

# Dance and Intellectual Disability:

current research and practice

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*This article offers an overview of dance practice with people who have intellectual disabilities. A brief survey of literature from Australia and the USA is followed by a discussion of some practical applications of current theory, including current groups and their activities.*

Intellectual disability affects 1 in 200 people directly, with much impact on the lives of other family and community members. Chromosomal abnormality is the main cause, with Down Syndrome and Fragile X syndrome accounting for some 40% of cases. A further 30% are the result of single gene disorders, external factors such as maternal infection, lack of oxygen before birth and foetal alcohol syndrome, while a final third of cases have no known cause. Intellectual disabilities range from mild to moderate and then profound. A person with a mild intellectual disability who has the appropriate support may be able to live quite independently in the community, managing daily living, work, recreation and social life in a fulfilling way. Those who have moderate or profound levels of disability need much more support, even with basic bodily functions.

In Australia, current health and community service policies for people with disabilities advocate 'normalization' and 'integration' into community life. This view has gradually developed over the past twenty years, in line with other social change promoting equality of opportunity for all people. Fifty years ago, parents who gave birth to a disabled child were encouraged to place that child into a government institution and forget about him or her. *The Age* journalist Rosemary West (1996) described a

poignant reunion with a sister she had never met when they were both in their middle age. Verna, who had Down Syndrome, was placed in Kew Cottages as a young child by her 18 year old unmarried mother and grew up never knowing members of her extended family living within an hour's drive. The movie *Rainman* depicts a similar practice in America. After his father's death, a young man rediscovered his autistic brother who has been living in an institution since the death of their mother when the boys were both very young.

These days, families are supported to bring up disabled children at home, integrating them into school and community life as far as possible. Agencies such as the pioneering Noah's Ark Toy Library and Foster Care and Interchange programs offer families a range of services to assist with the extra demands of family members with special needs. Large institutions like Kew Cottages and St. Nicholas' Hospital have been closed down and replaced with smaller home-like residences (Community Residential Units) where disabled adults ideally have opportunities for much more self-directed lives.

In accordance with this philosophy of normalization, the task for dance practitioners in the field of intellectual disability is to offer dance experiences which improve clients' well-being and self-actualization, affording them opportunities to become the best person they can be. Unlike the psychological disorders which have traditionally been the domain of dance therapists, intellectual disability is not a condition to be treated or cured through therapy. Thus, the task of the dance therapist in the field of intellectual disability is not to cure or treat, but to offer 'normalizing' and 'integrating' experiences and opportunities that are part of the range of choices for any other person in the community. Past-President of the American dance therapy Asso-

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ciation, Judith Bunney, described the aims of dance therapy programs suitable for "learning disabled, mentally retarded and those with autistic characteristics" as "fostering the development of kinesthetic awareness, coordination, an ability to focus and concentrate and a more well-defined sense of body image" (1977: 27).



Shauna (teacher), Margaret and Ros from *BreakOut Older Adults Group*

Perusal of the literature in the fields of dance, dance therapy, special education and community arts revealed a range of dance programs for people with intellectual disabilities. Approaches and underpinning philosophies varied from psychotherapeutic through to performance-oriented. One of the most renowned dance therapists working within a psychotherapeutic framework is Dr. Marcia Leventhal of California, USA. Leventhal (1980) described her belief that dance therapy is the treatment of choice for children with emotional disturbances and learning disabilities, clarifying the distinction between educational or creative dance experiences and therapeutic dance. While both share basic tools, the moving body coping with force, time, space and flow, Leventhal believes that the emphasis in creative dance is on the building of technique and development of form. Dance therapy, on the other hand, encourages self-expression as a process to emotional insight, interpretation and movement dialogue between the therapist and child. For adult populations, Ohwaki's (1976) research indicates that body image is enhanced through dance therapy.

Although Leventhal distinguished clearly

between creative dance and dance therapy, other professionals use creative dance concepts for therapeutic ends. Silk (1989) documented a dance movement therapy program with an adaptive recreation group she led in New Jersey. Silk aimed to offer opportunities for individuals to make choices, develop ideas, and strengthen leadership capacities through dance experiences. While participants gained skills and improved their fitness, Silk's main goal was to develop their joy in movement.

