



Movement and dance for people with intellectual disabilities: IS IT THERAPY? IS IT ART?

Kim Dunphy and Jenny Scott

modalities, with the appropriate choice being dependent on four factors. These are:

- the clients' support needs
- the clients' ability and interest in dance
- the contract between group leader and client/s and
- the skills of the group leader.

But first we will look at the various dance modalities as they relate to people with intellectual disabilities.

Benefits of dance therapy

A number of studies document the benefits of dance therapy with children and adults. Loman and Merman (1996) described the positive outcomes of a dance therapy process for a four year old boy with autism. The process of attunement initiated by the therapist resulted in improved communication, increased trust, more control over the environment and greater creativity in her young client.

Ohwaki (1976) described the positive impact of a dance therapy program on adult clients' body image. Silk's (1989) dance movement therapy program offered opportunities for participants to make choices, develop ideas, and strengthen leadership capacities through dance experiences. That program's clients gained skills in a variety of areas as well as improving their fitness. Loman and Merman (1996) proposed the view that developmental dance/dance therapy is the most suitable dance modality for patients with poor cognitive skills and language ability. As evidence, they describe a successful dance therapy session that provided a group of developmentally delayed and emotionally disturbed adults opportunities for self-expression, and development of improved impulse control, coping and social skills

Is it therapy or creative dance?

Creative dance has been described as a "a free approach to the art of body movement which gives everyone opportunity to discover for himself his own forms of movement expression according to his physiological and psychological needs", (Mettler, 1990, p. 95). This style of dance seems to be a popular option for groups with intellectual disabilities, as documented by practitioners such as Lishman (1985), Silk (1989), Guthrie and Roydhouse (1988), Boswell (1993), and Schlusser (2000) and ourselves.

There does, however, seem to be considerable overlap between writers' concepts of dance therapy and creative

Kim and Jenny address the oft-mooted distinction between dance therapy and other dance modalities, and the appropriateness of these for people with intellectual disabilities. The article begins with a review of literature about dance programs for people with intellectual disabilities, especially writings that address this distinction. The authors then outline the complementary relationship they recognise between dance therapy, creative dance (recreational and educational), community dance and disability performance arts, based on their experience in all of these fields. The article finishes with a description of the factors the authors believe determine the appropriate choice of dance modality for any particular client or group of people with intellectual disabilities.

Kim Dunphy (B.A., Grad Dip Movement and Dance, M. Ed.) is a community dance educator who has worked extensively in the field of disability.

Her experience includes groups for adults and children in day training centres and special schools in Melbourne and country Victoria, at Noah's Ark Toy Library, in hospitals and formerly as director of the community-based group BreakOut.

Jenny Scott (B.A., Grad Dip Movement and Dance).

Jenny is a dance teacher and therapist who leads groups for people with disabilities all over Melbourne, including day training centres, community centres and hospitals. Jenny is the current director of the community-based group BreakOut.

Introduction

There is much discussion about the relationship of dance therapy to other dance modalities in the field of intellectual disability. There is evidence of the value of dance therapy and of dance programs that have recreational, educational or performance focuses. Our experience with people of varying degrees of disability has led us to the view that all of these can be suitable

dance. Guthrie and Roydhouse (1988), for example, describe their dance program for children with special needs as a Laban-based *"creative approach to movement"*. While the program offered creative movement experiences, the leader's aims seemed to be more therapeutic than artistic, in providing children with *"a wide range of sensory motor activities to stimulate growth and learning appropriate to meeting the needs of each individual, whatever their stage of development or handicap"*. (p. 28). In the article referred to earlier, Silk reveals a similar dilemma, evidenced by her description of herself as a dance therapist and her program as dance therapy, while her article is entitled *"Creative Movement For People Who Are Developmentally Delayed"*.

Studies documenting outcomes of Laban-based creative dance programs seem to measure therapeutic outcomes. Lishman (1985), for example, describes the *"many pervasive reasons"* why a Laban-based creative movement program advanced the learning of children with developmental disabilities further than more structured programs like Doman-Delacato and perceptual-motor programs. These outcomes include freedom of individual inventiveness and creative expression, wider movement vocabulary, and the increased interest in and curiosity for learning. Boswell (1993) found that participation in creative dance programs improved the balance skills of children with mild intellectual disabilities more than a traditional gross motor program.

Many writers have addressed the distinction between the two modalities of dance therapy and creative dance. Leventhal, in her 1980 article about children with special needs, describes the similarities, which include the fact that dance therapy and creative dance share basic tools: the moving body coping with force, time, space and flow. However, Leventhal believes that while dance therapy encourages self-expression as a process to emotional insight and interpretation and movement dialogue between the therapist and child, creative dance emphasizes the building of technique and development of form. Her view is that dance therapy is the treatment of choice for children with learning disabilities.

