've done for women is show them, look, I'm*

*Mary J. Blige and I'm telling you, you don't have to be ashamed. ...That's why I think as celebrities we're given this job. We're not given this job to just hold onto this stuff and die with it. We're given this job to be able to touch someone and say, "me, too," because they look up to us and look to us for help and guidance and want to be able to relate to us. (Mineo, 2009).*

Since the center opened, the staff has explored different services they can offer the Yonkers community, and many programs have been created. The 2013-2014 school year was the first year after-school programming was offered, and the first summer academy was offered to the girls that following summer. Services for adults include, but are not limited to: adult basic education and GED preparation, career exploration/work readiness, parenting education, college readiness, life skills training, health/wellness support, family life and sex education, self-empowerment groups, mentoring, advocacy, and support referrals to other community resources.

### **Integrating After-School Programs and Dance/Movement Therapy**

According to a 1992 report, about 40% of an adolescent's time is considered discretionary (Carnegie Council of New York). While this figure is now over twenty years old, the distribution of time commitments has not greatly changed for today's youth, even if the number of after-school opportunities has increased (Bohnert et al., 2013). The Task Force on Youth Development and Community Programs, which published the report, A Matter of Time, in 1992, identified after-school programs as an effective way of providing adolescents with positive attention they may not receive at school or in their home lives. The report

outlined the needs of adolescents and offered suggestions for community organizations, such as: socializing with peers and adults in the form of mentoring and structured programs that help develop interpersonal skills, and developing life skills by, and contributing to their community through volunteer opportunities (Carnegie Council of New York, 1992).

Amy Bohnert is a clinical psychologist who has studied the use of discretionary time, specifically in urban African-American adolescents (Bohnert et al., 2013; Bohnert et al., 2009; Bohnert et al., 2008). Bohnert analyzes the health effects of after-school programs (2013); negative emotions like depression (2009); and positive emotions like confidence (2008). In one study, she found that African-American youth engaged in more sedentary activities during their discretionary time, leading to higher rates of obesity in this population (Bohnert et al., 2013). While the results of this study are not the focus of this discussion, they are important findings, because obesity and physical appearance are strong influences on adolescents' self-confidence and self-esteem. In another research study, Bohnert found that active structured discretionary time did not lower rates of delinquency or depressive symptoms, but with passive unstructured time (watching TV at home) there was an increase of depressive symptoms in safer neighborhoods (Bohnert et al., 2009). She and her colleagues hypothesized that the reason the same outcome was not true of more dangerous neighborhoods was that staying inside and limited interactions and exposure to danger were due to safety issues. They concluded that adolescents living in dangerous neighborhoods felt they are taking care of themselves by staying inside and, therefore, do not have the same degree of depressive symptoms (Bohnert et al., 2009). In another study, the research found that activities like arts and music, whether they are structured or unstructured, positively

impacted levels of motivated engagement, confidence, and positive affect at the same time the adolescents participating in these activities had lower levels of perceived alienation (Bohnert et al., 2008). With almost half of an adolescent's time being discretionary, it is clear that having an activity other than watching TV is beneficial not just for reducing negative emotions, but also for increasing positive emotions and levels of inclusion, both of which can follow her or him into adulthood (Carnegie Council of New York, 1992; Bohnert et al., 2013; Bohnert et al., 2009; Bohnert et al., 2008).

### **Introducing Dance/Movement Therapy in Pre-Existing After-School Programs**

Before determining if adding dance/movement therapy (DMT) sessions to pre-existing after-school programs would be beneficial, an important question to consider is: "Are these programs currently effective?" Under the right conditions, after-school programs are effective in keeping adolescents off the streets, decreasing substance use, and discouraging gang membership. In one study, researchers in Buffalo, New York, concluded that the participants who reported more involvement in the after-school program also reported "less involvement in delinquency, and even less involvement in substance use" (Rivera & McCorry, p. 80).

