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Empowering Young African-American Males Through Dance/Movement Therapy

Ashanti Woods

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

May 2018

First, I want to dedicate this to my mother whose unconditional love and support shaped me to be the woman I am today and encouraged me to follow my dreams — it means everything to me. Next, I would like to dedicate this to the African-American males in my life who have inspired me and have trusted me to speak their truth — you're all worthy and loved. Finally, to the rest of my family and friends — thank you for helping me remain grounded and motivated.

Love you all.

Abstract

This paper provides a brief overview of the history of African-American males in the United States, and how they have been degraded since the founding of this country. Due to the continuation of them being victimized by multiple stereotypes that are inaccurate, it makes it hard for this population to face issues within their environment. Implementing Dance/Movement Therapy (DMT) in the school curriculum for African-American males between the ages of thirteen to eighteen to help cope earlier in life with their reality will be examined. Research has been done on Rap/Hip Hop therapy with this population which addresses the current problem but does not integrate the connection of the body. To fully understand and to make therapeutic forms more accessible to African-American males, research will explain the relationship between these two mediums.

Keywords: adolescent male, African-American, Blanche Evan, Cool Pose, dance/movement therapy, Laban Movement Analysis, school-based intervention, slavery, stigma

My interest in addressing this topic stems from personal observations during my upbringing. Having been surrounded by and growing up with African-American males all my life, I have witnessed and continue to be an open ear for them to safely express themselves in a world where they are undervalued and unappreciated. Their stories have inspired me to advocate and to bring awareness to our dysfunctional healthcare system, the lacking empathy and racist society that we live in, and how living with these constant obstacles have taken a toll on their mental health and bodily functioning. My intent behind writing this thesis is to present the struggles in the African-American male adolescent population and how Dance/Movement Therapy (DMT) can combat those struggles. This is a population with a large presence in the country; to empower these males is to break the generational trauma, and to make a difference for their futures.

History, Battling Stigma, & Coping with the Environment

In Henry Louis Gates Jr.'s book, called *Thirteen Ways of Looking at a Black Man*, he addresses the issue of African-American males being viewed as “a problem.” He summarizes statistics in comparison to African-American women about education, dropping out of school, unemployment, and homicide and suicide rates. Eventually, he leads up to this statement, “Black Men are a commodity of flesh and muscle which has lost its value in the marketplace; we are left over from history” (Gates, p. xvi). According to Gates (1997), black men are no longer useful, as society assumes. Narratives of the past have followed them into the present, making it difficult to change society's perception. Black men either have to represent their race, honor it, or betray it — against the demands of authenticity. Gates's (1997) interviews and conversations give voice to all the tensions and uncertainties and ambivalence that shaped these men. History explains the experiences of African-American males and the consistent struggles that have been carried on for

decades and connect to their current reality. These hardships began during slavery when African-American males were verbally, mentally, emotionally, and physically abused. White slave owners controlled and branded these individuals, forcing them into hard labor, removing them from their families, preventing them from getting an education, and selling them as property. These experiences impacted the body and mind, causing physical and psychological trauma (Higginbottom, Mims, & Reid, 2005).

Along with long hours working on plantations, slave owners would put metal collars on individuals to remind them of their wrongdoing. The collars were thick and heavy and often had protruding spikes which made work difficult and prevented the individual from sleeping when lying down. Slaves were deprived access to education and recreation to ensure they remained uneducated, helpless, and dependent. Punishment was meted out in response to disobedience or perceived infractions, and also as a way for masters to assert their dominance. Slave owners wanted to instill fear and create a sense of personal inferiority so that slaves “know their place.” Physical abuse included being provided insufficient clothing, being whipped, lynched, overworked, beaten, and witnessing family members being beaten as a form of punishment. Punishment also included mutilation and imprisonment. Knives, guns, field tools, or any nearby object was used to dole out beatings. They were physically branded with hot irons like cattle (Douglass & Garrison, 1849).

The psychological effects of slavery were arguably more traumatic than the physical abuse and were longer lasting. The constant fear of physical torture, being treated as subhuman, forced to suppress all emotions, particularly anger, and being stripped of one's culture and identity caused severe emotional and psychological suffering resulting in what is now called Post Traumatic Stress Disorder (PTSD). The essential feature of PTSD is the development of

characteristic symptoms following exposure to one or more traumatic events, such as directly experiencing traumatic event(s), witnessing, in person, the event(s) as it occurred to others, learning that the traumatic event(s) occurred to a close family member or close friend, and, in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental, and experienced repeated or extreme exposure to aversive details of the traumatic event(s) (American Psychiatric Association, 2013). In this case, African-American males directly experienced traumatic events and witnessed, in person, the events occur to others (American Psychiatric Association, 2013). The system of slavery was set up to perpetuate the belief that white people are superior and should dominate all other races (Gardiner, 2009).

