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Moving Through *Marianismo*: Dance/Movement Therapy as a Means of Empowering Hispanic
Female Adolescents

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Submitted in partial completion of the Master of Science Degree in
Dance/Movement Therapy at Sarah Lawrence College
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Dedicated to my mother and grandmother, whose countless sacrifices, unconditional love, and unwavering support will forever mean everything to me. To Michael, whose beautiful existence illuminates my own. And to all of the Hispanic female adolescents questioning their worthiness – straighten your crowns, Queens.

Abstract

This is a theoretical based study that focuses on the current disempowered state of Hispanic female adolescents in the United States. As the largest minority group in the country, Hispanics experience an array of issues that commonly plague minority populations, such as higher poverty levels and unemployment, substance abuse, increased school dropout rates, and lower accessibility to quality education and healthcare (American Psychological Association, 2013; McCaffrey, 2007). In addition to those challenges, Hispanic female adolescents face the added difficulty of navigating between the strict gender-specific norms of their Hispanic culture, and the independent and individualized norms present within the United States. Their struggles are evidenced by their high rates of declining mental health, academic performance, and overall sense of empowerment. The study concludes with a discussion advocating for dance/movement therapy as a culturally appropriate and strengths-based therapeutic intervention that will effectively address and improve the struggles present within the population.

Key words: Hispanic, female, adolescent, *Marianismo*, dance/movement therapy

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Introduction

My interest in the disempowerment of Hispanic female adolescents stems from personal observations spanning the length of my upbringing. Being raised in a predominately Hispanic community in Southern California provided a wealth of opportunities to witness the intricacies of Hispanic culture. Coming from a Hispanic family myself, that environment shaped the lens through which I based my standards of normality.

However, during undergraduate schooling at a private liberal arts college in the Bay Area, it became increasingly evident how disempowering several aspects of my culture and community environment were. Those four years I spent nestled in the hills of an affluent Caucasian community were full of discoveries regarding the discrepancies among our two cultures. My non-Hispanic female classmates shared stories of their adolescent periods, filled with overwhelming amounts of support, validation, and pushes to be their own person, independent of their immediate family. These stories differed from those I had heard and seen growing up in my city, where Hispanic females were raised to place their families before all else, behave in ways dictated by gender-oriented expectations, and conform to familial traditions.

My intent behind writing this thesis is to address several of the struggles present in the Hispanic female adolescent population, and to advocate for a psychotherapeutic modality that can ameliorate those struggles. This is a population significantly unaware of their value, and with such a large presence in the country, the struggles that stem from their disempowerment become a matter of national importance. To empower these girls is to empower the present and future state of our nation.

Literature Review

Hispanic Population

The term “Hispanic”, which is often used interchangeably with “Latino,” characterizes the inhabitants and descendants of nineteen primarily Spanish speaking countries (Cofresí, 2002; McCaffrey, 2007). At this point in time, Hispanics are the largest minority group in the United States (Gloria et al., 2005; Kaplan et al., 2007; McCaffrey, 2007; Piña-Watson et al., 2016). The population contains approximately 57 million documented individuals, and continues to grow by at least 700,000 individuals annually (McCaffrey, 2007; Steeler & Brown, 2017). The population, which at one time grew at a steady rate, began to increase substantially faster in the 1960’s when economic changes, foreign policies, and hopes of a better life prompted an influx of Hispanic immigrants (Gutiérrez, 2010).

This decades-long surge has been documented by the United States Census Bureau, with the 2000 report stating that the Hispanic population had increased by 58 percent in the span of ten years. The Bureau also projected that the Hispanic population would surpass the rate of growth of all other ethnicity groups, eventually increasing at least six times faster (McCaffrey, 2007). Current projections place the number of Hispanics in the United States in 2060 at 119 million (Steeler & Brown, 2017).

According to McCaffrey (2007), newly immigrated Hispanics have a high rate of fertility and give birth at a rate of two times that of non-Hispanic Whites. As a result, a large sub-population of second generation Hispanics has formed over the last fifty years, with the average age set at thirteen years old. This sub-population is thought to consist of approximately 12.5 million adolescents, and accounts for thirty percent of the Hispanic population. It is the fastest growing Hispanic subgroup, displaying the most rapid rate of growth within the population as a

whole. McCaffrey (2007) also states that in the thirty years between 2000 and 2030, the second-generation Hispanic population will increase by 17.7 million. These numbers will be reflected in the United States in several settings, with the number of second-generation students doubling, and the number of second-generation individuals working in the labor force tripling (McCaffrey, 2007).