Many after-school programs are in place across the nation with different areas of focus, such as academic, recreational, or cultural. Despite the different goals of the individual programs, the same key factors determine whether or not a program is effective. Programs have been evaluated for effectiveness in using experimental designs, with early research demonstrating that successful programs are those that have adapted to the needs of the

students of specific target populations, and employ staff who are properly trained to run the activities and handle likely problems facing the specific group of students (Fashola, 2002).

Is it a program's content that determines if it is effective or is it how staff members introduce the program? According to Fashola (2002), it is both. Many of the successful after-school programs like Big Brothers Big Sisters of America include: help with homework, opportunities to interact with different or new peers and adults, activities that promote healthy lifestyle choices, and, in some programs, group therapy is also included in the curriculum. Depending on the location of the program and the demographics of those attending the groups, activities are tailored to fit the needs of the clients.

In addition, the overall goal of the after-school program frequently depends on where the program is hosted. For programs hosted within a school, the focus tends to be on test preparation and homework help (Fashola, 2002). There are also programs held in libraries where the inspiration is drawn from books, and the daily activities promote better reading habits. While programs hosted in community centers may offer homework help, many try to keep the focus on the adolescents' development and have activities designed to talk about common psychological issues the children may be facing at home or at school, such as bullying, self-esteem, or body image (Fashola, 2002).

Providing adolescents a safe place to spend time after school, where they can interact positively with their peers and adults, while learning healthy life choices, is a critical goal of all youth programs (Carnegie Council of New York, 1992; Fashola, 2002). Regardless of venue, adding DMT is beneficial because it promotes development of thinking and communication skills, builds self-confidence and positive body image, provides a chance to

practice healthy body boundaries, social skills, and impulse control, and, lastly, opportunities for closer attachments formed during the groups (ADTA, 2011; Koshland, Wilson, Whittaker, 2004). Schools, libraries and community centers all have the potential of incorporating DMT into their after-school programs, and DMT sessions can be tailored to best fit the overarching goals of each setting. For example, in school-based after-school programs, different learning styles can be reached throughout the progression of one session. As Pritchard (2009) notes, there are three distinct learning styles: visual, auditory and kinesthetic. Each style requires inventive approaches to reach the learner. The visual learners benefit from seeing maps, graphs and pictures. They utilize hand movements that help them remember information. Auditory learners process information best from lectures and discussions. Kinesthetic learners learn by doing, remember best when recalling a personal memory, and are very active in their learning (Pritchard, 2009).

In order to best meet these different learning styles, children need to be given multiple opportunities for learning the same material. DMT is a unique approach to reach all types of learners: kinesthetic learners benefit from the movement aspect of DMT; auditory learners gain through the use of the discussion and verbal processing during and at the end of the sessions; and visual learners utilize seeing others move to experience something new in their own bodies.

In addition to after-school programs based in schools, adding DMT would also be beneficial in a library setting. There are numerous books that can facilitate discussions that have movement incorporated into the theme of the story. These exchanges provide opportunities for adolescents to act out or illustrate how a character felt at a certain point in



the narrative. Or if the group did not like the ending of a book, they could work together to rewrite and then perform the preferred ending. Through these activities, adolescents would be able to explore various feelings in a safe way without directly identifying the feelings within themselves (Koshland, Wilson, and Whittaker, 2004). Adolescents can be resistant when asked directly how they are feeling, but by supporting them as they ‘try-on’ others’ emotions, they can be shown a safe way to experience anger or jealousy, for example, in their own lives. In the setting of a library and using books as a reference, adolescents can practice age appropriate ways of handling emotions or stress without feeling judged because they are acting out a story or a scenario from a book.

In a community center, a traditional DMT session could be held to address self-esteem issues the adolescents may be experiencing. In this setting, the DMT would work with the group to develop positive relationships with peers and adults, as well as to build trust and respect for oneself and others. Sessions would be tailored to fit the needs of the individual group participants, ideally develop a consistent core membership, and enable participants to connect with one another and gain tools not only to strengthen existing relationships but also to develop new trusting and respectful relationships.