African-American males could not write their own story, voice an opinion, or defend themselves without punishment; white people did it for them. White people portrayed African-American males as false identities, such as a lazy individual who is prone to crime, and made fun of their physical features, comparing them to monkeys (Hund, Mills, & Sebastiani, 2015). Coming from a place of power, and using these false identities, white people were able to influence the way African-American males were viewed by society so that they were seen as being subhuman and unable to form logical thoughts. The pervasiveness of these beliefs was demonstrated in the 1915 movie *The Birth of a Nation*. White actors painted their faces black and portrayed their characters as buffoons or clowns. This movie amped up the racism by depicting African-American men as “subhuman,” possessing “vicious bestiality” and “primitive sexuality” (Rampell, 2015, para. 3).

African-American males continued to receive unfair treatment and lived within these harsh conditions until slavery was abolished after the Civil War. African-American males did not

begin to gain basic human liberties until after the Civil Rights era. Through the work of Rev. Dr. Martin Luther King, Jr., Malcolm X, Medgar Evers, Rosa Parks, and other Civil Rights Leaders, Black men demanded respect and equal opportunity provided by the Constitution of the United States. This new Black Power was seen as a threat to White society who still viewed Black men as inferior. "White society fears the Black man and his charisma and intelligence; they fear the competition" (Gates, p. 116). This fear resulted in deeply rooted stereotypes that are prevalent to this day. Gates (1997) argues that African-American males are categorized as either ghetto, as a personality symbol, meaning that they have a set of traits specific to being good at performing such as a dancer or rapper, only beneficial for military use, incidental, avoided, feared, and overall not well put together. Other commonly used terms are animalistic, violent, hyper-sexual, and sexually predatory (Shorter-Gooden, 2008).

One African-American male provides the following perspective.

"As a society, as a community, white individuals are not the most cultured. They base their opinions of us off what they see on TV, they look at you and assume we're all like the black people they see in movies, rap videos, and on the news. They assume we're all ultra-aggressive, mean, and angry but not all of us are like that. Plenty of us are educated, trustworthy, good people, and have morals and values like you probably have. When I'm in environments with them they react to me as if they're on guard; they make sure to watch what they say because if they say or do the wrong thing, they think I'm going to harm them without giving me the benefit of the doubt. They don't know what your background is they don't know how cultured you might be. I have to remind a lot of white people that I've been dealing with people of other races for a long time there is nothing you can do that will surprise me and there is nothing you can do that is new to me. We get discriminated against, and I don't think that'll ever stop. I thought it

was something wrong with me, but a lot of the time it's their ignorance" (N. Woods, personal communication, December 31, 2017).

These ignorant views and stereotypes have everyday consequences for African-American males. They are discriminated against when applying for housing, they cannot walk in certain areas at certain times of day, and police brutality rates are increasing (Mosley, Owen, Rotosky, & Reese, 2017; O'Hanlon, 2017). For example, African-American male faces are more quickly to be associated with crime and falsely identified by police in a lineup task (Mosley et al., 2017). Law Enforcement was created to protect its people, but instead, African-American males experience a lack of police support when in need, along with many other unsupportive institutions, resulting in cultural mistrust (Mosley et al., 2017). Residential segregation has become a problem where white people are more segregated from African-Americans than any other race. (O'Hanlon, 2017). This happens by cutting off highways to black neighborhoods, and building public transit systems that fail to connect minority communities to opportunities for education and employment (O'Hanlon, 2017). Black and other minority homebuyers and renters receive different treatment from realtors and agents, and Black home-seekers are shown significantly fewer homes when seeking to buy a home (O'Hanlon, 2017). After being denied home loans before the civil rights era, Black Americans have continued to be denied affordable credit, and have been pushed towards subprime loans (O'Hanlon, 2017). SunTrust, Wells Fargo, and Bank of America have in recent years settled with the Justice Department (for \$21 million, and \$175 million, and \$335 million respectively) for pushing Black homebuyers into subprime mortgage deals, overcharging them for home loans, and other breaches (O'Hanlon, 2017).

