

DANCE THERAPY APPROACH TO CHILDREN WITH AUTISM

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ABSTRACT

Dance therapy has a long history of working with people with autism spectrum disorders. Movement refers to observed energies in everyday life. Non-verbal words or gestures without the utilization of the phonetic device have been described as "acts and gestures performed by children in the service of voluntary communication. This encompasses the attitude of the person, muscle tone, head and eye movements, facial expressions, speech, voice, gestures, achievement and walking. Movement activities strengthen relationships, giving children the opportunity to use non-verbal cues as a means of communication and self-expression. This is useful for children who have problems due to their age, developmental problems or lack of emotional awareness.

KEYWORDS: *Dance Therapy, Autism Spectrum Disorders, Therapeutic Relationship, Emotional Security, Communication*

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INTRODUCTION

Dance as a human activity is intertwined with human existence and human culture. There are many people who used dance for the treatment and spiritual upliftment of the man. According to Chaiklin (2009), dance therapy is based on the fundamental realization that through dance the individual is associated with the community of which he is a part and at the same time expresses his individual impulses and needs within this community-group.

OBJECTIVES OF THE STUDY-AIMS

This study aims to highlight the therapeutic approach of dance therapy in children with autism through the mobilisation of for gotten inner psychological functions.

DANCE THERAPY-DEFINITION

The commonly utilized definition of dance therapy is that defined by the Association of Dance Therapists of the United States and the United Kingdom, "the psychotherapeutic use of movement to promote the emotional, social, mental and physical integration of the individual."

The benefits of Dance Therapy for the individual include the increase of self-confidence and self-expression as well as the development of means with which the individual manages the emotions and thoughts that overwhelm him. It can promote self-awareness and autonomy. It supports the development of trust in interpersonal relationships. It offers an opportunity to test the effect of the individual on others in a safe and inclusive environment. It encourages the discovery of

internal resources and communication and social interaction skills through comprehensive creative, kinetic play, providing the opportunity to test new customized management behaviors. Finally, it allows the individual to test the inner with the outer reality and to experience the connection between the actions of his emotions and his thoughts (Stanton-Jones, 1992).

Dance Therapy is a comprehensive psychotherapeutic approach, which is based on the body's processes for the emersion, perception and awareness of the individual's unconscious material. It maintains the rules of classical Psychoanalysis, i.e. the dance therapist does not preserve social associations with the patients; and an integral part of his/her work is the supervision and the personal and professional development and information (Payne, 1992).

The goal of Dance Therapy is to put on the table and to solve psychological issues that concern the patients and not to improve their posture or teach them dance steps or skills. What differentiates Dance Therapy is that its primary form of expression is the use of movement embedded in verbal expression (Levy, 1998). In recent years, there has been a tendency to talk more about the body and integration than about dancing and movement. Therefore, while movement can seemingly be used, ultimately the work is done through the body. In other words, emphasis is placed on the patient's ability to focus on internal senses, in order to increase the emotional, cognitive and sensory-motor integration of the previous trauma (Winters, 2008), (Gallagher & Payne, 2015), (Roberts, 2016).

The Theoretical Background of Dance Therapy

Empathy, Development of the Self, Primary Relationship and Pre-Verbal Experiences

Empathy is our attempt to put ourselves in the other person's shoes and understand the world through his or her own eyes. This means that we really try to understand his feelings, his/her beliefs, his/her experiences, his/her expectations, everything that has shaped and is shaping his/her attitude in life. The term empathy is widely used by dance therapists as the emotionally shared experience is a purely physical function.

Dance Therapy uses the concepts of Winnicott's theory, which form the basis of its position in the processes of integration, which lead to the creation of the self as a "psychosome" (Fischman, 2009). Winnicott argues that the maturation process accompanies the individual in his life, only to the extent that there is a facilitating environment. He characterizes the environment that is able to follow a kind of its own development as facilitative; and to evolve itself, as it gradually tends to adapt to the changing requirements of the developing individual. It represents the idea of a mother, which adapts and develops in parallel with the development of the young child.

Part of what Winnicott calls a "facilitating environment" includes the concept of "Mirroring" or "Coordination". (Winnicott, 1958, 1960). It has to do with the mother's ability to function as a mirror. The infant, as it is mirrored in the eyes of its mother, begins to see itself and develops its inner world. The mother becomes "the first poet and with her manipulations, her voice, her songs" connects the baby with the rest of the world. At the beginning of life, the mother and the infant live "together". The infant is completely dependent on its mother and she needs to go beyond herself to provide the necessary security.