Inevitably there, would be overlap in the goals and activities of programs in schools, libraries, and community centers. Because adolescents are the target population in these different settings, certain activities can be adapted to work within the confines of the establishment. This is why DMT is an ideal modality for working in after-school programs. The very nature of dance/movement therapy relies on the therapist’s listening to the desires of the client(s) and then adapting the theme of the group to meet the needs, therefore

promoting problem solving and responding appropriately in difficult situations, all skills that are valuable lessons to be experienced by adolescents, not only discussed.

### **Development of a Group**

Therapeutic groups reinforce the goals of after-school programs, but careful consideration is needed when starting and planning such groups. When working with at-risk children, the structure of a DMT group needs to be supportive, and the dance/movement therapist needs to first build a trusting relationship with the potential group members.

Andrew Malekoff works almost exclusively with adolescents and explains that the developmental goals of this age group are to separate from their family, forge a healthy sexual identity, prepare for the future and develop a moral value system (2014). These developmental tasks are related to the needs outlined in the report by the Task Force on Youth Development and Community Programs (Carnegie Council of New York, 1992). By being part of an after-school program, a DMT group can promote these goals. In the DMT group, the participants are encouraged to explore through movement who they are as individuals and what it is like to be viewed as being separate from their family unit. Depending on the make-up of the group, sexual identity can be a direct focus, or a secondary goal. With a mixed group of adolescents, it is not clinically advisable to relate movements directly to sexual identity, because it could trigger anxiety for sexually abused children or add to the pressure group members are already experiencing in their peer groups (Malekoff, 2014). Regardless of whether or not the topic is discussed, sexual identity will become a factor within a mixed group because part of the group is dedicated to exploring how the body can move. Because of the potential for interpersonal discomfort among group members, it

may be advisable to have gender specific DMT groups, so shyness and/or hormones do not negatively influence the group.

The last developmental tasks cited by Malekoff are preparing for the future and identifying and developing values. While these themes are not usually addressed within the context of a DMT group, by just participating in the groups, adolescents, especially those at-risk, are shown a career path they may not have known about previously. They also learn about the creative arts, which can help them develop a more varied skill set than what is traditionally taught in the classroom or at home (Rooney, 2004). The task of identifying and developing values can be addressed during the process of setting group rules. Malekoff suggests that allowing the group members to help set the rules gives them an “opportunity to clarify values” (p. 77). By setting their own rules, the adolescents work together, discovering values that are important to them, and, during the process of developing their own rules, group members are acknowledged and accepted by their peers and adults.

Irvin Yalom is a psychiatrist who has worked extensively with groups and has developed eleven categories of a therapeutic experience; instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors (Yalom & Leszcz, 2005). When first creating a group with at-risk adolescents, it is imperative to give the group a sense of hope, as if the members lack the ability to grow, the group is likely to be unsuccessful. However, playing to the group’s strengths, and being present with them, it is likely that the group will begin to develop, and a therapeutic relationship will begin to form between the members and the

dance/movement therapist. When working with individuals from different cultural, ethnic, and racial backgrounds, sharing universal truths can form connections. This can be enhanced through the experience of DMT and its potential to cross cultures. A universal truth is that all cultures have a dance, and, by sharing the dances, progress can be made toward new ways of socializing, interpersonal learning and even group cohesiveness.

