

Dance and Disability : A Student's Experience

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In 2004 Tessa completed a Bachelor of Contemporary Arts, majoring in Contemporary Dance. Her lifelong love of the art form led her to think more deeply about its potential, eventually leading her to a keen interest in Dance Movement Therapy. In 2006 she completed a Post Graduate Diploma in Dance Movement Therapy at RMIT. Throughout her studies Tessa gained experience in the disability field. She is now based in the UK, developing her skills and experience in the disability field and commencing DMT work with this particular client group. She is also currently involved in a Hanny Exiner Memorial assisted research project with Kim Dunphy. She looks forward to further developing her studies in the future and is keen at the moment to gain extensive practical experience.

I am a recent graduate of a Dance Therapy qualification. Last year during my studies I was assigned to a placement in which I was to run dance and movement sessions with adults with Intellectual Disability at a day centre called Bayley House. Bayley House is a centre where adults ranging from eighteen to seventy years old are involved in in-house employment initiatives, arts and learning programs and leisure programs. The centre also provides residential services for many of its clients. The disabilities and needs of clients at Bayley House range from very high needs to clients who are largely independent in life.

For the better part of last year I ran two to three sessions a week with three groups of clients with a wide range of support needs and ages. Throughout my placement I grappled with the 'politics' in disability services and with questions of education versus therapy. Also, as a student, I explored defining my own approach to group work and guiding creative movement experiences with this particular client group. Thus this article is in part a description of a new therapist's learning path and also specifically describes three sessions that were rich with effective learning for both myself and the clients I worked with.

Before I go on to describe these sessions, I first must describe my own processes as they relate to my attitude towards dance and disability. There is endless debate in regards to whether a dance facilitator in this area is indeed providing therapy or specialised teaching, and to whether it is politically correct to connect the notion of therapy to this group – is there really anything wrong with this client group? Is the notion of 'fixing' or 'healing' warranted in realms where often a learning disability does not amount to psychological or behavioural issues?

Throughout the year I grappled with my own natural tendencies to celebrate the abilities and different outlooks on life disability often brings to a person, and a need I often perceived in sessions for structure and the holding presence of a therapist. In some cases I found myself encouraging creative independence in the clients and at other times I found myself really needing to use my body and presence actively to draw the clients out of constrictive body patterning into a place of trust and creative play. The needs in any one group at any one time are often hugely varying in this context too. There were times where myself and the carers had to cater to highly autistic tendencies, hearing and visual impairments, behavioural difficulties, a real lack of body awareness and physical disabilities among many in one group. How to structure and hold a space for groups with such diverse needs and adaptations to their own disabilities was another challenge I had to confront during sessions. I discovered that flexibility is a key, at times one is a therapist, at times one is a teacher, at times one models movement, at other times one uses touch to guide, at times one provides a strong holding presence, at other times, one recedes a little allowing for expressive independence. The context driven and theoretically flexible ideas of Penny Best (2000) often guided me, as did the work and writing of Kim Dunphy and Jenny Scott in *Freedom to Move* (2003), which delineates many practical solutions for catering to the support needs of clients with disabilities.

One effective technique I used, on occasion, was to introduce a creatively themed container through which one could strive for therapeutic and learning outcomes with the clients and at the same time allow different clients to engage with the theme according to their own capabilities and interests. One such container was the 'Masquerade Ball', a theme that ran over three weeks and included many aspects

geared towards specific therapeutic outcomes. For the sake of brevity I will list some of these:

- Visual arts and crafts activities involving the creation of individual masks. Clients were presented with a variety of materials from which they could make their own creative statement.
- Visual, descriptive and musical stimuli, with the introduction of pictures and slides of balls, the playing of 'Baroque' style pieces on the piano to move to and discussions of how a ball might look and feel. This stimuli was provided to encourage imaginative and active engagement in the theme in order to engender growth through imaginative play. We also sought to transport the clients away from everyday expectations surrounding their disability to realms of imaginative creativity.
- The teaching of structured social dances and the custom of bowing and curtsying to greet, in order to create body based vehicles for social interaction, safe touch and play between clients.
- Alternation between structured movement as above and free dance to the music enabling shifts in spatial functioning from direct to indirect and movement through varying Laban Efforts.
- 'Presentation' sequences to a fictional queen or king in one playful session that enabled each client to individually present themselves, and in turn receive validation from 'king', carers, myself and clients alike for their creative efforts.



These activities and many others were built up over a few weeks to culminate in a ball for the final session. The clients' engagement with the

theme grew a little each week until they were positively excited about the ball. To my surprise, on the day, they came not only in their masks but also in complete costume with necklaces, capes, tiaras and skirts!



Each was proud of their own mask as it reflected their individuality and creative statements. As they shifted between structured exercises and free movement I saw many of them shift, for the first time, from just moving to music to being in a transported dance state.



For clients who often worked in isolated ways and whose social skills sometimes lacked awareness, they were overwhelmingly supportive of one

another, naturally tending to dance and move among and with each other and vocally supporting each person as they presented themselves to the 'king and queen'.



Many of the clients for whom communication was challenging were excited about the act of presenting themselves, about the confidence it required of them and the personal validation they received in the space we had created at our imaginary ball.



Each client, through this one communal creative container, forged their own creative experience and also created strong physical and social ties with their fellow dancers. They also had

accumulative opportunities to develop spatial skills and imaginatively play with varying movement qualities.



As I re-read this article I still struggle with the idea that these activities are, in some ways, somewhat distant from more traditional psychodynamic approaches to Dance Movement Therapy.



While these sessions do not reflect all of the work I did with these clients; they reflect one approach and method among a collection, yet they do demonstrate two important lessons learnt as a student of DMT.

First: one must be able to adapt one's practice specifically to the context and needs of one's

client group, rather than attempt to force rigid conceptions of DMT into a context. The second lesson I learnt was that, underlying any creative endeavour, in relation to dance and disability, must be a respect and striving for the clients' creative independence. Yet, at the same time, there is often a need for sensitively structured therapeutic or creative containers - provided by the therapeutic relationship and/or the structuring of activities. These may offer a sense of safety required for those with disability to move beyond their normal creative parameters to places of learning, personal development and, sometimes, healing.

References:

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