"An American negro isn't a man, he's a walking defense mechanism" (Billson & Majors, p. 105). Racism not only affects the way in which Black men live their daily lives, but it also

takes a tremendous toll on their mental health (Higginbottom et al., 2005). The psychological effects of being viewed as a stereotype are the same as they were for Black men during the time of slavery and have been for every generation since. Black men are maneuvering through society with an unhealthy racial identity, negative self-esteem, and anger, due to the internalization of racism (Shorter-Gooden, 2008). Internalizing these attitudes is negatively linked to mental health consequences. These realities are present even before birth. African-American men are born into a state of oppression and, having to exist through the experience of it, they develop specific behaviors to either cope with or resist these problems (Mosley et al., 2017). An increase of awareness and paranoia develops as they have reported being followed in stores and under constant surveillance (Mosley et al., 2017). Many black men develop a self-consciousness about the way in which others view them, and they cope by altering their racialized behaviors at the relational level, such as avoiding eye contact and minimizing physical appearance (Mosley et al., 2017). They live in a constant state of survival as they navigate this oppressive society. Their guard is always up to prevent additional pain, stress, and to be prepared for what is to come at any given moment. Cultural mistrust is a key component of African-American consciousness, and its roots developed during slavery, when distrust of Whites was equated with survival (Mosley et al., 2017). Cultural mistrust refers to avoidance of interacting with, or disclosing information to, others, particularly White Americans, due to fear of betrayal or exploitation (Mosley et al., 2017). Black youth experience police discrimination and cultural mistrust as well. In the case of Michael Brown, an African-American teenager, killed by police officer Darren Wilson, superhuman attributions were made (Mosley et al., 2017). Wilson's testimony included biases, such as "When I grabbed him the only way I can describe it is I felt like a 5-year-old holding onto Hulk Hogan," despite noted similarities in size, and "it looked like he was almost

bulking up to run through the shots,” (Mosley et al., 2017). To cope with these stressors, Black men work to overcome them, sacrificing their well-being due to forced isolation. Their approach and level of functioning as any “normal” human is seen as less effective, and creates a problem when relating to others personally (Mosley et al., 2017). Imagine internalizing all of this in your body and having to shift who you authentically are to survive. Tension, anxiety, and a fast heartbeat could be what they are experiencing. Now imagine a child witnessing their father, brother, or another family member take on this persona and body attitude. They witness innocent family members and peers sent to prison or being killed due to police brutality. These young innocent boys grow up wanting to be like their elders, from the way they dress to the way they talk. Without fully coming into their own, they are developing a shield of protection as a way of surviving.

Shorter-Gooden (2008) argues that there is a gender role strain because of the contradiction between the roles men are expected to play in U.S. society with limited opportunities to fulfill these roles. Institutional racism and inequities make it difficult for many black males to achieve success, thus contributing to their negative self-image and low self-esteem (Shorter-Gooden, 2008). They must channel anger inward not to be viewed as weak. They disconnect from meaningful societal roles and personal relationships. African-American males with low socioeconomic status have a high risk of having experienced violence and traumatic events, which correlates with suicide and symptoms of Post-Traumatic Stress Disorder (PTSD) (Bradley, Ressler, Schwartz, Sexton, & Sherry, 2005). “Black men can easily love but find it more difficult to feel loved” (Hare, 1984). They find it hard to feel loved because of cultural mistrust, anger, alienation, and disrespect from others. They have not been fully

connected, involved, and supported in the community (Dakof, Jackson-Gilfort, Liddle, & Tejada, 2001).

Due to not being able to express these feelings, the rate of suicide among black males, especially adolescents, has dramatically increased since the 1980s. Between the ages of 10-19, suicide is one of the leading causes of death for youth (*Center for Disease Control and Prevention*, 2017). There has also been a high percentage of police brutality and systemic violence that is impacting the black communities. The healthcare system has overlooked these issues, causing healthcare gaps. In 2015, the rate of young black youth committing suicide had never been higher (Zielinski, 2016). Mental health is stigmatized as a “white people problem” that was neglected by African-Americans due to violations of black people’s trust in the past. This resulted in African-Americans not wanting to share personal information with white people and therapists to avoid reliving some of those traumatic moments, so black males do not seek out help (Alvarez, 2012). They tend to go to spiritual healing and believe that there is a force bigger than an earthly force, and, by connecting spiritually to that force, they embody a humanizing quality that empowers, guides alternative behavior, and is a shield against alienation and Black self-hatred (Braxton-Newby, 2013). This deep mistrust is leaving children who are dealing with serious mental health, undiagnosed, untreated, and neglected.

