

# Teenage Warriors:

## dance movement therapy with adolescents in a residential setting

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*Dance movement therapy offers an alternative way to work with adolescents in groups. The history and theoretical basis of group work with adolescents can inform the practice of dance movement therapy in this specialist area. Clinical examples provide an illustration of a group format and exploration of group process.*

Dance movement therapy offers an alternative approach to group work with adolescents in a residential setting. There is a lack of dance therapy literature exploring working with adolescents in the group context. Stanton-Jones describes this area as "extremely challenging" (1992: 202), particularly for the beginning practitioner. The history and theoretical basis of group work with adolescents can inform the practice of dance movement therapy in this specialist area.

Group therapy with adolescents, originated in Vienna with the clinical work of Moreno, when in 1911 he used a psychodramatic approach with a group of children. However it was not until the thirties and forties in America, that the main pioneering work was performed. The major theoretical influence was educational theory, practice and experience. Workers such as Aichorn, Slavson and Gabriel who originally trained as teachers, went on to explore the use of groups in therapy to assist children and adolescents. They emphasized, "educational activities, crafts and play in an atmosphere that fostered social awareness development of potentialities, and a respect for democratic principles" (Rachman and Raubolt, 1984: 408).

During this period of social upheaval, more adolescents and parents were seeking treatment for problem behaviour and group therapy potentially provided an economical option to individual therapy. There are parallels here to the development of dance movement therapy in

America. It should also be noted that during this time adolescence had not been recognized as a separate developmental stage, therefore adolescents were often treated in groups with younger children. Not until the seventies did adolescent developmental theory inform the work of clinicians in group therapy (Rachman and Raubolt, 1984).

Many theories have been important in the development of a group therapy approach in working with adolescents, including; behavioural, psychodynamic (Licamele and Bernet, 1995), systemic and social learning (Dwivedi, 1993). Developmental theory has strongly influenced current approaches to group work with adolescents.

### Adolescence

Adolescence can be understood as a series of stages. The first stage, early adolescence, 12 to 14 years, is a time where the adolescent is adapting to the physical changes accompanying puberty. The emotional development includes becoming more attached to peers, beginning to understand different social perspectives and to accomplish psychological independence from the family (Gilbert, 1995).

Middle adolescence, from 15 to 17 years is a time when the central issues are those of identity and the exploration of adult roles. The issues of late adolescence from 17 to 20 closely approach those of adulthood (Slattery and Boyd, 1996).

Adolescents in a residential setting may exhibit behavior that reflects earlier stages of emotional development to cope with the stress of leaving the family, for example a young person with separation anxiety may become very distressed during separation from parents.

### Group Therapy with Adolescents

Group work with adolescents differs to groups with adults due to maturational and developmental differences. Adolescents are still evolving their

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conceptual and linguistic abilities and tend to utilize non verbal modes of communication and expression. Such differences need to be taken into account when planning sessions and adapting ideas and exercises developed for adult groups. They may also mean that the creative art therapies are more applicable to this age group.

Group therapy directly addresses adolescent developmental issues associated with peer relationships. Peer affiliations appear to be central to the adolescents' personal and social development (Turner and Helms, 1995). It can be argued that if groups are part of the adolescent developmental norm, the group setting may be more applicable and accessible than other forms of therapy. Reinforcement from the group may be more powerful than individual reinforcement from the therapist. Early adolescents may react defensively towards adults and find it difficult to express themselves in a one to one therapy situation. The discomfort the adolescent feels may be mediated by participation in a group, reducing the individual focus from the therapist. Group therapy makes use of, "peer support, group cohesiveness, shared universal issues, less intense dependence on the therapist than in individual psychotherapy and the opportunity for multiple interactions and transferences" (Licamele and Bernet, 1995: 2412). The group setting therefore provides a forum for the therapist to directly observe the adolescents' functioning in a group. An assessment can be made of the adolescents' ability to get on with others and their level of confidence in expression of thoughts and feelings.

In the residential setting, adolescents tend to perceive each other as different from their usual peer group for example, more accepting of each other, 'they have problems like me', 'they understand me'. They can develop strong bonds with each other during an admission. Some residents have commented that their admission to the Unit, was their first real experience of belonging to and feeling accepted by a peer group. Many of the residents are socially isolated at home, with most social activity centered around family members and individual pursuits.