Creative dance teacher Mettler recognizes clear differences between creative dance and dance therapy. She believes that art and therapy have *"entirely different goals and motivations... While the goal of therapy is the healing of illness, the goal of art is the creation of a satisfying form. Therapy is utilitarian, serving a purpose beyond itself... art serves no purpose other than providing joy in the creative work itself"* (1990, p. 96). However, Mettler does comment that all art is, by its very nature, therapeutic, though specifying that *"therapy is a by-product of art, not its essential nature"* (1990, p. 98).

Do people with intellectual disability need therapy?

In thinking about whether dance therapy is appropriate for people with intellectual disabilities, it must be considered that, unlike psychological disorders that have traditionally been the domain of dance therapists, intellectual disability is not a condition that can be treated or healed through therapy. It is one characteristic of a person, one of the many that contributes to the particular set of attributes that makes up any individual, but it is not one that necessarily needs curing or indeed can be cured. Some people with intellectual disabilities also have behavioural or psychological conditions that can be assisted by therapy, but there are many others who simply have a lower than normal IQ. Thus, a role of a dance specialist working in this field could be the provision of dance opportunities that contribute to participants' health and well-being in the same way that any recreational, educational or community based dance program might.

Mainstream versus specialized options

Current philosophical thinking in the field of disability emphasises increased opportunities and the least restrictive environment. Opportunities for participation in dance are appropriate in this paradigm, affording people with disabilities access to recreation choices that any other person in the community might have. These may be mainstream or specialized, depending on the skill and functioning level of participants. Many people with moderate to severe intellectual disabilities need more support than a mainstream option is likely to provide. Our own BreakOut Dance Group recognizes and caters for the different needs of some individuals with disabilities and/or challenging behaviours. These include simplified communication, less emphasis on outcome, the provision of manageable challenges within a supportive environment and some physical care. However, there are other people with intellectual disabilities who have talents and interest beyond the norm, who may be better served by more challenging experiences.

Community arts approach

Participation in the arts for people with intellectual disabilities has the potential to be more than a recreational activity, providing, in addition, an outlet for creative and expressive talents. Community art is a model of art-making that *"celebrates the diversity and talents of people in the community... builds and express diverse community cultures, as part of the culture of wider society"* (Williams, 2001, p. 2). Numerous writers have described this kind of activity with their groups. Schlusser, for example, documented the deeply creative and artistic practices of the intellectually disabled members of her **Stretch Theatre Company** (2000). Lovis' experience with performers with intellectual disabilities in the **Prime Movers Company** led her to the observation

that individual disabilities can “*inspire movement and speech inventions*” of “*remarkable originality*” (Lovis, 1992, p. 34). Hugill encountered “*passion, commitment, brilliant capacities for clowning and intuitive comprehension of character subtleties*”, amongst intellectually disabled members of his company **Theatre Unlimited** (1992, p. 33).

Disability arts as professional performance

There is yet a further possibility, that participation in dance might develop further than an enjoyable expression and performance at a community level, and into the creation of performing arts of a professional standard. Over the last decades there has been a considerable increase in the number of professional performing companies comprising of members with intellectual disabilities, or integrated groups of people with and without disabilities, all around the world. 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 creative dance, Riordan led her students through exploration of improvisation-based dance forms on to the level of dance performance as an art form. In San Francisco, the Prime Movers Company grew out of a recreational dance program for adults with intellectual disabilities (Hugill, 1992). Wolfgang Stange’s professional dance company Amici in England includes members with and without intellectual disabilities. Touch Compass is New Zealand’s first integrated dance company (Chappell, 2000), while in Australia people with intellectual disabilities perform in dance companies such as Restless Dance in Adelaide (Chance, 2000) and Company CHAOS from northern New South Wales (Worth, 2000). Benjamin (2001) documents the international reach of his work in improvisational performance with people with a range of disabilities in **Making An Entrance**. All of these options give people with intellectual disabilities and appropriate interest and talent opportunities that are far beyond the scope of therapeutic or recreational dance.

How to select an appropriate dance form for clients with intellectual disabilities

It is clear that there are a number of possible alternatives for dance programs for people with intellectual disabilities, but not all of these are suitable for all individuals. As noted at the beginning this article, the determining factors for choice of modality for a dance program with any group or individual include the support needs of participants, their interest and ability in dance, the contract between group leader and participants, and the skills and training of the group leader. **These** are discussed in the paragraphs below:

1. Level of clients’ support needs

The aforementioned dance modalities can be seen as part

of a continuum, from dance therapy through to creative dance, community dance and to disability performance arts. The appropriateness of a particular modality for an individual client’s needs is likely to be roughly equivalent to their support needs. Clients with higher support needs are usually better served by dance therapy, while those who function more independently usually have more to gain through a creative dance approach. Those individuals who are functioning at the most normal end of the IQ range, might be ideally served by more mainstream recreational or community dance program. This continuum fits within the preferred paradigm of the least restrictive option for people with intellectual disabilities.