African-American adolescent males have some of the poorest health outcomes in the country (Brooks, Gluck, Jeter, Lee, Lizardo, Marsh, & Serang, 2010). Brooks et al. (2010) took a closer look at the African-American adolescent population’s socioeconomic, health, safety, and ready-to-learn disparities in comparison to white male adolescents. African-American adolescent males are 3.4 times likely to live in poverty than white male adolescents, 2.5 times more likely to be children in a single-parent household, and 2.4 times more likely to be living with unemployed

parents (Brooks et al., 2010). African-American adolescent males are 2.5 times more likely to be at risk for PTSD, 0.6 times more likely to lack health insurance from 0-17 years of age, and 1.1 times more likely no access to health care or no usual source of care between the ages of 0-11 (Brooks et. al., 2010). African-American adolescent males are 5.5 times more likely to have a lifetime likelihood of ever going to prison, 4.3 times more likely to have a disproportionate representation in prison population, 6.7 times more likely of incarceration rate, 2.5 times more likely of juvenile arrest rate, 5.7 times more likely a juvenile custody rate, 10.1 times more likely firearms-related death rate, and 16.4 times more likely homicide-related death rate (Brooks et. al., 2010). With outcomes like these, how will young African-American males overcome these odds? They have the highest rate of social stress in the U.S. (Billson & Majors, 1992). Daily functioning and achieving their personal goals become problematic and undesirable due to social stress, and their future appearing unpromising, eventually leading them to feel disempowered.

Black boys learn at an early age that society and the government are made to destroy the dignity of Black people (Oeur, 2016). Schools focus on teaching the most heartbreaking times of the past rather than the good African-Americans have done for this country (Markowicz, 2017). Though both the negative and positive circumstances are important, African-American boys are becoming products of their environment, and they are turning to violence or drugs, growing up in disadvantaged neighborhoods. African American boys experience all of the typical changes associated with adolescents, while also contending with the stereotypes and maladaptive expectations placed on them by society. They have environmental difficulties and personal stressors happening at once. They are witnessing what their family members are experiencing, and they adapt these coping behaviors, causing them to drop out of school, perform below average, and distrust others in their environment (Alvarez, 2012; Brooks et. al., 2010).

How do African-American adolescent boys cope with a system that is designed to keep them down? They turn to their fathers, brothers, uncles, and grandfathers as examples of how to survive in society. Unfortunately, the coping mechanisms of previous generations come with limitations. Billson and Majors (1992) argue that one coping mechanism significant to African-American males is the Cool Pose. The Cool Pose is an ability to maintain detachment during encounters. It is calm and controlled and is learned as early as adolescent years on how to be down and fit in (Billson & Majors, 1992), through mannerisms, speech, gestures, style of walking and moving, and clothing and hairstyles (Shorter-Gooden, 2008). Each man adds his twist to it through language and music. To appear in control, their style of walking might be perceived as fearless; they may have an aloof facial expression, elaborate handshakes and high-fives, and flashy or provocative clothing like expensive sneakers or gold chains (Billson & Majors, 1992).

Some elements of the Cool Pose have been analyzed in terms of kinesics, or the subtleties of body movements such as specific characteristics, for example, having a distinctive swaggering gait, almost a walking dance, which can include tilting the head to one side while one arm swings to the side with the hand slightly cupped while the other hand hangs to the side or is in the pocket (Billson & Majors, 1992). This Cool Pose or “front” can be traced back to slavery and the Jim Crow era in which African-Americans, out of necessity, had to disguise their attitudes and beliefs just to survive in a hostile world (Braxton-Newby, 2013). From an early age, African-Americans, especially African-American males, have been socialized to mask their feelings and to control their behavior (Braxton-Newby, 2013). This mask hides deeper vulnerabilities, so the African-American male can appear competent and in control in the face of adversity. This may be his only source of dignity and worth, that hides the sting of failure and frustration (Billson &

Majors, 1992). The Cool Pose is particularly common among African-American youth, whose prospects in life are poor at best. As a tactic for psychological survival to cope with rejection, it is empowering, it is a sign of manliness, and a way to be included. Many African-American boys live in a world where they are struggling to find ways to be a man. Adopting the Cool Pose is a way to show their manliness, a ritualistic imitation of peers, and if you are not seen as cool, you are an outsider (Billson & Majors, 1992).