### Group Planning

In planning a group, the therapist may also be informed by socio-political issues which will influence the style of the group. An important issue is the effect of gender on the group. Studies on adult verbal groups composed of mixed gender suggest that they effect women differently to men; women tend to restrict their role

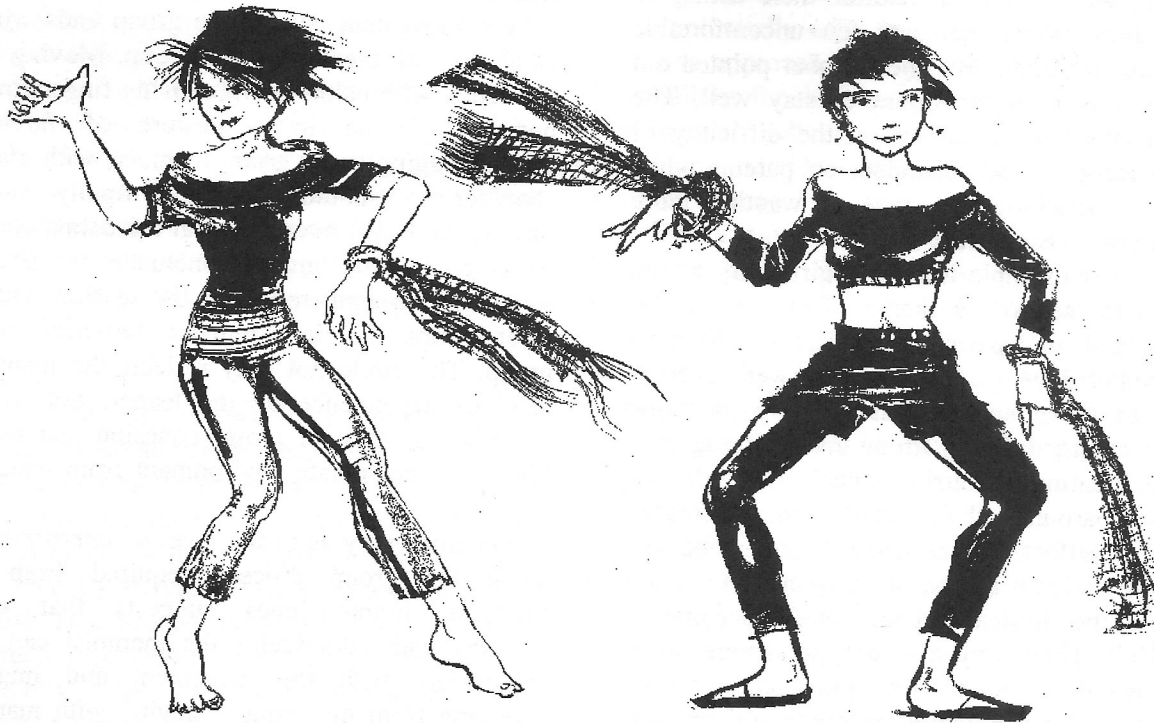
options and take less powerful positions in the group (Garvin and Reed, 1983). If the adolescent group is to be of mixed gender the boys have the potential to dominate the group. The therapist can implement strategies to prevent or to identify sex role stereotyping in the group. In early adolescence, single sex groups may be more appropriate. Sugar (1975) argues that there is a cultural pressure to get involved with the opposite sex, but at that stage, interest in the opposite sex is not intense. In the author's experience early adolescent boys can benefit from observing the way girls relate and deal with conflict in the group setting.

Girls can benefit from a female only group, particularly if they are a minority in the unit and express feeling 'pushed out' by the boys. The gender of the therapists also has implications for group work, as therapists become gender role models. It may be appropriate in a mixed gender group to have a male and female co-leading, as this provides a model for each gender. The therapist needs to be aware of avoiding gender stereotypes, providing a range of sex role models for the group (Garvin and Reed, 1983). In a movement sense, this refers to using the full range of Laban effort shape qualities.

Staffing of adolescent dance therapy groups should include a co-worker to allow for more observation of the group process and the ability to provide limit setting if required. In situations involving adults, adolescents often feel powerless. In the group setting they can try to obtain power inappropriately by behaving in a disruptive manner. Through utilizing techniques which aim to share or give power, adolescents can feel empowered by the process of the group and hence become more involved (Fook, 1993). The Chacian approach of sharing the movement leadership, provides an example of a way of sharing power in dance movement therapy groups. The therapists can assess the level of structure the group requires to function and achieve a balance between the 'adult and the infantile elements of emotional functioning' (Stanton-Jones, 1992: 202).

### Clinical Examples

The group described is an ongoing dance movement therapy group with adolescents in the 12 to 18 year age group, admitted to the early psychosis programme. The group has on average eight adolescent members and a teacher and nurse as co-therapists. Adolescents in this programme have been admitted following a psychotic episode and require therapeutic and educational support to return to school and home. The overall goals of the



group are to; facilitate group interaction, promote development of healthy body image, provide a forum for safe emotional expression, encourage reality orientation through movement and improve mood.

#### **Warm-Ups:**

A warm up process begins the session, incorporating activities from drama and movement. The general aim is to increase the level of engagement in the group, particularly in encouraging physical participation and non verbal communication amongst members. Routinely groups begin in a circle with everyone seated in chairs, this allows for members to have a sense of being grounded in one place and reduces the risk of them being distracted by other things in the room. Group members are encouraged to bring their own music to share with the group. The rules of the group can be negotiated at this stage, ensuring that a rule about the physical safety of group members is included. During the group the leaders role is to monitor the verbal and non verbal communication within the group for content and process (Hogarth, 1991). The content is the actual meaning of the words and the process relates to the underlying themes with which the group is struggling, as well as the personal interactions between members. An example of process material which may emerge in the group is rivalry between members competing for the therapist's attention.