Despite their rapid rate of growth, Hispanics are still a minority in the United States, making up 13% of the population in 2000 and a projected 20% by 2030. As such, they face the challenges associated with minority groups (McCaffrey, 2007). Those challenges include higher poverty levels and unemployment, substance abuse, and school dropout rates, as well as lower accessibility to quality education and healthcare (American Psychological Association, 2013). It has been noted that Hispanic adolescents specifically consume alcohol and drugs at a much higher rate than their non-Hispanic peers (Zayas, 2011). Hispanic female adolescents are greatly impacted by the combination of minority-based challenges and cultural stressors, which is evidenced by their poor performance in the academic setting as well as staggering statistics of their ebbing mental health (Dumka et al., 2009; Gloria et al., 2005; Kaplan et al., 2007; Piña-Watson et al., 2016; Sanchez et al., 2016).

Hispanic Female Adolescent Academic Performance

Hispanic female adolescents have been reported to fall significantly behind non-Hispanic White, African-American, and Asian adolescents in standardized testing scores, grade point averages, college admission exam scores, college enrollment rates, and graduation rates in undergraduate- and graduate-degree programs (Piña-Watson et al., 2016). Hispanic female adolescents also display the highest high school drop-out and teen-pregnancy rates in comparison

to their female minority and non-minority peers (Kaplan et al., 2007). Mexican female adolescents in particular fall far behind their Hispanic counterparts in academic performance, and graduate from undergraduate programs at the lowest rate (Gloria et al, 2005).

Kaplan et al. (2007) reported that dropping out of high school, which interrelates with the high teen-pregnancy rates and cultural pressures concerning familial responsibility within the Hispanic community, has significant ramifications on the futures of these adolescent girls and that little to nothing else will impact their futures as negatively. Kaplan et al. (2007) also stated that female Hispanic adolescents reported lower levels of attention and support from their teachers, which resulted in decreased self-esteem, an aversion towards academic settings, and increased levels of depression.

According to Dumka et al. (2009), low-income communities, which Hispanics typically reside in, present an opportunity for increased interactions with negative influences, and the schools in those communities tend to have very limited resources. In addition, Hispanic parents in low-income communities regularly possess lower education levels and are typically not aware of academic resources available to their children (Dumka et al., 2009). This lack of academic support within the home can have a significant negative impact on academic performance for female Hispanic adolescents.

Hispanic Female Adolescent Mental Health

Hispanic female adolescents exhibit the lowest self-esteem as well as the highest levels of depressive symptoms, suicidal ideation, and suicide attempts compared to non-Hispanic White and African-American female adolescents (Kaplan et al., 2007; Sanchez et al., 2016). Despite their high-risk status, Hispanic female adolescents obtain the least amount of mental health

treatment in comparison to their adolescent peers. When they do seek treatment, it is common for them to be serviced by a primary care physician, instead of a mental health specialist (Garcia & Lindgren, 2009).

A major factor contributing to low rates of treatment stems from the norms of the Hispanic culture. Mental health concerns are not generally a popular topic of conversation within Hispanic households, and are frequently disregarded and ignored (“Latino Mental Health,” 2015). Female Hispanic adolescents pick up on these verbal and nonverbal cues, ultimately learning that their mental health is a subject best kept to themselves. As a result, they tend not to seek help with questions or concerns they may have regarding their emotional or mental states. This lack of communication is especially detrimental for adolescents struggling with symptoms of mental illness (“Latino Mental Health,” 2015).

Another cultural norm contributing to the low rates of treatment is the belief that all matters of the family should be kept within the family. Hispanics tend to be incredibly private in terms of personal matters, believing that personal struggles should not be shared outside of the immediate family. This norm can deter a female Hispanic adolescent from seeking treatment, resulting in a worsening of depressive symptoms and increased suicidal ideation (“Latino Mental Health,” 2015).

Legal status creates another barrier in the process of female Hispanic adolescents seeking and continuing treatment (“Latino Mental Health,” 2015). Deportation is a very real fear for many of the Hispanic families living in the United States. That formidable fear prevents Hispanics from seeking treatment from medical and psychiatric practitioners, causing them to instead endure declining mental, emotional, and physical health in an effort to keep their families intact. Hispanic female adolescents, who may be legal citizens, bear the brunt of this fear,

declining to seek treatment for fear of outing their parents as undocumented immigrants (“Latino Mental Health,” 2015).

Discrimination

Adolescence marks a period in which internal and external confrontations of self-worth and mental health come into the forefront of daily life. For Hispanic female adolescents, the adolescent struggle is paired with excessive levels of discrimination. Sanchez (2016) reports that Mexican-American youth are more likely to experience discrimination than Mexican-American adults, and that they experience the discrimination at the hands of both peers and teachers. Some factors eliciting the discrimination include the Hispanic accent, ability to accurately form written and verbal sentences, and physical characteristics that stray from the traditional European characteristics (Sanchez, 2016). In addition, the discrimination felt by Hispanic female adolescents is not limited to middle-school or high-school environments; it has been also found to exist on college campuses, with Hispanic females experiencing an adverse environment (Gloria et al., 2005). This discrimination discourages female Hispanic adolescents from striving to excel in their academic environments. They perceive their teachers’ and peers’ discriminatory behaviors as discerning of their worth and ability, and therefore do not attempt to challenge themselves academically (Sanchez, 2016).