Yalom discusses the use of imitative behavior in the early stages of the group when members will ‘try on’ behaviors or attitudes of other group members. “Finding out who we are not is progress toward finding out who we are” (Yalom & Leszcz, 2005, p. 18). In DMT the technique of mirroring is used by the therapist to connect with group members, and the practice of mirroring is what Yalom describes as imitative behavior. Not only do dance/movement therapists use mirroring in the group, but in a long-term group, members can be asked to ‘try on’ another member’s movements and describe the experience of moving like that other person. This intervention encourages a kind of awareness among the group members that creates greater group cohesiveness. When a therapeutic group is cohesive, it generates a “positive, self-reinforcing loop: trust--self-disclosure--empathy--acceptance--trust” (Yalom & Leszcz, 2005, p. 56). With this positive loop cycling through the group, work can be done to increase the number of protective factors that could become available to adolescents, such as being a mentor or mentored, or developing a relationship with a close friend who becomes a confidante (Werner, 2000).

Protective factors help strengthen an individual’s resilience, or the ability to handle daily traumas effectively (Werner, 2000; Zolli, 2012). For some adolescents, their risk

factors have a chance of outnumbering their protective factors. If a child is growing up in a single parent family, and lives with 7 siblings in public housing, that child is at-risk for developing emotional problems no matter how many resilient factors he or she demonstrated at birth (Werner, 2000). In Andrew Zolli's work on resilience theory, he, like Werner in her earlier work, also mentions different personality traits, such as optimism and confidence, which are "some of the most protective assets against life's stressors" (p. 126). Giving children positive interactions with adults outside of school and home helps to increase protective factors and strengthen a child's resilience. After-school programs designed to meet the needs of a particular population can provide activities, such as DMT, that promote positive self-image and healthy relationships and in the case of adolescents give them positive individual attention, all of which can lead to the development of stronger protective factors.

### **Dance/Movement Therapy and The Mary J. Blige Center: A Case Study**

The Mary J. Blige Center for Women and Girls (MJB) is located in a storefront on South Broadway in Yonkers. On the window it says: "Center for Women and Girls" but Blige's name does not appear. To enter the building, one rings a bell and the office manager pushes a release button to open the door. Inside, there is a small reception area to the left, and straight ahead is the computer room, which is available to any of the women and girls who need access to a computer. The computer room leads to the classroom where GED classes meet, and where staff meetings are held. It is also used as a space for visitors to the center to gather. Continuing through the building leads to the offices of case managers, social workers and the director of the center. At the very back of the building is a large space dedicated to

infants and toddlers. The center offers free childcare for women who participate in programs hosted by the center, and classes are available to help new mothers learn more about caring for and interacting with their young children. The room is filled with toys, books, and other items a child would find interesting. As one leaves the infant toddler room a staircase to the left leads downstairs to the basement of the building, which is equipped with a full kitchen, a washer/dryer, and a large area for the after-school program, dance or yoga classes, and support groups for mothers. There are cabinets filled with office supplies, arts and craft supplies, as well as miscellaneous items that have no other place because the space is so limited.

As previously mentioned, in the summer of 2014, the MJB Center had its first opportunity to hold a summer camp for the adolescent girls of the community. One of the activities offered was a weekly dance class. As a graduate student finishing her first year in Sarah Lawrence College's Dance/Movement Therapy Program, I taught this class, and, saw the potential to bring dance/movement therapy to the center. Subsequently, with support from the center, DMT groups were added to the curriculum for the after-school program hosted there.

As the after-school program was re-shaped to better fit the needs of the participants, elements of dance/movement therapy were added to support topics being addressed throughout the week. Discussions and activities were designed to explore issues adolescent girls were likely to encounter during their day at school and home. One such topic was self-esteem. The girls were invited to do a body scan for the movement warm-up and then make a list five physical characteristics and five personality traits they liked about

themselves. From each list they were to pick one item and create a pose or a movement phrase that represented the characteristic and trait. Similar activities occurred throughout the week and then reinforced on Fridays when the dance/movement therapy groups were held. A typical session would begin in a circle in which the rules of the group were stated. We moved on to the game of silent ball. Staying quiet for a significant amount of time proved to be a difficult task for the girls but by holding one another accountable for not talking, the girls became a cohesive group by the end of the year. After each game was over, the members went around saying either their name or how they were feeling that day, giving the word or their name with a movement shared with the entire group. Then everyone in the circle repeated the movement. The next 'game', as the girls liked to call the activities, would be some variation of a freeze dance (Freeze Dance, Red Light/Green Light, or Night at the Museum). Through these activities, the girls were working on gaining control over their impulses.