Although the Cool Pose can serve a positive, healthy, self-esteem boosting function, helping to compensate for feelings of shame and guilt, the Cool Pose stance has liabilities. Cool Pose requires that one hide one's real feelings and emotions; the aim is to be smooth, seemingly unruffled, no matter how dangerous the situation. It is designed to garner respect, using overt displays of toughness and bravado. Thus, men who affect a Cool Pose are often involved in risk-taking, sometimes leading to violent and self-destructive behaviors (Shorter-Gooden, 2008). As a result, African-American boys and men who affect a Cool Pose are at risk for engaging in gang behavior, for being physically and emotionally abusive with female partners, and for being marginalized and stigmatized by teachers and other authorities (Shorter-Gooden, 2008). African-American men who do not define their masculinity and their identity using this same set of narrow uber-male behaviors are at risk for being seen as "punks" or for being disparaged as "gay." Black gay, bisexual, and transgender men, as well as heterosexual men who do not subscribe to the "compulsive masculine alternative," may be scorned, harassed, and even physically assaulted by men who subscribe to a Cool Pose, creating an additional psychological challenge for them (Shorter-Gooden, 2008).

During adolescence, the transition from childhood to adulthood takes place in the body and mind, from immaturity to maturity. It is a time of self-investigation, instability, identity

formation, and individuation. These physical and emotional changes do not always happen at the same pace. The body, during this time, is extremely important in one's source of pleasure, enjoyment, confusion, fear, panic, guilt, and shame all at the same time. This preoccupation with the body and understanding its unique characteristics is critical. Having a safe space for African-American male adolescents to express themselves is often absent and nonexistent as they face institutionalized racism and lack of awareness from practitioners whose task is to assist, yet who lack the understanding to intervene in an effective manner (Braxton-Newby & Jones, 2013).

There is limited research specific to psychotherapy with African-American male adolescents. Most of the research focuses on why black males do not seek out therapy. There is, however, a small body of research on Rap Therapy, also referred to as Hip Hop Therapy, which can be summarized as the purposeful integration of elements of Hip Hop culture in a therapeutic setting to achieve catharsis and facilitate psychosocial development (Alvarez, 2012). The notion of rap as a form of catharsis dates to the early beginnings of Rap music and Hip Hop culture. For example, in the 1970s, African-American youth would use elements of hip-hop such as breakdancing, graffiti, and dj-ing as cathartic and social outlets to deal with harsh conditions found in their neighborhoods (Alvarez, 2012). Rap, in many cultures, is used as a way to tell stories. It influences communication, vocabulary, thoughts, beliefs, behaviors, and actions; it is a cultural expression based on the experiences of African-American youth (Elligan, 2004). This can be the way one comments on politics, issues, and challenges (Elligan, 2004). This type of therapy has been used with positive outcomes as an outlet for expression, and it offers participants hope for a better future. Hope is critical for a young person surrounded by despair and constant reminders of failure (Alvarez, 2012). Hopelessness has been said to be a characteristic of the “underclass personality,” raising fear, creating a sense that one is powerless

to escape a bad situation. Under such conditions people will isolate themselves, lowering their connectedness to others (Bolland, Formichella, & Lian, 2005). Nevertheless, through Rap Therapy, adolescents can speak about the conditions of their environment, gain a sense of identity, cope with stress, build support groups, seek advice from peers, problem-solve, and re-author their narratives (Alvarez, 2012). As a therapist, one can use rap therapy to assess a client's interest, build a relationship, monitor and maintain progress through feedback and discussions, and reframe thoughts and behaviors (Elligan, 2004).

Alvarez (2012) started using rap music in a therapeutic setting in 2004 with urban youth of color. The majority of the young males referred to him grew up in poverty, experienced a greater likelihood of going to prison, had a parent in prison, were born to teenage mothers, encountered higher mortality rates from homicide, were exposed to violence, and suffered from PTSD (Alvarez, 2012). They were growing up in communities of concentrated disadvantages. The children were referred to him for their aggressive or oppositional/defiant behaviors due to violence and trauma. Some symptoms that were presented included an inability to concentrate, outbursts of anger, heightened anxiety, avoidance, and trouble sleeping (Alvarez, 2012). He was amazed that there was a lack of awareness of the impact of trauma on youth. Most teachers and school administrators would say these students were acting out and resistant to learning. As he began his study, he noticed that a large percentage of the youth were opposed to traditional talk therapy. Alvarez (2012) stated that for many of these youth, the idea of talking to a stranger about their problems was a foreign and threatening concept, especially when the person on the other end does not look like them, share their values, or understand their cultural background. These quotes from the study participants, included in Alvarez's article, speak to the impact of this work. "Writing raps helps me a lot with stress. Whenever I get mad or anything like that I