In addition to the discriminatory eliciting factors mentioned above, Dumka et al. (2009) states that Mexican immigrant parents have a higher probability of living in poverty than U.S. born parents. This is in large part due to the language barrier, issues regarding immigration status and legality, and a lack of skill sets that together result in them filling job positions that are labor-intensive, potentially physically harmful, and low-paying. Mexican immigrants, both adults and

adolescents, are also more likely to have lower levels of education than that of their White peers, leaving them at a disadvantage when competing for jobs against their White, educated peers (Dumka et al., 2009).

One study (Sanchez et al., 2016) found that the higher the levels of discrimination, the more likely the Hispanic female adolescent was to participate in sexually-charged acts. The same study went on to report that perceived discrimination produces significant psychological distress for these adolescents, which then leads to an increase in sexually motivated behaviors (Sanchez et al., 2016). The increased sexual behaviors prompted by discrimination may contribute to the high rate of teen-pregnancy among the Hispanic female adolescent population.

Bridging Two Cultures

Hispanic female adolescents often struggle with the act of continuously bridging two different cultures and two different sets of values. At home, they are expected to behave in a way that respects traditional, family-oriented Hispanic values, while outside of the home, they are pushed to exist in the competitive and individualistic culture that is consistent with American cultural norms (Cofresí, 2002; Kaplan et al., 2007). The expectations present in their home life can cause extreme levels of anxiety, especially those focused on sexual behavior. Female Hispanic culture condemns sexual exploration, while the United States' adolescent culture is more likely to encourage it (Cofresí, 2002).

The Hispanic culture places enormous value on the family entity, regarding it as the highest priority and most crucial aspect of life (Zayas, 2011). The family is viewed as its own intricate community, with its sum regarded as much more valuable than the worth of its individual members. Its significance can be viewed in the number of intact homes present in the

population, which is considerably higher than that of any other minority group. Those family units demonstrate the value and obligation of togetherness that is stressed within the Hispanic culture (Zayas, 2011).

When Hispanic female adolescents attempt to embody the individualistic nature of the United States culture, they are frequently challenged by resistive family members. As their search for autonomy increases, these female adolescents must face the ever-present and formidable force of their family ties. Unlike their non-Hispanic peers who are regularly encouraged to become their own person, Hispanic adolescents are encouraged to grow within the scope of the family (Zayas, 2011). Focus on personal growth and desires not immediately pertaining to the family are generally frowned upon and are not viewed as a benefit to the family.

However, even within the Hispanic culture there are major discrepancies between the expectations placed on male and female adolescents. In addition to navigating the enculturation and acculturation of two cultures, Hispanic female adolescents must also navigate the challenge of living within a household and a culture where strict gender roles are widely prevalent (Zayas, 2011).

Gender Roles - Marianismo

Strict gender roles regularly exist within the Hispanic culture (Cofresí, 2002; D'Alonzo, 2012.; Piña-Watson et al., 2016). *Marianismo* refers to the behavioral code of conduct for Hispanic females which is learned through implicit and explicit teachings. The concepts of *Marianismo* are believed to be based on the virtuous behaviors of the Virgin Mary, who is revered as the ultimate *Marianisma*. The concepts of *Marianismo* include being self-sacrificial, virtuous, chaste, respectful, obedient, submissive, compliant, and dependent (Cofresí, 2002;

D'Alonzo, 2012; Piña-Watson et al., 2016).

The birth of a male is a testament to the father's manliness, and as a result, the male child is typically praised and indulged by both parents. This results in a tendency to grant superiority to males over females in a variety of contexts (Cofresí, 2002). As the children grow older, the males are blatantly given more freedom and autonomy, while the females are required to conform to more rigid expectations. This differentiation is witnessed in multiple contexts, both in external social situations, and within the home, specifically in regards to how household chores are delegated. During the adolescent period, the autonomy differentiation can be witnessed in the social freedoms granted to males, in contrast to the limitations and expectations placed upon females (Dumka et al., 2009).

As a result of the pervasive gender expectations present in their households and culture, Hispanic female adolescents continuously place others before themselves (Cofresí, 2002). When growing up, the Hispanic daughter must place the needs of her immediate and extended family (specifically the males) before her own. Moreover, when she is grown and married, she is still expected to place her needs behind her immediate and extended family, now including her husband, her husband's immediate and extended family, and her children (Cofresí, 2002).