2. Client’s interest in and ability in dance.

An additional moderating factor in choice of appropriate dance modality is that of clients’ interest in and talent for dance. This may or may not correspond with their support needs or abilities in other areas. Some high functioning clients may not be interested in the challenges of performing, while others who have less competence in other areas may find dance performance a preferred expressive medium. Dance therapist Linda Murrow comments that “*individual level of ability/disability ..does not correlate in any way with individual capacity for self-expression, creativity, wholeness, meaningful relationships, participation in a group or enjoyment of body movement*” (1997, p. 2). Clients who have a particular interest or talent for dance may appreciate the stimulation and challenge of participation in an art program with a performance focus

3. Contract between group leader and group/individual

As suggested by Morrish (1999), the contract between the group leader and the group/individual is an important determining factor in choice of dance modality. The first priority in setting up dance programs for people with intellectual disabilities should be the establishment of a “contract” with the host organisation about the purpose and desired outcomes of the program. These will be different in different situations, depending upon the organisation’s purpose and the particular clientele. For example, in the case of a program in an accommodation facility for independent adults with mild intellectual disabilities, the recreation co-ordinator recognised the need for an after-work recreational activity that involved physical exercise. The program she set up required the enrolment of a minimum number of adults who volunteered and paid for the activity themselves, so it had to be enjoyable. The contract between the group leader and the host organisation on behalf of participants, in this program therefore, was about recreation, fun and fitness. In this setting, a group leader would need the skills of a recreational dance teacher.

In a different type of facility, a day program for people with profound intellectual disabilities who have experienced life-long institutionalisation, the focus of the dance program that Jenny leads is quite different. Clients' high support needs make a therapeutic focus the only appropriate option. Therefore, the contract between Jenny as group leader and this host organisation is about fostering of engagement, interaction and connection with others, and Jenny draws much more on her skills as a dance therapist.

4. Practitioners' skills

A third consideration in the selection of an appropriate dance modality is that of the skills of the prospective group leader. Practitioners who have skills and training across the spectrum of dance modalities discussed above will be able to offer varying programs to suit the different needs of client groups. Those whose skills are weighted towards one end or other of the spectrum will need to ensure that their skills match the needs of any prospective client group. Benjamin (2001), for example, whose background is professional dance, is very clear about his preference not to work with intellectually disabled participants who have challenging behaviours. He believes that his skills are best suited to the collaborative development of dance performance with people who can work as equals. Dance therapists like Loman and Merman, on the other hand, are skilled in coping with the complex social, emotional and physical needs of their clients. Their need to have well-developed choreographic and performance skills is much less.

Making the right choice

Practitioners' responses to inappropriate selection of modalities are often described. My (Kim's) ambivalence about leading a performance-focussed creative dance program in a special developmental school, is detailed in the following paragraph.

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 to-

gether 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. (1999, p. 12)

I concluded that a therapeutic approach without any focus on performance outcome would have been much more beneficial for these low-functioning and socially isolated members of the school group.

On the other hand, practitioners who have as their intention the creation of professional performance, are annoyed by the association of their work with therapy. Benjamin (2001) devotes a chapter of **Making An Entrance** to this issue. He describes his work as "*determinedly anti-therapeutic*" in that it is about disabled and non-disabled people meeting of their own accord to improvise or perform together. Another model, one with which he does not favour, is "*quasi-therapeutic dance*", i.e. when people who are not disabled bring people with disabilities together and provide them with an experience of the arts. He does believe, however, that the experience of creating professional dance may have a clearly therapeutic effect, "*extending physical ability and improving self-esteem and confidence*" (2001, p.64). But this is not necessarily the case, and Benjamin acknowledges that with the wrong kind of leadership the experience of creating professional theatre may also be negative, confirming stereotypes and damaging self-esteem. Melbourne-based theatre director Katrina Gabb (2002) is clear that the intention of her work with intellectually disabled members of her DVA group is the production of professional quality theatre. DVA's focus is not therapy or even community art, but rather theatre produced as a product for an outside audience. The company's intention is "*to make innovative and challenging (theatre) work*" (Joy, 2002, p. 15).

Catherine Threlfall (2002), discussed a distinction she has made with respect to the musical disciplines of music therapy and community music.

She conceptualises the relationship of the two as concentric circles, with music therapy at the core, surrounded by community music, one aspect of which is disability arts.

Continuum: dance therapy to creative dance to disability performing arts.

