CREATIVE DANCE IN REHABILITATION

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Creative dance can be applied in rehabilitation to achieve a range of physical and psychosocial objectives. With careful planning and preparation it can be an interesting and enjoyable means of reaching these objectives.

It can also be a means of maintaining levels of function that are reached when the acute phase of treatment is finished. Dance is a very normal recreative activity so it is particularly suited to reaching this latter objective of necessary maintenance. Here it can assist with social interaction and ultimately, community reintegration.

Creative dance, as based on the work of Rudolf Laban, is particularly appropriate for use as a therapeutic modality in rehabilitation. Laban's theory of movement principles states that all movement varies within the effort elements of space, weight, time and flow (Exiner & Lloyd, 1973; Laban, 1975; Thornton, 1971). This system of movement principles can be used to break down movement into its basic component parts and then gradually piece them together again to create expressive movement or creative dance. It can therefore be applied at any functional level and directed to reach a wide range of problems. On a very superficial level the system can be used to vary basic exercise or activities. On a deeper level, involvement in expressive movement and an expanded movement repertoire can lead to an expanded range of inner attitudes, and hence a greater range of emotional experiences can be accessed.

The system relies on the group leader giving instructions via movement challenges, which encourage the individual to respond in his or her own personal way. It allows the development of expressive movement within a set structure. The individual's answers to the challenges require a thinking response which can be a particular advantage where there are cognitive issues that need addressing. Value is put on the personal answer and on contributions which boost the individual's confidence and self esteem.

Because in dance the body or body parts are the expressive instruments that are used and their

position in space is constantly emphasised, the system is a particularly useful approach in directly focusing on body awareness. Development of this material from individual exploration to partner and group work ensures promotion of awareness of others as well as that of the self.

A wide range of rehabilitation objectives can be reached with careful planning and preparation. This can be time consuming but both rewarding and worthwhile.

The movement approach can be applied either individually, or to a group. As the social aims are so often an issue in rehabilitation and can be met within a group situation, it is usually applied in this way. In intensive rehabilitation a large percentage of the time available in the day's programme is taken up with individual treatment from the standard therapies. A reasonable portion of the day also needs to be devoted to interacting with others and to give an opportunity for peer review to take place. This is another important reason for group application as well as that of the economy of staff to patient ratios.

Group Selection

When forming a group it can be useful to consider the following questions:

- 1. Are there likely to be benefits in taking part in a movement group that gives practice in a range of movement qualities?
- 2. Is there likely to be co-operation and enjoyment in participation?
- 3. Is there the potential for deeper involvement in an approach of this more sensitive nature?

The answers to these questions will determine who is invited to participate in groups that are formed and their possible level of participation. Where a client is unable to make this choice regarding participation themselves, it should be made on his or her behalf with due care and respect for previous interest. In practice there have been many situations where initial refusal followed by gentle persuasion has resulted in a

satisfying experience with positive results from the group. It must still be remembered however, that only a very small percentage of a rehabilitation population would have chosen creative dance as a recreational pursuit prior to the accident or illness.

Groups should be formed with regard to the expected level of involvement. At one end of this spectrum could be a group with little interest and no potential involvement. In this instance there can still be great benefits from varying basic exercise or therapeutic activities, that is, varying the elements of space, weight, time and flow. Variations via the supports to creative dance sound, properties and imagery - can also add interest and colour to the movement programme. For example, a simple skill like rolling can be done strongly or lightly, quickly or slowly or in various rhythmic patterns. Imagery could be provided and the group could roll like heavy stones or as lightly as specks of dust. They could roll to different percussive sounds or to the timing of musical phrasing, or over, under or through a range of properties.

At this level of involvement it is not appropriate to call the group a Creative Dance group - a Movement group, Motor Skills group or Music and Movement group may be more appropriate names. The group may like to decide on its own name. This was the situation with a recent 'Balance group' which was still actually using the materials of creative dance. An important objective at this level of application is to make the movement programme enjoyable so that the group chooses to continue.

At the other end of the spectrum are those clients who can become easily involved or who have the potential to gradually gain a deeper level of involvement. Moving with various qualities brings about matching inner attitudes. With this potential to access emotional states another dimension of objectives can be reached. The group can be called exactly what it is ... a Creative Dance group.

Groups also need to be formed with due regard to physical level, cognitive level and behavioural issues. Planning content and application is much easier if the clients are on a reasonably similar level. It is difficult to mix the very physically disabled and wheelchair-confined population with those who could benefit from extending their high

level balance and locomotor skills. Similarly, it is just as inappropriate to mix extremes of levels of cognitive functioning. Behavioural problems should be potentially manageable with incorporated behavioural strategies, otherwise others in the group may be unwilling to attend.



Illustration: Phyl Simons

Assessment

Before planning the programme, content assessments need to be completed. Without these it is not possible to draw up either a list of personal or common group objectives or devise a programme that will meet them. There are of course many general therapeutic benefits of just being involved in a creative dance programme, but implementation without such assessments aimed directly at the existing problems would not constitute a planned therapy programme.

A combination of conventional rehabilitation assessments and Laban Movement Analysis will give both quantitative and qualitative movement information and any other relevant information that is needed.

