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Dance/Movement Therapy and Autism

Mariah M. LeFeber

16

DANCE/MOVEMENT THERAPY

BY MARIAH MEYER LEFEBER

Mariah Meyer LeFeber, MA, LPC, R-DMT, DTRL

Hancock Center for Dance/Movement Therapy
16 N. Hancock St.
Madison, WI 53703
(608) 251-0908
www.hancockcenter.net
mariah@hancockcenter.net
info@hancockcenter.net

Mrs. LeFeber is a dance/movement therapist and licensed professional counselor living in Madison, Wisconsin. She embodies her love of movement in both individual and group treatment for children affected by autism and mental illness. Beyond her passion for the healing power inherent in dance/movement therapy, Mrs. LeFeber further pursues her love of dance by teaching yoga for children and performing with a modern dance company.

Movement is a language. For children affected by autism, movement may be the only language they can rely on. Children with autism often have limited verbal abilities, making it extremely difficult for them to reach out to others (Hartshorn et al., 2001). When words fail, dance/movement therapy fosters a child's ability to relate, communicate, and connect on a nonverbal level.

Dance/movement therapy (DMT), which uses movement as a "universal means of communication," is a valuable form of communication for children with autism, especially those with underdeveloped speech skills (Erfer, 2005, p. 196). Dance/movement therapy provides the space for these children to explore and discover their bodies, while unlocking their potential for creativity. Children are encouraged to find themselves in a supportive environment where there is no "right" way to express or create (Canner, 1968).

As defined by the American Dance Therapy Association (ADTA), dance/movement therapy is "the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual" (American Dance Therapy Association, 2008). Dance/movement therapy is an effective form of treatment for people with developmental, medical, social, physical, and psychological impairments (Levy, 2005). This expressive therapy is a bridge, linking creative expression through movement with psychological theory (Kestenberg et al., 1999).

Dance/movement therapy emerged in the 1940s in the United States. Marian Chace, also known as "The Grand Dame" of dance/movement therapy, led the emerging field. Through her work teaching dance to people with varied abilities, Chace recognized the profound impact of the movement on various facets of her student's lives, and began to bridge her work in dance to the world of Western medicine. In 1942, Chace was asked to bring this work to St. Elizabeth's Hospital in Washington, D.C. Here, psychiatrists also realized the benefits of this expressive and healing movement. In 1966, the American Dance Therapy Association formed, with Chace as the first president (Levy, 2005).

A second wave of dance/movement therapists emerged in the 1970s and 1980s. During this period, dance/movement therapy sparked the interest of many professionals, and therapists began experimenting with the use of the form with a variety of populations—including autism. In the midst of this, dance/movement therapy was also officially categorized as a form of psychotherapy.

In application, dance/movement therapy fosters socialization and communication in clients who otherwise might find it difficult to relate. The ability to engage fully through nonverbal activity sets dance/movement therapy apart from other forms of therapy. It creates an affirming environment for clients, where they are able to experience the value of belonging. Ultimately, dance/movement therapy provides both a bridge for contact and a medium for reciprocal communication for children with autism (ADTA, 2008).

A few basic principles form the guiding theory of dance/movement therapy. These overarching tenets of the field include the belief that: behavior is communicative, personality is reflected through movement, changes in movement will eventually lead to changes in personality, and the larger an individual's movement repertoire, the more options individuals have when it comes time for them to cope with the environment (Kestenberg et al., 1999; Meekums, 2002). The actual practice of dance/movement therapy relies on the observation of movement behavior as it emerges in relationship, more specifically the therapeutic rela-

tionship between client and therapist. Dance/movement therapists are trained to understand, reflect, and eventually expand on the nonverbal expression of their clients (Adler, 2003). A consistent, supportive and accepting atmosphere is used to begin the process of relationship formation, along with the following: mirroring (reflecting rhythms, patterns, and vocalizations expressed by the client), eye contact, touch, vocalizations, props, and rhythmic body action (ADTA, 2008; Erfer, 1995). In particular, props can be helpful with this population because they are very concrete and tangible, thus serving as a connecting medium between client and therapist.

In addition to the mirroring technique mentioned above, the approaches of both attunement and shape-flow adjustment (from the Kestenberg Movement Profile, one of many movement-analysis systems utilized by dance/movement therapists) help build the therapeutic relationship and augment the therapist's ability to make clinical choices. As described by Loman (1995), "attunement is based on sharing qualities of muscle tension, and Shape-Flow Adjustment is based on a similarity of breathing patterns and shape of the body between individuals" (p. 222). Within the therapeutic relationship, attunement builds a sense of empathy between therapist and client, while shape-flow adjustment builds trust in the relationship (Loman, 1995).

A constant priority, the initial and overarching goal for dance/movement therapists working with autism (or with any population) is to reach out and meet a client at his or her functioning level. Once this relationship has been established, it serves as a consistent guiding principle behind the work and emerges in the balance between the physical and relational. In the dance/movement therapy setting, relationships occur as a byproduct of the body in action and physical movement flourishes because of the trust built within the therapeutic relationship. When the physical and relational aspects of the work are in balance, movement truly can serve as a language for universal communication.