Depending on the week, the girls could have one song they could dance to in whatever way they wanted, the only stipulation being that they had to remain in a circle. In between each game, I would have the girls return to our beginning circle at the end of every song to provide them with structure amidst the freedom of dancing. There were times when the girls did not want to play the games. When this was the case, I would teach a dance combination to the girls quickly, and would then encourage them to individualize the combination. This exercise allowed the girls to be creative, and it also encouraged them to explore what it meant to initiate their own movements. After they had some time to practice their movements, each girl was given a chance to show the rest of the group how she made

the choreography her own, and then the witnesses were given a chance to give positive feedback about what they saw. To close each session, the circle was reformed and each member was asked to say goodbye to the group in a movement, and again the other group members mirrored the movement.

It was a slow process to discover what worked for this particular mix of girls. Through conversations with the center's full-time staff members, talking to the girls themselves, and watching how they interacted with the people around them, I developed group goals I thought would be relevant for the participants of the groups. In addition to using popular dance/movement therapy exercises I also listened to the girls' suggestions for games they wanted to play, and would change them slightly to incorporate dance/movement therapy goals. This approach helped the girls develop teamwork and independence, and contributed to the group's building self-esteem promoting positive self-esteem.

Dance/movement therapy also utilizes principles of person-centered care, which is used in effective therapy treatment planning and goal setting. These girls are vocal about what they know and know a great deal about what they enjoy or what they feel motivated to learn and explore, and it was my job to incorporate suggestions made by the members to help the girls learn that they can be respected by adults in their lives.

The success of the new program was visible through the improvements in the girls personal lives. One girl in whom I saw the most change was Bri\*. When Bri first started coming to DMT groups, she was disruptive, hyperactive, and would not follow the basic rules of the group to ensure the safety of the other members. Bri is in elementary school and one of the middle children in a very large family where she has created the persona of a



'tough guy.' The one and only option she exhibited in dealing with conflict was to start a fight. If another member of the group bumped into her when she was dancing, Bri would try to hit the other girl, and I would have to get in the middle of the argument physically in order to maintain the safety of the group. Even when Bri was in a playful mood, and clearly trying to joke around with the other girls, her movements were aggressive, and her suggestion of a game we could play was dodge ball. When asked to strike a pose during the freeze dance she would often present a fighting stance with her hands in a fist. While I would be giving directions, Bri would try to do cartwheels or handstands in the middle of the circle, which was disruptive and even dangerous because collisions were inevitable in the small space. During DMT groups I worked specifically on impulse control and boundaries. I also utilized specific strategies and interventions to help Bri resolve some of the problems she encountered with her peers. On one occasion, Bri brought in chocolate to the Center that she did not want to share with the other girls. Unfortunately, her candy was taken, and her first response was to go up to one of the other girls, rip the chocolate out of her hand and run out of the Center. Even though Bri left, for some reason (perhaps guilt or embarrassment), she returned to the center a few minutes later. I took her aside and acknowledged that she had a right to feel angry, but we needed to work together to find a better way of express her anger. While, at the time, it seemed as if Bri was not listening to what I said, the chocolate incident became the turning point for Bri. After this episode she became more responsive to my directions, and demonstrated during the DMT group that she was able to control herself and be a productive member of the group's process. Bri is now one of the positive leaders of the group. Her movements and actions toward her peers have become less aggressive. Bri no

longer tries to pick fights with other group members. Another significant moment in Bri's process was during a game of silent ball. I had come to expect Bri to be talking throughout the game, and, if someone did not catch the ball Bri would be the first one to jump up and get it. She would also become upset if the ball was thrown to the person next to her, and even try to grab the ball when it clearly was not her turn. However, during one particular game, Bri sat quietly through the entire five-minute goal, and she did not get upset when the ball was not passed to her. But the biggest change occurred when the ball accidentally landed in Bri's lap. Without protest, Bri handed the ball to the girl who was intended to receive it.