just write and then it just helps me release everything...like I can say anything I want on a piece of paper,” “Music is like my heart really. It is like the only thing that really keeps me moving. When I come here, I just forget about everything that is happening. It keeps me level. It keeps me wanting to come every day. I’m more than grateful for it. Coz it helps me communicate with other people. And it kind of showed me a different side I didn’t know I had” (pp. 124-127). Rap Therapy has been beneficial in helping African-American adolescents express their emotions in a creative, positive, and safe way. Although this has been a reliable source of therapy, a culturally sensitive therapy, and can be used to relate to these individuals, it may perpetuate a myth that African-American males are only good at rapping.

While rap therapy has been effective, it is not without its weaknesses, mainly that it does not take into consideration the whole person and connect one to the body. Traditional psychotherapy takes place verbally, not focusing on the body and mind connection. It was founded within the White-European culture and can lack multicultural competency, discouraging many African-American young men from acknowledging when there is a problem and seeking help (Alvarez, 2012). Resources for African-American men are often inaccessible, and expressing emotion is viewed as weakness by this gender. How does one address these needs? How does one help African-American males cope with their reality, work towards a more accessible therapy, and relate to their cultural background? Some ways to consider in making a change is to shift how mental health services are packaged and offered. The mental health profession has been rooted in the white middle class. In most clinical settings, the racial composition of service providers does not match the populations being served, which makes it harder to engage with diverse youth (Alvarez, 2012).

As a mental health professional, one has to be willing to engage with a diverse group of people and to be able to fully take responsibility for any assumptions made. Specifically, when working with African-American adolescents males, in the classroom setting, they are stigmatized as problem children, out of touch, clownish, dangerous to the outsider, bullies, intellectually limited, athletes, uncontrollable, troublemakers, products of poor home training, and showing minimal effort (Bussing, Koro-Ljungberg, Mills, Wilder, & Williamson, 2007). From a young African-American male's perspective, they may only be doing it "their way," so it is important when working with them, to not rush to judgment. In a world where they lack power, these stigmas or actions are saying, "I want to be respected, recognized, to feel worthy, and to be visible" (Oeur, 2016). "There is no universal African-American male. Issues of age, culture, educational level, occupation, temperament, and physical appearance all work to define the African-American male. Failure to comprehend this reality leads to little more than stereotypes creating more harm than help in dealing with the African-American male" (Braxton-Newby, p. 264). Being able to set aside preconceived notions about the African-American male adolescent is essential in the effectiveness of one's intervention.

Treatments should focus on what is meaningful to African-American males. Most African-American males come from a strong kinship bond, where there is adaptability of family roles, and strong work, achievement, and religious orientations (Bell-Tolliver, Brock, & Burgess, 2009). Therapists can provide strategies to help bring about successful outcomes, focusing on these strengths of African-American males. African-American families also find strength in extended families, religion, resilience (being accustomed to having to overcome problems), and hard work. If the therapist is willing to build trust, demonstrate respect, and be as honest as African-American males are to their culture, these key factors can help in a therapeutic

relationship. Most therapists could benefit from staying curious about what one does not know, and not only address “weaknesses.” Use of listening, storytelling, or spirituality can shape a different outcome. Bell-Tolliver et al. (2009) conducted a study and were shocked at how many African-American families were willing to seek to counsel, and that they were open to change. If our mental health system can be open to that same change, the suicide rates can decrease and help for these young African-American males can become more accessible and can provide a comfortable space for them to share.

While most traditional forms of therapy do not match the specific needs of African-American adolescents, Dance/Movement Therapy (DMT) is a client-centered body-based approach that considers the whole person, focusing on one’s strengths rather than weaknesses. Rather than trying to fit a person into a theoretical framework, dance/movement therapy supports the individual in finding the framework that is best suited to one’s needs. Dance/movement therapy aids the developmental processes by increasing emotional, physical, and mental integration. It creates a space where discussions for feelings and any presenting problems can be explored. Dance/movement therapy also provides an opportunity to touch, smell, and use other senses while learning and shaping one’s understanding, values, and behavior (Hagensen, 2015). Dance/movement therapy should be included as an important element in public and private school curriculum as it fosters a holistic approach.