When building treatment goals, each child with autism presents with specific needs and challenges, yet a handful of goals are generally applicable. The first of these goals is increasing sensory motor and perceptual motor development, directly targeting the motor deficits often faced by children with autism spectrum disorder (ADTA, 2008; Erfer, 1995). By working from both a functional and expressive standpoint, dance/movement therapists can use simple vocabulary and movement to stimulate perceptual, gross, and fine motor skills. An example of this is teaching children the perceptual concept of "in and out" by having them physically step inside of a space (i.e., a hula hoop) and then outside of that same

space. Through the gross motor movement, the children experientially learn the concept, which can then be generalized to other areas.

The second goal for dance/movement therapists is to help clients improve their socialization and communication skills. As the therapeutic relationship builds, clients increase their ability to interact as part of a group and communicate (verbally or nonverbally) within that group. Steps toward these goals include: increasing eye contact, participating in shared rhythmic activities with engagement (and independently whenever possible), recognizing and responding to group members, increasing proximity to the group, decreasing a need for interpersonal distance, developing trust, and forming an understanding of "self" as opposed to the "others" outside of the self (ADTA, 2008).

Although these social and communication goals can be met through several modalities, dance/movement therapy is unique because the steps towards these goals can all be experienced on a kinesthetic level. For example, in group rhythmic activity, group members move together with similar rhythms, intensities, and physical tensions. This extension of movement throughout the body helps a client to integrate what may be a fragmented sense of self (Levy, 2005). Moving small movements into total body activity helps build cohesiveness and a sense of grounding, not only for the person as an individual, but also for their identity as a group member. The similar rhythmic and movement patterns allow each client to feel that they belong on a nonverbal level.

Thirdly, building off of the growing understanding of self vs. others, dance/movement therapy works to foster body awareness and nurture a client's personal self-concept. By reflecting a child's movement nonverbally and then translating what is seen into simple language (i.e., mirroring the child in moving their head side to side, while verbalizing "I see you moving your head"), the dance/movement therapist positively verbalizes how the child appears, inherently improving his/her body awareness or body image. The simple verbalizations, or the "noticing" of what is going on, also help to structure the experience for the participant (Loman, 1995). As an added benefit, this verbalization of action naturally increases the movement repertoire of the client (applicable to goal one), as he/she is exposed to not only the conscious experience of his/her own movement but also that of the others in the room.

"Body image is one of the most fundamental concepts in human growth and development and one that appears to be lacking in children who are autistic" (Erfer, 1995, p. 197). Standing behind this concept, body awareness and a positive body image are imperative as the two combined form a foundation for a basic

understanding of the self. Not only does the development of body awareness parallel sensorimotor development, the movement experience also helps children to orient to their space, their own bodies, and the others in the room. This orientation occurs on both an internal (self to self) and external (self and others) level. Because body image is formed from input from the vestibular, kinesthetic, proprioceptive, visual, and tactile systems, movement is an all-encompassing medium for the development of an individual's self-concept (Erfer, 1995).

A 1985 research study conducted by Enid Wolf-Schein, Gene Fisch, and Ira Cohen studied the use of nonverbal systems in children with autism and mental retardation. The study came to the conclusion that "dance/movement therapy should be considered an intervention for persons with both autism and mental retardation since there are indications that deviations in nonverbal behaviors do contribute to the overall pathology of the individuals" (Wolf-Schein, Fisch & Cohen, 1985, p. 78). This serves as an example of one of many studies indicating the potential for healing when combining dance/movement therapy and autism.

In more recent years, neuroscientists have been increasingly interested in the presence and impact of mirror neurons on mental health and relationships. Regarding this research, Cynthia Berrol notes, "a keystone of the therapeutic process of dance/movement therapy, the concept of mirroring is now the subject of neuroscience. The domains of mirror neurons currently under investigation span motoric, psychosocial and cognitive functions, including specific psychological issues . . . " (Berrol, 2006, p. 303). Dance/movement therapy inherently engages this mirror neuron system in the brain, for both those moving and those witnessing the movement of others. Since autism possibly relates to deficiencies in the mirror neuron system of the brain, dance/movement therapy has the potential to unlock and develop some of these deficient areas through the process of movement.

Risks and side effects related to dance/movement therapy are minimal. Movement may not be the preferred modality for expressing or relating for all individuals, although many who are open to trying the format find that it is a truly accessible approach to therapy. Like with any kind of movement, a person must be cautious and only do what is safely within their physical means in order to avoid any physical harm to self or others, within the process.

The American Dance Therapy Association (ADTA) is the professional organization for dance/movement therapists in the U.S. and beyond. To learn more about the field or find a dance/movement therapist in your area, visit the website at www.adta.org or contact the national office by phone at (410) 997-4040.