Guthrie and Roydhouse's (1988) book *Come and Join the Dance* documented their Laban based "creative approach to movement for children with special needs". Although they provided creative movement experiences, the aims of Guthrie and Roydhouse's program were definitely therapeutic rather than artistic, designed to provide children with "a wide range of sensory motor activities to stimulate growth and learning ...appropriate to meet the needs of each individual whatever their stage of development or handicap" (1988: 28).

Loman and Merman (1996) discussed the use of the Kesternberg Movement Profile (KMP) as a tool in dance therapy, stating that "use of the KMP broadens and enriches the dance/movement therapist's repertoire of skills for observation and intervention" (1996: 29). They gave examples of two cases in which the KMP provided the therapist with material for appropriate response and successful channeling of client's energy/activity. Loman documented therapy with an autistic four year old boy to illustrate attunement concepts. In the session described, she attuned to the child's movements and adjusted to the shape of his body, while responding to the rhythm of his marching feet with a slapping pattern of her hands. This attunement resulted in an unprecedented demonstration of the boy's awareness of the therapist shown by maintained eye contact, smiling, vocalization and touch. The increased trust seemed to allow the child to take control over the environment, while the therapist's choice of contrasting response rather than imitation of his rhythm seemed to allow him greater creativity.

Merman's case example was a group of developmentally delayed and emotionally disturbed adults who entered a dance therapy



session upset and agitated, shoving furniture, kicking a therapy ball with vehemence, abruptness and strength. The therapist in this case chose to rechannel their energy, suggesting use of hands to hit the ball to another person to introduce attention to space and directing expression of symbolized anger by smacking the ball. Thus by reflecting clients' moods, (anger, frustration and fear) and their preferred movements, the therapist was able to ameliorate their fighting patterns by introducing direct focus, bound flow and containment in space, creating a safer structure for emotional expression. The session provided patients with "the opportunity for self-expression while developing immature qualities into more mature patterns with the goals of improving impulse control, coping and social skills" (Loman and Merman, 1996: 47). Merman commented that developmental dance/dance therapy was the treatment of choice for these patients with poor cognitive skills and language ability.

While their emphasis is very different from the therapeutic programs discussed above, the effectiveness of programs which focus on the physical aspects of dance practice have been documented. Bachman and Sluyter (1988) reported the positive effects of a program of aerobic dance for adult attendees at a day activity centre for intellectually disabled adults. Students engaging in exercise dance classes three times per week showed a decrease of inappropriate behaviours, including inappropriate vocalizations, repetitive movements and time off-task. Tipple (1975) documented improvements in posture, walking, general level of confidence and poise for female residents in an Ontario institution following a varied dance program which included ballet, tap, ballroom and acrobatic dance.

As well as therapy or exercise centred activities, a number of performance-oriented programs have been documented. In the United States, there exists a lively culture of creative arts activities for people with disabilities, both specifically focussed towards a particular clientele as well as integrated groups (i.e. for people with and without disabilities). In San Francisco, the *Prime Movers Company* grew out of a recreational dance program for adults with intellectual disabilities (Hugill, 1992). Anne Riordan (1989) described the evolution of the *Sunrise Company* performing group from a recreation program for intellectually disabled adults at the Work Activity Centre in Salt Lake City, Utah. After an initial introduction to