Conventional Rehabilitation Assessment

The data drawn from the conventional assessments should include diagnosis, relevant medical details both past and present, social situation, complicating factors, contra-indications to treat-

ment, the functional physical level and relevant physical problems, the cognitive level, any communication disorder, or any behavioural issues. This can be collated from the client, client's medical history, recent reports, or from the treating team. The amount of information collected needs to be enough to give a very clear picture of that individual and his or her level of function in all areas. This will allow clear objectives to be made.

Laban Movement Analysis Assessment

The Laban Movement Analysis assesses the movement more qualitatively and in the terms of the movement approach that is to be used. Once this is done and the objectives are once again made, then planning and devising the programme from this becomes an easy procedure.



Illustration: Phyl Simons

In Laban Movement Analysis the client's movement is observed and assessed in creative dance terms. There are some areas of overlap with conventional physical assessment but the client's movement is observed from a very different perspective.

Areas that can be observed and recorded are those of posture and gesture. What type of body attitudes are there, what body parts make the gestures? Is there personal shape flow with constantly altering relationships between the more central body parts? Is there easy flow of breath in association with the flow of the movement? Is there a tendency to be in one particular plane of

movement and does the client have easy access to all of them? A tendency for preferences can suggest a particular effort factor predominates. Look at the use of the individual's kinaesphere. Is all the surrounding space accessed or only a very small portion of it? Is movement used at varying levels? Are links with the environment via arclike and spoke-like movements, and does the client shape his or her body in response to the environment? Consider the control over the element of weight. Are both strength and lightness easily accessed or is the person in one extreme or the other? Similarly, the element of time: are both suddenness and sustainment available, or is that choice unable to be made? Are the client's movements too free-flowing and difficult to control or are they too bound in their quality and too controlled? Does one effort factor dominate the movement and if so which one, or is one effort factor very noticeably absent and similarly, if so which one? With the answers to even some of these questions, creative dance can be better applied as a therapeutic modality. But without this assessment and these answers it is not possible to clearly identify the areas that need to be addressed.

Programme Planning

The objectives need to be drawn out from the assessments. The common group objectives can be compiled together, whilst still ensuring that an awareness of individual needs are maintained.

Firstly, the content of the programme is selected from the content areas of creative dance as a direct response to the group's common needs from the Laban Movement Analysis observations. For example, if the aim is to improve use of the personal space around the body, the programme could include themes of high and low, in front and behind, around, levels in space, pathways in space, arc-like and spoke-like, direct and meandering, carving patterns in space and explorations of the individual's kinaesphere. If the objective is to improve postural awareness then themes that contrast straight and curved and symmetrical and asymmetrical can be very useful. The use of feedback via a partner or from the group, regarding the position of the body within the activity can also be used effectively. If the objective is to improve both the awareness and the control of the weight factor then the group will benefit from working with the content areas of this element, that is, using contrasts of strong and light movement, themes that focus on weight transference, giving in to gravity, letting go. falling, feeling heavy, relaxation, tension and release, pushing, pulling and pressing, magnetic, buoyant and flying, and forceful and gentle. Another example could be to improve the individual's ability to shape the body to the environment. Ensuring that the themes are applied to the head and trunk, before application to the whole body, will encourage changing relationships of the shoulders and hips and therefore encourage body shaping to stem from the body centre. To this we can add working on a range of body shapes specifically, twisting, turning and rotating movements, adapting the body position to different situations and ideas for themes like body moulding and sculpturing.

Programme Application

Secondly, the programme with its appropriate content is applied in such a way that the objectives from the conventional assessments can be addressed and met. For example, improving neck and trunk mobility is often a common objective from both assessments and can be reached by ensuring that the programme content is applied to these specific body parts before it is applied to the whole body. If breath control is a problem then a portion of every group can focus on the breath in conjunction with the movement dynamics for a section of each programme. Where there is the aim of improving the attention span, the time spent in exploring each activity can gradually be lengthened. Individuals within the group can work from positions they need to practise. For example, if they need to practise unsupported sitting, they can participate in this position for at least part of the session. With this and similar physical extensions that can involve risk, a 'buddy' system may need to be used. With client agitation or aggression problems, initial high energy movements that release energy are useful in their management. The programme content can be ordered to be presented in this way. The therapist can encourage the setting of appropriate personal goals by a client, to be worked on during a group. Discussion can take place afterwards as to whether or not they were achieved. This has proved to be a useful strategy for motivation of the individual. Strategies like these can be employed within the group structure to provide a broad range of general and specific goals.

Evaluation

It is always important in rehabilitation to measure the effectiveness of treatment. This is often necessary to justify a continuation of a programme as well as for the more obvious reason of ensuring that progressions are being made. Assessment at the end of the programme, or after a specified period of time, can be compared with the baseline data from the initial assessments. A video of the first group compared with a later one will usually show some definite changes that can form the basis of further recommendations. A measuring or rating scale can be drawn up directly from the list of general objectives. This can be filled in by an independent staff member at a set interval after commencement. Continued evaluation after each group is most important to adjust plans as reauired.

In conclusion there is no doubt that creative dance can be applied most effectively in a rehabilitation programme. The major criteria for its selection are that it is an appropriate form of movement for that individual or for that group and that there are likely to be benefits gained by its use. These benefits are more likely to be achieved if the guidelines that have been outlined can be followed.

February 1991

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