Discussion

One of the biggest challenges in treating African-American adolescents is access (Alvarez, 2009). Parents are busy working, attending to multiple children, or possibly taking care of other family members. They may not have the time or the money to take their sons to a therapist once a week. An inability to focus academically due to these environmental factors can

result in these young males not achieving personal goals (Alvarez, 2009). However, by incorporating dance/movement therapy into the regular school curriculum, children can receive the treatment they need in a safe, stable, and consistent environment (Duggan, Gallant, & Stratton-Gonzalez, 2009). Offering dance/movement therapy in schools can also save families money, and they would not have to stress about means of transportation.

In the classroom, students might appear bored, uninterested, unable to connect with peers and teachers, and show a variety of distinct movement patterns such as not sitting upright in their chairs. Self-regulation and self-control during this transition into adulthood are actively developing. Dance/movement therapy offers an entry point for addressing their goals as learners and opportunities for them to experience success in school (Duggan et al., 2009).

Dance/movement therapists are trained in movement observation and intervention, and have insights that may not be apparent to their teachers. Dance/movement therapists can directly address movement behaviors and challenges in a supportive environment, helping students gain better body control and develop nonverbal academic readiness and social skills (Duggan et al., 2009).

Dance/movement therapy offers a space to set goals and outcomes that speak to the general health of these boys. They can work toward developing self-awareness, increase movement repertoire, improve self-control, increase awareness of the environment, improve socialization and cooperation skills, develop strategies for relaxation and energizing, and enhance self-esteem. Some of these strategies that can be effective in a dance/movement therapy session are universal and can translate to the classroom, creating a productive atmosphere for learning (Duggan et al., 2009). Dance/movement therapists and teachers can work together in establishing classroom routines, utilizing multiple modalities to attend to each's specific needs,

understanding proximity control, and communicating in a direct, respectful, and age-appropriate way. Teachers have multiple kids to attend to, and they may not have the time to provide attention to all in the way that best fits their needs. Having another source of expression for these children and that supports them in building confidence, can help take away from the heavy load and responsibilities of the teachers.

The main issues facing African-American adolescent males are low self-esteem, poor community support, lack of a safe space for free expression, feelings of invisibility, mistrust in the environment, and internalization of racism and emotions. All of this impacts the physical and psychological well-being of an individual (Lambert & Saleem, 2015). As mentioned previously, these issues result in poor performance in school, and an increase in the rate of incarceration and death (Brooks et al., 2010). For a population who has been trained to stand, walk, and talk in a way that hides one's feelings, dance/movement therapy can be threatening. However, it is precisely because so much of their trauma lives and is expressed in their bodies that dance/movement therapy can be an effective treatment. African-American adolescent males hold onto ambivalent feelings during this age of transition and also from what they are experiencing in their environment, causing fear. There is a fear to express oneself because one will be viewed as weak. There may also be feelings of shame for being African-American (Gates, 1997). Freud believed that, during this process, adolescents experience urges that arouse anxiety which causes the individual to resist or impose strict prohibitions upon themselves (Engelhard, 2014). While they anticipate change, emotional maturity may become absent, and the need to express oneself and these experiences becomes a fear as well. They need to feel secure in sharing emotional and physical changes via their bodies. Through the use of movement, the assumption is that it will arouse the adolescent experience in the body and a better understanding of adolescent psycho-

somatic processes. Eke & Gent (2010) suggests that group interventions, in general, are more effective within the school setting and, more specifically, early intervention seems most promising.

Group therapy enables a wide repertoire of movements to be experienced with others in the group to instill hope, develop socialization techniques, and provide positive interpersonal relationships (Yalom, 1995). African-American adolescent males in a group setting will be amongst peers who look like them and have similar problems, reducing the stigma of therapy. Experiencing group therapy as a whole, they can help each other by providing advice and being there for physical and verbal support. In communities of mostly African-American males, there is a sense of insecurity, but providing a safe group structure can convey a sense of security to adolescents and create a space where they can use their bodies and movements as an expressive tool to investigate their inner experiences.

Movement allows the adolescent to be in the emotional experience in a way that facilitates thinking and processing, in contrast to acting out, which is a frequent method of communication at this stage (Engelhard, 2014). Group therapy provides the development of basic social skills (Yalom, 1995). For young males who lack positive intimate relationships, group therapy provides an opportunity to explore and practice interpersonal communication through active techniques such as role-play (Yalom, 1995). They can act out a situation as if it were currently happening and find alternative ways of responding. Communication is direct, open feedback is encouraged, and accurate feelings or responses of empathy can be expressed (Yalom, 1995). As feelings of security develop, allowing for free expression, interpersonal relationships can improve. Being isolated and feeling like an outcast can be addressed. They can ask one another questions to receive clarity about something they misinterpreted. Social needs can be

addressed that are not being met at home or in their environment. People need people—for initial and continued survival, for socialization, for the pursuit of satisfaction (Yalom, 1995).