Self-sacrifice is hugely prevalent in the female Hispanic culture, and a woman's time spent on herself is not seen as time taken in the interest of her husband or children (Cofresí, 2002). Family responsibilities are prioritized above the female's own physical, mental, and emotional needs. This mindset and lifestyle is detrimental not only to the women engaging in those high levels of self-sacrifice, but to the females being raised in this environment. Through explicit teachings and implicit observations, young Hispanic females learn that their sole purpose is to maintain the household and place the needs and desires of all others before themselves

(D'Alonzo, 2012).

Hispanic females are also taught to endure maltreatment from the men in their lives (Cofresí, 2002). Although the culture favors male authority over female authority, females are raised to believe that they possess a superior level of spiritual strength, and that the spiritual strength allows them to view the maltreatment as the actions of young boys. They excuse less than ideal treatment from their male significant others, because it is in these actions of forgiveness that they feel their spiritual power (Cofresí, 2002).

According to Cofresí (2002), The *Marianismo* ideals have an impact whether or not they are explicitly taught. The Hispanic female will structure her perceptions of herself, both in and outside of relationships, based on the widespread gender roles. School drop-out rates among Hispanic female adolescents are an example of how these perceptions can manifest into negative consequences. Piña-Watson (2016) reported a positive correlation between Hispanic female adolescents' internalized beliefs that they must be submissive, subordinate, and non-assertive, and increased rates of educational drop-out. The cease in school attendance abruptly terminates the educational motivations and goals of these female adolescents (Piña-Watson, 2016). The *Marianismo* ideals, though rooted in the behaviors of a revered figure, can have significant ramifications on female Hispanic adolescents' perceptions of self-efficacy, resulting in decreased feelings of empowerment.

Disempowerment

Gutierrez and Lewis (1999) state that disempowerment has a substantial impact on an individual's social and emotional well-being. It results in a decreased perception of self-worth, and a self-imposed restriction on roles and resources. One of the most effective ways to subdue

feelings of powerlessness is to gain confidence in oneself and one's abilities. It is when a person lacks personal confidence, and in turn feels as though she cannot control the factors in her life, that she feels hopeless, anxious, and disempowered.

In their disempowered state, Hispanic female adolescents are viewed as passive participants in their lives (Glennerster & Takavarasha, 2010). As such, important information regarding academic resources, health resources, or career resources are not regularly extended to them in their various academic and social environments. This lack of information and regard negatively affects the trajectories of these females, significantly contributing to the sense of powerlessness and confidence in their abilities that comprises disempowerment (Glennerster & Takavarasha, 2010).

It is critical for empowering habits to develop during adolescence, the period in which life-long habits commence taking shape. It is throughout the adolescent period that individuals are increasingly susceptible to internal and external restrictions placed upon their educational, personal, and financial opportunities. By introducing empowering habits at this life stage, Hispanic female adolescents will have a greater chance at creating and maintaining skills that feed into personal empowerment throughout their lives (Glennerster & Takavarasha, 2010).

It is important to note that the positive effects of empowerment are not limited to those who become empowered. The improvements stemming from the empowerment of the Hispanic female adolescent population would be far-reaching and long-lasting (Glennerster & Takavarasha, 2010). When female adolescents feel empowered, they feel confident in seeking resources that can improve the mental and emotional functioning of their family members. This significantly benefits the health of their families. Empowered female adolescents are also more likely to continue with their education, resulting in higher economic status. This stands to benefit

the financial well-being of their families, as well as decreasing the national poverty rate. In fact, a one percent increase in the completion of secondary education by women would increase the nation's economic growth by 0.3 percent (Lee, 2015). Empowering Hispanic female adolescents would create a powerful ripple effect throughout our country, strengthening the state of our nation from the inside out.

A reflection article by Bishop and Bowman (2014) emphasizes that therapists should not force their own definition and understanding of empowerment on others, especially when dealing with different or unfamiliar cultures. In addition to not forcing a definition, clinicians should invite their clients to be a part of the discussion to construct a definition for empowerment. Having clients participate in the discussion may bring about new insight as to what it means to be empowered, as well as start the empowering process where the clients have a say. This approach is beneficial for the clients and the clinicians, who will not assume or decide what empowerment means to and for their clients. Clinicians should also keep in mind that empowerment may be a significantly long process that might not be observable immediately, or even in the near future (Bishop & Bowman, 2014).

Discussion

Movement is embedded in us from our earliest moments of life. The emergence of movement marks the creation of a new existence and the beginning of all living experience. It is in the womb that we explore, form, and strengthen our movements, which will soon become our primary form of communication with our surroundings. Unlike language, which takes years to develop, movement is immediately accessible and is one of our most natural functions. Even our breath, one of a human being's first independent acts, is felt in the movement of our expanding

chest and diaphragm. Quite simply, to live is to move. From this fact we can infer that movement is our most inherent skill and is a constant factor in our lives from conception until death.