After that day, the other staff members noticed a similar change in Bri's behavior and attitude. They mentioned to me that Bri was being more respectful toward her peers, and also toward the adults. Bri was no longer trying to be noticed. Based on the limited family interactions I saw between Bri, her mother, and two of her sisters, it was clear Bri rarely received positive attention from family members. By giving her positive attention, and honoring her feelings, Bri was presented with the option to mirror the behaviors she saw at the Center and is now doing better during the after-school program.

While Bri's behavior remained consistent both in and out of the DMT group, some of the girls' personalities changed when entering an unfamiliar situation. Maggie\* is one of the oldest girls in the after-school program, and outside of the DMT groups she was loud, outspoken, active in sports and talked down to many of the younger girls. During DMT groups, however, she would become very quiet, and, if she decided to move at all, she would make very small movements. Maggie was one of the only girls who participated in the summer dance group, so, when starting in the fall, I thought she would assert herself as a

leader in the groups. But, my expectation was not fulfilled. At first Maggie was excited to start dancing, but slowly throughout the first semester she became more reserved in the dance groups, and there were a few times she was asked to leave the group because her non-participation was becoming disruptive to the group. She would just lie in the middle of the floor, making the group dance over and around her. I noticed this change in Maggie when there was a shift in the ages attending the center. At the beginning of October, there was an equal split between 9-11 year olds and 12-13 year olds, but as we entered winter fewer of the older group kept up with the after-school program. By January, Maggie and one other girl were the only ones left in their age group. In February, Maggie began her transformation after two groups were created again, dividing the girls by ages. Because there were only two girls in the group, I knew I was not going to be able to run the older group the same way I ran the younger group. As a result, I was very open with the two participants, and I gave them the chance to make the group truly their own. Each weekly group started with our going through my entire music collection together to choose songs, and I would ask them how they wanted to move today, and what was the goal for today. One week they wanted to do trust exercises, and, then, a different week they wanted to choreograph a dance. By giving Maggie this independence and a safe space to express herself, I saw her slowly become more open to trying new things. I also noticed she was less bossy and judgmental when she talked to the younger girls.

Every group would bring its own challenges depending on the make-up of the girls that particular week, but one thing that always seemed to be a constant was that someone would not want to participate in the group. Some girls like Maggie would be disruptive, but

others in the younger DMT group would stand off to the side and just watch. One week Beth\* was standing off to the side, and when I asked her if she wanted to join what we were doing, she said, “No, I just want to watch. I don’t know how to dance like the rest of them.” I tried to explain that the point of what we were doing was to dance how she wanted, but she was adamant in her decision to stay to the side. That was until one of the other girls, Amy\*, came over to her and started moving Beth’s arms for her. The action of moving someone else’s arms had happened before in groups, but it would be in an aggressive, or hurtful way. The care that Amy was giving Beth, showing her that she could in fact dance like the rest of the group, was something I had not seen before from any of the girls. Because there was a different intention behind what Amy was doing, I encouraged what was happening and brought it to the entire group. We partnered up and took turns controlling the partners’ arms, all while being in a circle so everyone could see what was going on, and everyone was included. After the song ended, we verbally processed what it was like when someone was controlling our movements, and what it was like when we were the ones controlling the movements. Most of the comments were “it was fun,” “it was hard because she was taller than me” or “she didn’t do what I wanted her to do.” But what Beth said helped me, and the rest of the group understand her resistance to join. “When Amy was moving me I still felt weird and embarrassed because everyone was watching what I was doing, but when I was moving Amy I felt free and invisible because everyone was watching her and not me.” For the rest of the group, I brought out hula-hoops so everyone could feel their space, and we danced with our eyes closed. It was the first time I saw Beth dance and become part of the group process.