Therefore it appears that there are a range of views about the value of dance therapy, creative dance and other modalities of dance for people with intellectual disabilities. The following table is a representation of the continuum we recognise, including the suitability of the various dance modalities for particular client populations, the focus and intended outcome of programs, and the

skills required of practitioner to lead these programs.

DANCE MODALITY	POPULATION FOR WHOM THIS IS SUITABLE	PROGRAM FOCUS	INTENDED OUTCOME	PRACTITIONERS SKILLS REQUIRED (in order of priority)
<ul style="list-style-type: none"> dance/movement therapy 	<ul style="list-style-type: none"> clients with high support needs clients with particularly challenging and /or antisocial behaviours 	<ul style="list-style-type: none"> therapeutic focus 	<ul style="list-style-type: none"> change within myself: adjustment to society/environment development of relationship with others 	<ul style="list-style-type: none"> DMT training counselling and psychology skills required for a person-centred approach motivation to serve clients' needs group facilitation skills Laban-based movement skills
creative dance	<ul style="list-style-type: none"> low /moderate/ high functioning participants with recreational interest in dance 	<ul style="list-style-type: none"> recreational or educational focus 	<ul style="list-style-type: none"> enjoyment; experience valuable in itself any change or development is a bonus physical fitness 	<ul style="list-style-type: none"> extensive experience in movement and dance an advantage group facilitation skills basic choreographic skills, liaising skills: within group and people peripherally involved in program (parents, carers, etc)
creative or community dance	<ul style="list-style-type: none"> medium to high functioning clients with interest in performing 	<ul style="list-style-type: none"> dance for enjoyment creating art with marginalized people performance focus 	<ul style="list-style-type: none"> creative expressive opportunity for participants developing a sense of community political intention: challenging the status quo about what is art 	<ul style="list-style-type: none"> choreographic skills, ability to craft a piece for audience's pleasure group facilitation skills skills in advocacy for community arts organisational and liaising skills: within group, general public, arts community, funding and government departments ability to successfully conceptualize project and obtain funding
disability arts as performance	<ul style="list-style-type: none"> high functioning and independent clients with vocational interest in performing arts 	<ul style="list-style-type: none"> skill development for individual and group development of group style polished professional end product important 	<ul style="list-style-type: none"> can be art for arts sake addressing social injustices political intention: challenging the status quo about what is art 	<ul style="list-style-type: none"> choreographic skills, ability to craft a piece for audience's pleasure group facilitation skills political motivation artistic direction understanding of theatre principles: design, lighting, presentation to audience ability to successfully conceptualize project and obtain funding

Conclusion

Our intention in writing this article was to establish for ourselves what exactly we are doing in our dance practice when we work with people who have intellectual disabilities. Are we therapists, creative dance teachers or community artists? Are we all three?

In teasing out these issues, we examined the relevant literature, then created a framework that orders the various modalities of dance that we and others use with intellectually disabled populations, as a continuum of dance therapy through to disability arts as performance. This lead us to a further clarification of the skills required

for leaders of groups of varying abilities and in turn, the focus of different programs, including their intentions. This process led us to the conclusion that all of the modalities have their own value. Dance therapy can be appropriate for people with intellectual disabilities, as can creative dance, community dance and disability arts as performance. The appropriate choice of modality depends on four factors that we elucidated as:

- level of client's support needs
- client's ability and interest in dance
- contract between the group leader and host organization
- group leader's skills

A dance specialist setting up a group or their own practice, needs to clarify his/her intentions and those of prospective individuals, groups or host organizations by thinking through issues elicited by the headings that appear on the table above, such as:

What kind of clients are these? What are their support needs and abilities?
 What is/are their intentions in attending a dance program?
 What could offer them? What skills do I need to achieve this? Am I the right person for this job?

This level of detail in planning and thinking should assist organisations that host dance programs select staff and place clients appropriately, and ensure that dance practitioners' goals match those of their host organisation and clients.

In undertaking this process in relation to our own practice, we have come to the conclusion that we are all of the possibilities that we had considered; therapists, creative dance teachers and community artists. Not all at the same time, and not with the same groups, but across the range of people that we are involved with, from independent adults with mild disabilities who come to community based recreational dance classes, to adults with high support needs who attend therapy sessions as part of their regular day program. Our varied backgrounds in dance technique, performance, education and therapy, as well as skills in arts management are all called upon across these groups.



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This article is an excerpt from a new book by Melbourne-based dance specialists Kim Dunphy and Jenny Scott. 'Freedom to Move' documents the authors' practice in the field of dance for people with intellectual disabilities, especially their work with BreakOut Dance Group, a community-based organization they have co-ordinated since 1998. 'Freedom to Move' will be published this year by health and disability publishers McLennan + Petty.

Ed. Note: We hope to have an article by Catherine Threlfall on this subject in our next issue of "Moving On".

Movement therapist required

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