Dance/movement therapy has taken the power of this constant and inherent skill into consideration. This body-based form of psychotherapy is rooted in the premise that the mind and body are interconnected, and that a balanced body-mind connection is crucial to every individual's emotional, physical, cognitive, spiritual, and social well-being (Chaiklin & Wengrower, 2009; Levy, 2005). All too often, mainstream conceptions of the "self" are plagued by the notion that the mind and body are divorced, leading many to see the process of self-comprehension as a solely abstract, cognitive process. This harsh separation, however, denies the essential link between mind and body, and ignores the fact that the body's movement are frequently representative of semi-conscious responses to cognitive, physical, and emotional stimuli (Chaiklin & Wengrower, 2009).

Despite not always being apparent to us on a conscious level, our bodies act as physical keepers and containers of our interactions, and provide an outlet for the manifestation of maladaptive mental and emotional patterns. While language is vulnerable to our conscious or unconscious mental manipulations or rationalizations, the body is prone to displaying the truth of our inner workings, regardless of our level of cognizance. As the ultimate truth-tellers, our bodies make it easily detectable to those around us when there is a clash between our verbalizations and our mental state, as manifested through disjunctive body language (Chaiklin & Wengrower, 2009; Levy, 2005).

By utilizing a body-focused approach in addition to the traditional verbal aspect of therapy, dance/movement therapy encourages the acquisition, development, and maintenance of a holistic and congruent sense of self. Clients are provided with a concrete form with which to

develop new insight experientially, ultimately heightening feelings of empowerment, autonomy, self-worth, and authenticity. Subsequently, improvements in social, cognitive, physical, and emotional functioning are witnessed (Chaiklin & Wengrower, 2009; Levy, 2005). Given the disempowered state of the Hispanic female adolescent population, dance/movement therapy stands to act as a powerful combatant against the disempowering features of their environment.

Young-Eisendrath (1987) writes that traditional psychotherapy, though rooted in good intentions, can exacerbate a client's negative views and insecurities by approaching the therapy through a deficit model. That lens can be especially detrimental for a female Hispanic adolescent who may already be struggling with an inferior perception of her self-worth. A deficit model would further those negative perceptions, highlighting and focusing on her areas of weakness.

Similarly, Piña-Watson et al. (2016) found that much of the research on female Hispanic adolescents has ignored their resiliency and potential strengths. Instead, the sole focus has been on the negative correlations between traditional Hispanic values and academic performance. Those correlations are important to note; however, they fail to take into account the multitude of strengths present in the population. Turning a blind eye to the strengths present in traditional Hispanic family values not only results in a limited scope for researchers, but also promotes deficits and disempowerment (Piña-Watson et al., 2016).

Contrary to the disempowering deficit model, dance/movement therapy is intrinsically strengths-based. It recognizes and highlights the client's strengths and skill set while simultaneously acknowledging their resilience. This is done by bringing awareness to the belief that in addition to the client's inherent skill of movement, they also carry inherent wisdom, strength, and guidance within themselves. Dance/movement therapy also highlights the fact that regardless of race, socio-economic status, etc., an individual's entitlement to respect, validation,

and the space they occupy is paramount. That is an emboldening revision for a female Hispanic adolescent dealing with perceived discrimination and/or rigid expectations on a continuous basis. The strengths-based foundation of dance/movement therapy aligns with Young-Eisendrath's (1987) inference that females require a therapeutic approach that validates their current mental, emotional, and physical state.

Another feature of traditional psychotherapy that may come across as slightly daunting, is being required to vocalize feelings, desires, and problems (Young-Eisendrath, 1987). This can place an unwanted amount of pressure on clients to already have a set understanding about what they may be struggling with in order to convey it to the therapist. As an alternative, dance/movement therapy expands the client's means of communication by providing them with a creative, nonverbal outlet for expression. A creative outlet can be especially beneficial for the expression of feelings and/or thoughts that may be too difficult to verbalize, or even grasp. Movement can externalize inner thoughts, desires, and struggles in a way that does not require the consciousness of verbalization. The participant is free to move in a way that is led by the semi-conscious. Once movements have taken place, the dance therapist is then able to bring awareness to certain movements, gestures, weight, muscle tension, and/or levels of intensity, facilitating introspection (Levy, 2005).

Young-Eisendrath (1987) notes how prevalent nonverbal communication is to female adolescents in their daily lives. She states that due to their constant awareness in navigating various interactions and expectations, female adolescents are particularly skilled at communicating and receiving information non-verbally. They conclude meaning from gestures and expressions, and tend to have a high threshold for emotion-based expression (Young-Eisendrath, 1987). Because of their frequent exposure to nonverbal expression, Hispanic female

adolescents are likely to find dance/movement therapy to be a more accessible therapeutic process.