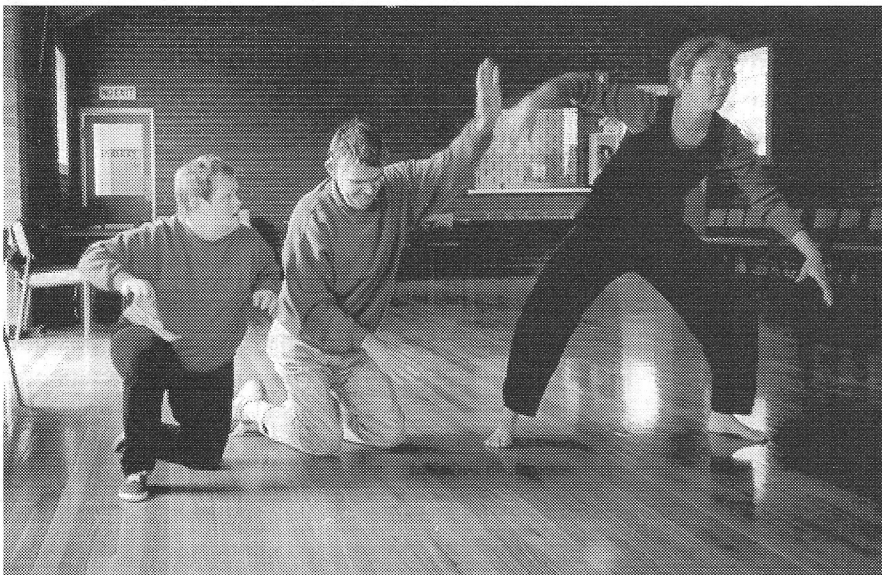
**Melissa creating her own stretch during a class warm-up (BreakOut Young Adults).**

creative dance, Riordan led her students into exploration of improvisation-based dance forms and finally to the level of dance performance as an art form.

Alito Alessi's *Joint Forces Dance Company* of Oregon, USA, comprising both disabled and able-bodied dancers, is world renowned for its unique *DanceAbility* style of contact improvisation (Paxton, 1992). While Alessi's work is mainly focussed on the integration of people with physical and sensory disabilities, he actively encourages anyone who can follow instructions to participate in *DanceAbility* events. Contact improvisation, as the medium, facilitates the exploration of movement possibilities by able-bodied and disabled dancers alike, even those with severely restricted mobility and communication. One regular attendee told a group at a *DanceAbility* workshop I attended that this event was the best day of her year, giving her freedom and acceptance that was not part of her everyday life.

A number of groups in Australia involve people with disabilities in dance experiences. These include Sally Chance's *Restless Dance*

*Company* from Adelaide, and *Stretch Theatre*, Northern TAFE Basic Education Course and my own group, *BreakOut*, from Melbourne. *BreakOut* was founded in 1990 at Cadance Community Dance Centre, Malvern and was led until 1996 by Marita Smith. Now the teaching is shared between myself, actor/dancer Shauna McEwan and dancer/dance therapist Fiona Cook. Mostly *BreakOut* members have mild disabilities, the majority with Down Syndrome. There are four groups at *BreakOut*: two for children (lower and upper primary school levels), one for younger, more active adult students and one for older people. The two adult groups often have



**Judy, Robert and teacher Shauna (BreakOut Older Adults Group), experience different levels of movement.**

similar activities, with consideration given to physical limitations. For example, end of class relaxation time for the more active students is floor based, while older class members find it more comfortable to sit in chairs for a massage and a stretch.

*BreakOut* teachers apply their own training and interests in their work, informed by Laban principles of Body, Space and Effort (Flow, Weight, Space and Time). Marita, a former contemporary dancer, loved to extend students' range of movements with stimulating props. Large pieces of fabric held across the studio would provide a motivating and safe finishing line for a fast run through space and long satin ribbons attached to sticks with fishing swivels would encourage students to experiment with different levels and directions in space. Woven cane sculptures would give weight to a spin, making it faster and bigger.

My interest in folk and traditional dances

leads us into dances which encourage socially appropriate physical and eye contact, opportunities for leadership and cooperation, for group socialization and for new ways of moving through space, trying out challenging patterns and directions.

As in any dance class, attention is given to extension of students' preferred movement range. People with Down Syndrome, for example, tend to use predominantly sustained heavy movement, so challenging activities are those which require suddenness and lightness. People who have cerebral palsy often have difficulty with balance, weight transfer and co-ordination, so exercises which encourage these abilities are challenging and beneficial.

