

DANCE/MOVEMENT THERAPY FOR THE AUTISTIC CHILD

Bella Grossberg

I taught dance/movement therapy to autistic children at Mentone Special Developmental School for four years, teaching four groups on a half hour basis, once a week. The children's ages ranged from three years to approximately fourteen years. Initially I was intrigued with this unique group of children who appeared physically normal but displayed very unusual behaviours and mannerisms. Their unusual lack of need for social interaction and human contact also fascinated me. I wondered at the time, could dance/movement therapy reach these children, and if so, how?

Autism

Autism was identified in the 1940s as a specific childhood disorder, often detected in the child's first few months of life (Kanner and Lesser, 1958). Autism is a physical disorder of the brain that causes a lifelong developmental disability. There are six main symptoms that identify autism: failure to develop normal socialization; disturbances in speech, language, and communication; abnormal relationships to objects and events; abnormal responses to sensory stimulation; developmental delays; and the fact that autism begins during infancy or childhood (Powers, 1989: 5-8).

Much of the disturbed and bizarre behaviour of autistic children, for example, spinning, hand-flapping, head-banging, rocking, twirling and the need for sameness and routine, can be attributed to the children's lack of understanding of and confusion with their environment. Autistic children are unable to cope with the constant level of stimulation in their world and do not have the 'capacity to transform or organize the information so as to make it manageable' (Prior, 1988: 8). For autistic children the world is frightening and confusing; in an effort to keep control, the children resort to behaving in bizarre ways, attempting to shut out as much as possible.

The Program

In the dance/movement program I devised for these children, my main objective was to create a safe, emotionally-supportive space. Within that

space these children could begin to learn to internalise some order, structure and meaning into their lives and lessen their fear of the outside world. Another main objective was to help the children achieve control over their bodies and mastery of the surrounding world through movement experiences, leading to positive feelings about themselves and their environment. Development of the children's ability to relate to others was another major focus of the program. And of course, giving the opportunity and space for the children to experience the intrinsic pleasure of expressing themselves with their bodies was of great importance too.

A main focus of the dance/movement program was to strengthen the children's body image, 'one of the most fundamental of all growth concepts in human development' since the body image becomes the 'foundation or integrating factor of the self and the ego' (Leventhal, 1974: 44). The development and awareness of the tactile, visual and kinaesthetic receptors are necessary for the building of an adequate body image. Thus, a major part of each dance session focused on tactile stimulation and defining of body parts and boundaries, articulation of body parts and visual-kinaesthetic development. Rubbing, tapping, stroking and dabbing movements over different body parts were used, and contrasting qualities were employed for emphasis, for example, strong rubbing movements were followed by light, stroking movements.

Because of their focus on kinaesthetic, tactile and proprioceptive activities, such as continuous spinning or jumping, autistic children are 'able to discharge much of their drive tensions without the need for human contact' and their 'lack of attachment or bonding or comfort seeking' occurs from a very early age (Prior, 1988: 8). Kinaesthetic activities are often used defensively to shut out the world and autistic children achieve kinaesthetic sensations through repetitive, rhythmic activities such as rocking, spinning and other bizarre movements.

Thus the first step in relating to these children at their level of development and organisation is by utilizing their tactile and kinaesthetic modes of relating. (Blau, no date: 51)

Mirroring is the most appropriate technique to achieve this and was an invaluable tool used to extend the children's restricted and limited movement patterns and behaviour. 'Mirroring is viewed as primary in establishing object relatedness' (Blau, no date: 51), that is, the ability to differentiate self from other(s) and objects. Mirroring the child's behaviour through moving together, and using much repetition, I at first took on the child's movement, reflected or mirrored it, then invited the child to try a slightly different movement, thus encouraging an expansion of movement range. Although active in the interchange, I did not violate the child's space.

Through therapeutic mirroring, the autistic child may experience total fusion which eventually enables him to discriminate between animate and inanimate, self and object. (Blau, no date: 52)

Another reason to start with mirroring activities is that autistic children demonstrate poor imitative skills which again reflects their inability to differentiate between self and non-self.

Rhythmic interaction was a tool also used for building object relationships. I initially needed to tune in to the autistic children's rhythm as a way of accepting them, starting with the most basic rhythm of all, that of breathing together. Other rhythmic activities were also used: gross motor activities such as galloping, running and walking, and contrasting these, for example, slow walking followed by a fast gallop. To encourage and develop an internal self-regulated sense of time and a sense of control, (that is, learning to distinguish between impulse and delay and a sense of anticipation), I used activities such as stopping and starting with different varieties of speeds and rhythms.

Object relations and social interaction were also fostered by the use of a variety of props such as hoops and materials where the children were encouraged to hold and share the prop and move together.

Autistic children are developmentally arrested at a primitive, pre-oral, sensory-motor level. Motor activity appears to be experienced as an

instinctual-level urge, which provides a very basic, need gratifying experience. (Blau, no date: 50)

Thus my objective here was to extend and expand the children's repertoire of gross motor skills, to develop their range and their basic motor organisation (Leventhal, 1974: 43). Rocking in all directions and at all levels was a basic movement which was effective with these children. Rocking helped to establish trust between the children and me, helped the children to learn to sense flow regulation and use of energy, and helped them to experience their bodies being off-centre. Through gross motor activities such as jumping, kicking and pushing movements, the children were able to experience the dance element of strong weight and force, and by moving with light scarves or balloons, they were able to experience their bodies as light and flowing.

To encourage and develop spatial awareness, we explored themes such as moving close together and moving apart, up/down, in/out, in space and the different shapes the body can make in space, (for example, curled or stretched), as well as different pathways in space. To experience the body as a three dimensional being, the children explored moving vertically, sagittally and horizontally in space.

The Dance/Movement therapist, especially able to observe changes in body movement flow, shape, rhythm and dynamics, can most fully utilize the non-verbal child's attempts at communication. (S)he is able to carefully determine the level of object relationship at which the child is arrested and can devise therapeutic interventions designed to engage the child by slowly inching through his particular defensive patterns. (Blau, no date: 57)

Conclusion

Overall I found that dance/movement therapy offered a way to enter these autistic children's private, closed-off, and confused world. Through dance and movement the children had access to a medium through which they could express their whole self in a non-verbal way and in a non-threatening environment. But most importantly, the children derived great joy and pleasure from the exhilarating experience of their bodies moving in space.

November 1988
(Revised March 1992)

References

- Blau, B. *Dance movement therapy and the development of object relations in an autistic child* (no publication details; copy held in AADE (Vic) library)
- Kanner, L. & Lesser, L.I. 1958 'Early infantile autism' *Paediatric Clinic of North America* Number 5 711-730
- Leventhal, M.B. 1974 'Movement therapy with minimal brain dysfunction children' in Mason, K. (ed) *Dance Therapy: Focus on Dance VII* American Association for Health, Physical Education and Recreation; Washington DC.
- Powers, M.D. 1989 *Children with Autism - A Parent's Guide* Woodbine House; U.S.A.
- Prior, M. 1988 *Recent research relating to autism* IECD seminar on autism; unpublished paper