That accessibility ties in with the culturally appropriate nature of dance/movement therapy. In addition to potentially struggling with vocalizing issues or concerns, Hispanic female adolescents may be especially vulnerable to the negative stigma present in their culture surrounding psychotherapy. It is not uncommon for individuals within the Hispanic culture to shun outside help, especially when it comes in the form of mental health. Problems are typically viewed as needing to stay within the immediate family (“Latino Mental Health,” 2015). The American Psychological Association (2013) states that even when outside treatment is sought, Hispanics have the highest rate of discontinuance. A staggering fifty percent of Latinos drop out of treatment after the first meeting with the psychologist (F. Dingfelder, 2005).

Several factors are attributed to this, including differing stigma surrounding treatment, cultural values, and language barriers (F. Dingfelder, 2005). These mismatches can create obstructions to treatment if the clinician’s education and experience have not emphasized a cultural competency model which emphasizes constant self-evaluation (Tervalon & Murray-Garcia, 1998). The dissimilarities of upbringing and experience often result in the clinician perpetuating negative stereotypes rooted in racism, classism, homophobia, and sexism (Tervalon & Murray-Garcia, 1998). Although these acts can at times be done purposefully, they are almost always performed by well-intentioned clinicians who fail to realize their lack of cultural competency. In recent decades, the demand for culturally competent professionals has risen, requiring that students in those fields devote a portion of their academic studies to learning more about the populations they may serve.

However, despite its well-intentioned nature, training in cultural awareness may actually

decrease cultural competency, lead to stereotyping, and reduce cultural understanding and sensitivity to facts and figures. That knowledge can be useful for clinicians to some extent, but it limits whole person understanding and fails to stress the continuous self-evaluation responsibility that should underlie their practice. A deeper understanding of clients can be reached when clinicians practice cultural humility in addition to retaining the knowledge gained in courses devoted to cultural competency (Tervalon & Murray-Garcia, 1998).

Cultural humility is a life-long practice that necessitates constant self-evaluation and self-critique on behalf of the clinician (Tervalon & Murray-Garcia, 1998). It stresses that a clinician enter into each professional relationship, be it with a client, colleague, or the community, with the humility and knowledge that cultural competency is an endless undertaking. Cultural humility focuses on person-centered care, breaking down the power dynamics between clinician and client that often derail medical or therapeutic progress. It also strives to generate and maintain professional relationships centered around respect and communication (Tervalon & Murray-Garcia, 1998).

Dance/movement therapy, in addition to being strengths-based and client-centered, is a proponent of cultural humility (Chaiklin & Wengrower, 2009; Levy, 2005). Dance/movement therapists receive extensive training in the features that constitute cultural humility, as well as training in cultural competency. When melded together, that education and training create an environment that allows for the client to express their own truth, even within the stereotypes of their culture. Cultural competence and cultural humility are both needed when working with female Hispanic adolescents. A clinician whose sole focus is on cultural competency will frame every behavior within the client's culture, dismissing the individuality of the client they are treating. Similarly, a clinician whose sole focus is on cultural humility, and disregards noted

cultural inclinations, will fail to take possible cultural stimuli into account. Neither scenario will benefit the client, especially a female Hispanic adolescent who holds her own individual identity within a powerful cultural presence. Dance/movement therapy would be beneficial in this respect, as it would validate and respect her individuality, while taking into account the cultural traditions that may be feeding into her current mental, emotional, and physical state.

Female adolescents within the Hispanic culture have the added pressure of upholding *Marianismo* values. Time taken on themselves can be misconstrued as time taken away from their families. With such strong self-sacrificial tendencies imbedded in them, it can deter their efforts to seek psychotherapy. This cultural inclination can have an enormous impact on a female Hispanic adolescent's comfort in pursuing and participating in psychotherapy.

In order to reach this subgroup in the Hispanic culture, clinicians should strive to introduce interventions that are not only rooted in cultural humility, but are culturally appropriate and applicable. Those interventions should be culturally sensitive and provide positive coping skills for Hispanic female pre-adolescents and adolescents (Sanchez et al., 2016; Piña-Watson et al., 2016). Dance/movement therapy does this by providing a treatment modality that aligns with a major part of the Hispanic community. Dance is an extremely common occurrence in Mexico and tends to be a part of daily life. However, participation in movement drastically declines after a family's immigration to the United States (D'Alonzo, 2012). Through the guise of a culturally appropriate form of physical activity, the focus is shifted from a negative stigma of therapy, into a more positive, and enjoyable endeavor. As mentioned at the beginning of the discussion, this does not detract from the benefits of psychotherapy.