At *BreakOut* there is always an effort to integrate students' personal interests into class activities. A recent example was a choreography inspired by class members' trip to a performance of the musical *42nd Street*. While offering considerable challenges in group coherence and musicality, this kind of structured choreography functions as a normalizing experience, being similar to the kind of dance experience other community classes would

offer. One of the most enjoyable aspects of life as a *BreakOut* leader is students' great pleasure in dance and the creative expression it allows, both in class and on special occasions such as the annual concert, attended by large contingents of supportive families and friends. The *42nd Street* choreography was a great hit at that concert, especially as it was complemented by dashing outfits of sparkly hats, bowties and tap shoes.

While *BreakOut* students have only mild disabilities, another project I undertook recently involved students with moderate and profound levels of disability. In 1996, Bayside Special Developmental School in Moorabbin received funding from Arts Victoria Artist and Environmental Designers in Schools Scheme to employ me as a dance artist to create the school's contribution to the Combined Special Schools Annual Music Festival. Working in this school community was very challenging because of the high needs of the students. A major aim of the



project was to offer all students enjoyable dance experiences. This seemed particularly important as there was no expressive arts program at the school beyond what classroom teachers could offer; no specialist music, drama or dance.

With some students, the task of offering enjoyable dance experiences was really straightforward.

Moshe, who had Down Syndrome and good comprehension, though limited language skills, was one student who seemed to take great pleasure in the regular dance sessions and rehearsals. His delight in dancing and performing was evidenced in his huge grin, expansive movements and his continuing attempts to lead the class, through verbal and physical directions to staff and fellow students.

One of the positive consequences of dance experience was evident during a short period of relaxation at the end of one class.

While many of the students found it extremely difficult to lie still on the floor for even a couple of minutes, Philip, an autistic student who was usually quite distractable and flighty, really allowed himself to relax, giving his weight into the floor and passively enjoying the ambient music and floating fabrics. When I commented on his easy achievement of a relaxed state, his classroom teacher responded that: "He's come from Mentone Autistic School - all the students who come from there can relax well as they have a dance therapist".

While there were many who seemed to really benefit from these new experiences, there were others for whom the group dance sessions seemed not to be particularly enjoyable or meaningful. Many of the more disabled students seemed to find the break in routine, noise and chaos (albeit controlled chaos) too much to cope with.

One student, Luke, who was severely disabled with Down Syndrome, sat out as far as he could from the group during every session, refusing to be involved in any way. Others, like Robert, who had autism, found that the physical contact required in dancing together was more than he could tolerate. He often withdrew to a corner of the room after activities which required him to touch or be touched by another student.

A second aim for the project was to provide students with the opportunity to demonstrate their achievements to an audience. Just as parents of mainstream students have opportunities to share special events with their children, so too is it important for parents of children with disabilities to have opportunities to

enjoy and celebrate their youngsters' achievements. It was challenging to find a way to allow for the necessary assistance from staff while still allowing students' work to be the major focus of the performance.

Bayside staff's readiness to dress up in costume and their specialist skills in co-active learning contributed to a successful final performance. Based on the theme of 'The Olympics', a world event at the time, the students created structured improvisations around their favourite sports. A giant parade, like an Olympic Closing Ceremony, was an appropriate and accessible way of including all students, even those confined to wheelchairs. Parents seemed to really enjoy the spectacle. The foster mother of one adult student, Jamie, cried with pride when she saw his delight in performing on stage.

## Conclusion

The research undertaken for this paper indicates a wide range of effective movement/dance and dance therapy applications for people with intellectual disabilities. Writers from Australia and America have indicated positive outcomes of involvement of psychotherapeutic dance therapy approaches (Leventhal, 1980) and process oriented creative dance approaches (Guthrie and Roydhouse, 1988, Hugill, 1992 and Silk, 1989). Other beneficial dance/movement programs include aerobic dance (Bachman and Sluyter, 1988) and contact improvisation (Paxton, 1992).

My own experience with a recreational dance group and a dance program in a Special Developmental School indicates the benefits of creative dance, given consideration of students' abilities and interests, appropriate class sizes and composition and staff support. Students with mild disabilities, who could cope best with the noise, stress and various extra stimuli of group work, seemed to derive the most benefit. More severely disabled students found group activity more challenging and would possibly be better serviced by smaller group or individual programs. Dance performances offered many students the additional enjoyment of sharing their achievements with others, including families, friends and staff.

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