In the early stages of the group, name games provide a focus for the warm up. During this

phase of the group the members become more interactive and the energy level in the room increases. The group then moves to a more structured physical warm up. It includes the range of Laban effort qualities available in the group and encourages their extension. The element of weight quality is often diminished in the group and the spatial elements can be unclear, reflecting the members psychological difficulties. The difficulties include creating a sense of individual identity, managing the disturbed thought processes related to psychosis and coping with depression and amotivation. Many members of the group are on antipsychotic medication and the side effect of akinesia may account for some of the decreased movement, lack of facial expression and spontaneity. Other components of the warm-up include moving towards grounding by encouraging bending the knees and stamping on the ground, an enjoyable movement for the group.

#### **Theme:**

The middle part of the group often begins with a Chacian style passing of the leadership around the group and developing group synchrony. Themes may then begin to develop within the group. For example, a theme that emerged in a recent group when some members were taking turns lying under a stretch cloth as the remainder of the group moved the cloth above. The movers said they were 'slaves' and related this to their life situation where they felt that their parents had become their slaves, having to provide more supervision of them when they were mentally



unwell, and having to monitor their taking of medication. Most members felt uncomfortable with this situation, but one member pointed out that it was more important to stay well. The group was able to reflect on the difficulty of being forced to be dependent on parents when they are reaching the stage of wanting more autonomy from parents.

Another example is from a girls only group. In a later session, a theme of strong weight, direct use of space and quick synchronous movement developed. The group were encouraged to move spontaneously and a symbolic theme emerged; being strong and claiming your space, creating a 'warrior dance'. The girls tied scarves around their wrists for increased dramatic effect. In the closing discussion the members identified that they wanted to claim more of the physical and emotional space around the Unit. They were also able to generalise to their worlds outside the Unit and discuss ways of dealing with peers who were targeting them with bullying behavior, finding the physical and emotional strength to 'stand up' for themselves.

#### Closure:

The movement part of the group ends with a closing ritual, created by the group. Moving into the center with palms down, moving fingers in the horizontal plane in a gesture of farewell, acknowledging every group member, with almost shoulder to shoulder contact, finally slowly turning the hands over to reveal the palms. Seated in a circle, the group concludes by sharing something remembered from the session. During most groups, the circle remains the shape of the group. The circle not only reflects the members level of dependence on the leader, but it also promotes a sense of group cohesion and potentially provides a safe environment from which to explore.

Opinions vary as to the level of interpretation, about the group process required from the therapist. Stanton-Jones suggests that when working with adolescents the therapist can stay exclusively with the movement and imagery emerging from the group, "staying with material and developing it thematically and perhaps not relating it to other real life issues, but leaving it





unanalyzed as a creative experience" (1992: 203). Issues can then be allowed to remerge in other therapeutic settings around the Unit. The experience of this author is that some material can be processed in the session particularly if the theme relates to all members of the group. The stage of cognitive development of the group members and their level of mental wellness, may effect the ability of the group to discuss process issues, particularly if the concepts involve abstract thought.

### Results:

To date the groups have been assessed through observations by the therapist and co-workers. During the group there appears to be an increase in engagement and interaction. This has been particularly noted in group members who have recently arrived in Australia and for whom English is a second language. An element of playful interaction between members is frequently observed. Staff remark that the adolescents react differently in the sessions and that the movement group can be a useful diagnostic tool. The group members say they enjoy the opportunity to be creative and have fun and that its "better than being in school". Further assessment is required to see if the level of interaction observed in the group improves and becomes generalized to outside the group setting.

### Conclusion

Research into the effectiveness of group therapy with adolescents is scarce. More treatment-outcome studies are needed to evaluate the relative efficacy and cost of group therapy (Reynolds and Johnston, 1995). Gilbert (1995), proposes the curative factors of adolescent groups are getting;

- *feedback about behaviors that are annoying or pleasing to others,*
- *knowledge of conditions that are self defeating or self enhancing,*
- *toleration of others,*
- *opportunities to practice new behaviour, such as learning the skills involved in giving and receiving critical feedback and advice.*

(Gilbert, 1995: 372)

Groups provide a place for adolescents to fulfill the needs related to socialization, identity and competence in a context other than the

family. Dance movement therapy with adolescents can potentially offer similar opportunities. It can be one approach used in conjunction with other modalities for the treatment of adolescents in the residential setting. The other modalities may include; individual therapy, family therapy and milieu therapy.

Dance movement therapy is able to directly address social skill development by providing adolescents with a moving, learning laboratory in which to play. This discussion is not exhaustive of the field of dance movement therapy groups with adolescents but it does explore some of the aspects of working with this 'difficult' population.

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