A characteristic specific to dance/movement therapy that directly relates to cultural humility, is the concept of kinesthetic empathy. Kinesthetic empathy is a felt sense of

compassion that does not solely rely on verbal communication (Chaiklin & Wengrower, 2009). It is an embodied awareness, understanding, and appreciation of another human's felt experience. It is a central concept in dance/movement therapy, and similar to improvisation, it is one of the foundations that dance/movement therapy work is based on. Its presence in group and individual interactions account for a significant portion of the therapeutic relationship to emerge and concretize (Chaiklin & Wengrower, 2009).

A dance/movement therapist practicing kinesthetic empathy utilizes her own body in an effort to gain a deeper understanding of the client's emotional, mental, and/or physical state. By participating in the client's movements, the dance/movement therapist is able to join the client in their current state, offering acceptance and a sense of unity. Feelings of acceptance and unity foster an environment of trust, which is vital to a successful therapeutic relationship. Once the client feels genuinely seen and accepted by the therapist, they are more easily able to engage in movement explorations differing from those tied to their current state (Chaiklin & Wengrower, 2009).

The sense of witnessing, acceptance, and safety that dance/movement therapy provides to its clients is crucial to an effective therapeutic process, especially when working with vulnerable populations like Hispanic female adolescents. These adolescents are coming from a background filled with rigid expectations, perceived discrimination, and high rates of depression. Feeling genuinely seen for who they are and unconditionally accepted can be powerful for even the most secure individual, but for a disempowered population, it can be a significant turning point in their self-perceptions.

An equally powerful feeling is the sense of community that is generated in dance/movement therapy groups. Cohesion is bound to arise when bodies with similar objectives

move together in a shared space. Since its earliest beginnings, dance has been a primarily social activity. This remains true today, with the communal aspect of dance eliciting a strong sense of belonging (Chaiklin & Wengrower, 2009). Dance/movement therapy fosters that knowledge and provides a space in the therapeutic process for its implementation. Through their participation in the movement group, members are able to connect themselves to the environment, utilizing that connection to then deepen their awareness and understanding of self (Chaiklin & Wengrower, 2009).

Gutierrez and Lewis (1999) state that groups allow the chance for individuals of the same culture to gather and feel connected to others from a similar background. Additionally, groups allow an opportunity for mutual-aid to occur, increasing leadership opportunities and subsequent confidence in one's ability. Dance/movement therapy emphasizes the group structure through traditional use of a Chacian Circle, implemented by the American Dance Therapy Association founder, Marian Chace (Levy, 2005). The Chacian Circle consists of group members sitting or standing alongside one another in a circle formation. The circle is both symbolic and functional. It promotes a sense of both witnessing and being seen, with every group member being able to see every other group member, further promoting interactions and mutual aid. It also encourages a feeling of equality, with each member being at a point to equally contribute to the group. The circle formation also provides a physical and symbolic container for which to hold the verbal, emotional, and physical material being brought into the circle (Levy, 2005).

The Chacian Circle can be an extremely empowering formation for female Hispanic adolescents who do not feel as if they are equally heard or seen in comparison to their male siblings or non-Hispanic peers. The true circle structure prevents a group member from being overlooked. Each female is given the space to exist and contribute. The structure alone has the

power to elicit a shift in the adolescent's self-perception, allowing her to feel empowered and validated. From this point, actual participation in the group leads to an increase in confidence and self-efficacy. Piña-Watson et al. (2016) found this to be true, stating that when females take on a leadership role in their families or in various other contexts, they feel more empowered and more in control of their educational trajectory. Similarly, Gutierrez and Lewis (1999) found that once an individual feels capable of taking a stand in their own lives, they will gradually begin to feel confident and deserving of their presence in the lives of others.

Dance/movement therapy provides an ample amount of opportunities for clients to take on a leadership role within the group, ultimately increasing confidence in their leadership capabilities. In line with their strengths-based foundation, dance/movement therapists credit each group member with having something to contribute to the circle. Even the most apprehensive group members play an integral part in maintaining the group structure and holding the space. Then, when group members feel comfortable to do so, through facilitation by the therapist and group support, they are able to take on leadership roles in which they contribute movements or vocalizations to the entire group. As mentioned before, these explored leadership roles will create a sense of control for these female adolescents that will end up extending into other aspects of their educational and personal lives.

As mentioned earlier, a Hispanic female adolescent's behavior, perception of self-worth, and overall level of empowerment are largely influenced by her family and culture. According to Zayas (2011), this is because her immediate surroundings, those she interacts with on a consistent basis, exert the largest amount of influence on her development. The family unit is at the core of the Hispanic female adolescents' daily interactions, and as such, becomes the most powerful force in driving her learning of self and others. Learning begins at birth, with her

family's cultural values, expectations, and explicit and implicit teachings at the center of her social and skill-set development. As the child grows, increased standards and expectations are placed on her to embody cultural traditions (Zayas, 2011).