The dance groups became a staple in the Friday afternoon program. The girls came to expect having a time to dance, even if I was not planning on holding a group. One week the girls were being treated to a 'Movie Day' and I was there as support staff, but did not plan on actually running a dance group. Once the movie was over, Bri and some of the other girls asked me if it was time to dance. I, of course, agreed to run the group but told them it had to be shorter than normal, because it was almost time for dismissal. We entered the infant/toddler room and the girls immediately went to our beginning circle, ready to begin. I had planned to put on music and dance with them, but before I could say anything one girl grabbed the ball we use for Silent Ball. From there the group informed me they wanted a Freeze Dance. Before this group, I had been wondering if having such a predictable group structure was becoming boring for the girls, but they seemed to crave the consistency from week to week. It occurred to me that the dance groups may be one of the few things the girls could count on to be the same, and that is why they requested following the same routine, even knowing the time was cut short.

Every girl who came through the center that school year had a unique story. My goal in working with them was not to change who the girls were, but instead I wanted to honor what each one brought to the group. I also wanted to offer the girls an enriching experience after school that would inspire them, to help them improve areas of their lives to support them as they coped with changes they were experiencing because of puberty, and to provide skills they would not otherwise have learned.

### **Conclusion**

When I was first told I was able to go back to the Center, I had no idea what I was getting myself into. Through the process of developing a group, the girls showed me what an effective group leader looks like. Every Friday was a new adventure, and it quickly became the bright spot of my week. The members grew as individuals and as a group more than I could have ever imagined. This after-school program is an example of how dance/movement therapy can benefit young girls. At the Center, there are programs already in place that focus on the health and wellness of its adult clients, but adolescent programming is still in the beginning stages. There was also a desire on the part of the director to expand their youth program to give the girls opportunities they may not be receiving at home or school. Funding for the after-school program comes from a former community member that, if not for the arts, might still be in a bad situation. Therefore, creative arts services are a fitting addition to the center. Mary J. Blige is an example of how making a connection to the arts can help one's life. Her decision to give back to her community is inspiring for the girls and by adding dance/movement therapy to the after school program, the girls are provided with a creative outlet, exposure to a group where they were accepted and validated as individuals, and an opportunity to develop a strong sense of community and strengthen coping skills they already possessed.

Nancy\* was a group member, who in school was often left on her own because of a learning disability. She would often talk about how stressed she felt in school because she felt so isolated. When she was asked what the dance groups meant to her, she shared, "Dancing has meant many things to me. Most importantly it has been a way to relieve

stress." Now, after participating in a DMT group, Nancy has discovered dancing is a useful coping tool in her daily life.

Bridget\* joined the after-school program late in the year. She is very dramatic in daily conversations, and gets in trouble at home because of her theatricality and tendency to exaggerate. In just a few sessions, Bridget started learning how to modulate her energy and behavior. And, in her own words, Bridget told us, "Dance makes me feel relaxed when I am moving. Dancing is fun, I can go wild, but not too wild, or I will get in trouble...I dance all the time. I want to dance every day of my life."

The principles of dance/movement therapy dovetail with effective after-school programs, and can enhance an at-risk child's quality of life by giving him or her exposure to the arts. My last day at the Center was met with tears and pleading for me to stay. As a going away present Valeria\* said she would dance to a song of my choosing. As I put on Adele's "Someone Like You" Valeria's face scrunched up and said "You are so MEAN!!!" Her dance for me may not have been technically proficient, but it was the most beautiful dance I have ever seen because she was showing how dance would stay with her forever.

\*Names and identifying details of the participants have been altered to ensure confidentiality

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