Combining group therapy and applying Laban Movement Analysis (LMA) allows for personal growth and the ability to change and adapt to an environment where these young African-American boys are at a disadvantage. Laban Movement Analysis is a method and language for describing visualizing, interpreting, and documenting human movement (Hackney, 2002). It enables one to build upon their movement, discover ways to express their character and pattern body connections (Hackney, 2002). During adolescence, there is a split between internal feelings and physical expression, fighting between the desire to show one's self and be seen, and the fear of exposing threatening urges (Engelhard, 2014). Through the use of LMA, elements such as effort and space/shape, these adolescent males can begin to understand their basic anatomical connections and sense of alignment as well as experience a broad-based movement repertoire (Levy, 2005). As they experience and understand a range of movement possibilities, they can begin to explore and express their movement patterns and style (Levy, 2005). In addition to understanding one's movement, this method can be used to express conscious and unconscious thoughts, feelings, conflicts, and another style of coping (Levy, 2005). Being able to access these tools, creates an ability to choose a variety of different ways to cope with their reality and connection to self and environment.

For example, in a society where these young males have developed a specific way of navigating to survive, a dance/movement therapist might encourage participants to explore polarities (opposites) such as quick and slow. Group members might then be encouraged to imagine these polarities in relation to proximity (space) when surrounded by others in a certain area. What is the value about the quality of each polarity and how would it be useful to these

males? Perhaps it is a sense of protection to be successful in the world or their own inner feelings. By acknowledging and embracing both parts, these males will then have access to explore the integration of their body-connection and conscious/unconscious thoughts, feelings, or conflicts. This integration will aid in how they cope with the environment and can lead to subsequent change.

Indeed, the physical changes that occur during adolescence can create a sense of foreignness toward the self and the body. Blanche Evan, one of the pioneers of dance/movement therapy, was interested in individuals who developed suppressive adaptive patterns as a way to manage the hardness and pressure of society which often caused physical and emotional isolation. She believed dance could serve as a medium for one's creative and emotional potential to be drawn out and actualized (Levy, 2005). She also believed that dance was a man's natural tool for reuniting mind and body and that dance therapy was suited to re-educate natural expressive body rhythms, rendering individuals less vulnerable to external pressure (Levy, 2005). This can be applied to the African-American male adolescent population who experiences issues of physical and emotional isolation and who have developed suppressive adaptive patterns, as one way to work through those issues and repattern their body attitude.

In this situation, a dance/movement therapist might encourage an intervention that involves the Cool Pose. Group members can explore "putting on" the Cool Pose, and then exaggerate parts of it. Group members might then be encouraged to interact with one another to explore what that interaction is like or explore extremes of the Cool Pose to become aware of how it manifests in their body and what purpose it serves. This can lead to a group discussion about feelings, images, or associations they have to it. This insight can then help African-

American adolescent males take control of their behavior and move towards repatterning their body attitude.

The combination of group therapy, LMA, and a structure-guided by Blanche Evan's framework creates a sense of being seen and sharing in a non-verbal manner during a period within which verbal processing of emotional content is often not yet possible. It creates a secure space for African-American adolescent males to take ownership of their bodies, build a supportive and trusting community, and re-pattern their body attitudes. This can be explored, for example, through the trust game or lying down on the floor to feel the contact of the earth. Spontaneous movement can be associated with a wider range of emotions and thoughts addressing stereotypes. Applying LMA, one can witness the movement style of these individuals and further the conversation from nonverbal to a verbal exchange using the individual's unique movements in dialogue through reflection and receptiveness. In a group setting, dance can provide unification in areas of fear and doubt that can be explored using a circle format to begin. This circle can be uncomfortable for adolescents, but encourages them to take a risk and collaborate with peers. By joining with others in a group, they can experience a sense of visibility and belonging, which can be rigorous during adolescence and even harder for an African-American adolescent male.

Conclusion

A therapeutic alliance between schools and dance/movement therapy has the potential to offer African-American adolescent males space where trust can develop between the self and the environment. Within the safety of school and dance/movement therapy, adolescents can open up the conflicts, resistance, and emotions which would otherwise remain unexpressed or displaced into destructive behavior. This is important in the developmental process of young African-

American boys. Implementing dance/movement therapy in a school curriculum is a crucial step toward recognition of the body-mind connection.

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