A continuous dance/movement therapy group could positively supplement a Hispanic female adolescent's immediate circle of influence. Although the group's physical presence would not be as prominent as that of her family, it could still be an influential source of self-empowerment. Movement groups tend to become family and community systems of their own as a result of the cohesion and feelings of unity that arise when individuals move together. (Chaiklin & Wengrower, 2009). If these adolescents perceive the group to be a secondary form of family or community, it will have a substantial amount of influence on their mental and emotional development.

In addition to providing leadership opportunities and a sense of community, dance/movement therapy groups provide an opportunity for exploration of new movement styles, ultimately expanding clients' movement repertoire. A relatively large portion of dance/movement therapy is built upon an improvisational foundation. The dance/movement therapy group allows for an abundance of spontaneity to arise, ultimately freeing the members from rigid states. It is within that spontaneity that positive change can begin to take place. When given the space to act out in-the-moment impulses, group members detach from the internally and externally placed expectations that govern their behavior (Chaiklin & Wengrower, 2009).

As mentioned earlier, creative outlets provide more accessible means of self-expression. When movement expression is paired with improvisation, it expands the client's capability for self-understanding and subsequent exploration. As spontaneity increases, a client's mental, emotional, and physical repressions give way to natural states. It is from those natural states that

understanding occurs, and provides a jumping off point from which to expand a client's healthy functioning.

Improvisation and spontaneity would be vital tools for the effectiveness of therapy with Hispanic female adolescents. Their lives are comprised of continuous self-sacrifices, ultimately suppressing their own desires for the needs of their family. Improvisation would allow for those repressed inclinations to surface, providing them a safe space in which to embody attitudes that may not be positively regarded in their household.

Dance/movement therapy, in its client-centered and strengths-based approach, would provide an opportunity to witness and validate the existing physical patterns of the group members. Time would be spent acknowledging the strength and power present in their *Marianismo*-influenced movements, steering clear of a deficit-model of therapy. From that point, movement patterns would be explored and expanded upon. The explorations and expansions would not be presented as a "fix," but rather a means of creating an array of physical, cognitive, and emotional patterns to draw upon.

Perhaps the biggest draw to dance/movement therapy, and the most applicable to the adolescent population, is the simple fact that dancing is largely regarded as an enjoyable activity. Moving our bodies, whether while seated or standing, has a powerful effect on our cognitive, emotional, and physical states. A study by Babyak et al. (2000), which focused on providing physical exercise three times a week to adult patients diagnosed with Major Depressive Disorder, found that consistent physical exercise over the span of four months resulted in a substantial decrease in depressive symptoms. These results lasted far past the length of the study, with the majority of the patients reporting that the positive outcomes were still present ten months post-study.

The physiological effect of physical exercise, paired with the communal and socially relevant nature of dance, makes dance/movement therapy an appealing therapeutic modality for adolescents. Dance/movement therapy recognizes the power of preferred movement and musical styles, utilizing them in the group to generate comfort as a platform from which to expand movement explorations in future groups. By bringing in music and movement styles directly relevant to the lives of their clients, dance/movement therapists transform the challenging process of self-discovery into a more enjoyable experience.

Conclusion

By meeting the Hispanic female adolescent population where they are in their current mental and emotional state as expressed in their physicality, dance/movement therapy validates their existence and values their whole-person authenticity. These very first steps of validation feed into the empowerment that dance/movement therapy strives to bring to its clients. From this validation and subsequent exploration, come heightened feelings of self-confidence, which is an imperative factor is one's sense of empowerment (Gutierrez & Lewis, 1999). When an individual's confidence increases, negative feelings such as powerlessness, hopelessness, and anxiety are subdued. Those quieted feelings ultimately lead to a drastic improvement in social and emotional well-being, perceived self-worth, and a release of self-imposed restrictions (Gutierrez & Lewis, 1999).

Dance/movement therapy is fully equipped to challenge the lack of confidence and self-efficacy prevalent in the Hispanic female adolescent population by means of a culturally appropriate, gender applicable, and experiential therapeutic modality that promotes empowerment. And by acknowledging and embracing the Hispanic culture, instead of

demanding its elimination, dance/movement therapy provides an empowering therapy for these females navigating their existence between two worlds.

Future Considerations

While conducting my research, I found parental levels of enculturation and acculturation to be of significant importance to Hispanic adolescents' academic performance and mental health. A study by Dumka et al. (2009) found that mothers of Mexican origin play an important role in children's academic success (for both genders). They additionally found that mothers' inclusion of Mexican culture in the household resulted in higher levels of positive influence on their adolescent children. These findings suggest that encouraging elements of Hispanic culture in therapeutic interventions may prove useful, as well as considering including parents in the treatment.

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