The dance therapist works in the same way: through the qualities of non-verbal communication between him and the patient he coordinates with him and thus recognizes his needs and feelings. In cases where the patient does not express himself with physical movements and where the separation is predominant due to the damage, the coordination of the dance therapist is a challenge as it requires attention to the subtlest and imperceptible movements of the patient (Bernstein, 1992).

The dance therapy approach also uses Winnicott's concept of the "transitional object" (Winnicott, 1953). In the infant the feeling of differentiation between himself and his mother, between the "I" and the "we", often needs a way to bridge this gap. At this point Winnicott adds two concepts in response to the above problem: the "transitional object" and the "transitional space". "Transitional object" is defined as any object to which the infant clings and to which he deposits the qualities of his mother, treating it as her surrogate. Respectively, the "transitional space" is considered to be the intermediate space between the merging and the separation of the infant with the mother, between the subjective internal reality and the objective external reality.

In this way the dance therapist becomes a "transitional object" through his/her body (Winnicott, 1953). The patient inserts basics of the dance therapist and thus creates an internalized support, which accompanies him throughout the treatment. The dance therapist, as a "transitional object" helps the patient to manage the transition from the state of merging with the original "object", the mother, to that of autonomy. Thus, the individual retrains the patient towards self-regulation, through the connection with another being and the redefinition of his relationship with the original object, that is, the internalized relationship with the mother.

PSYCHOANALYTIC APPROACH IN AUTISM

Genevieve Haag

In terms of psychoanalysis, every relation of treatment is based on the experience of a relation, while the goal is to make the child contact its inner world and attribute form and meaning to it (Stern, 1985). According to Haag, autistic children, even when they do not speak, are expressed through their bodies. The child's verbalized experience can help it feel that the other person exists and they are there to understand it. Genevieve Haag contends that this process of gradual disengagement from the autistic defensive mechanisms presupposes the creation of the first feeling that the child exists and she calls it "the first wrapping feeling". The child starts to realize that it is different from the others and, this way, it experiences its body as one more unified entity. This means that the so-called "psychosomatic Ego" is being developed (Kapetanaki, Rizou, 2019)

The somatic Ego begins to acquire its form through a primary sense of wrapping along with its internalization as the primary core of hooking the somatic Ego. The first wrapping feeling is created through the mother – infant touching. In this case, the infant can relate to mother, free from its spatial and corporal stress (Schorer, 2009). This is evident when the mother's touching the baby's back makes it calm down. This is also evident among 2-month-old babies when they are naked on the changing table where they express feelings of frustration since they have not released the wrapping feeling as an internal core of hooking (Winnicott, 1986). The first wrapping feeling is further organized through the mutual looking between the infant and its mother during its caretaking, a phenomenon highly observed during the second month in the infant's life.

The observation of infants with a normal development has greatly helped understand developmental disorders like autism. In this context, the infant's body expresses the manner of experiencing its relation to the environment (Bowlby, 1973), (Ainsworth, Blehar, Waters, Wall, 1978). This also occurs among autistic children: the autistic child uses its body to narrate its stress and experience. This is exactly the contribution of psychoanalysis: we, as receivers, are able to interpret these non-verbal expressions of psychic pain. This process of non-verbal narration does not merely refer to psychoanalysis, but also to family.

THE USE OF DANCE THERAPY IN AUTISM

Dance therapy recognizes body movement as a silent and expressive means of communication and expression (Meekums, 2012). It is a relational process in which the patient and the therapist engage in a conscious creative process that uses body movement and dance to help integrate the emotional, cognitive, physical, social, and spiritual aspects of the self. This element of the therapeutic relationship between a therapist and a child with autism is very important, since children with autism due to their non-verbal ability but also due to great difficulties in social interaction, they seem to be distant and do not want social and emotional contact with the others (Tortora, 2009). This attitude causes even their parents to state that they are "tired" of trying to get in touch with them. The point is, that like all people, children with autism are in dire need of human contact, which provides them with emotional security, and they just cannot express it (Samaritter & Payne, 2013).

So dance therapy, in this part, contributes through movement and rhythm to the creation of this coveted "therapeutic relationship", which children with autism so desperately need and creates a sense of care, protection and security (Rova, 2017). That is, through this intervention, individuals with autism experience the relationship with their mother, the most crucial relationship that impacts a person throughout his life. This relationship is responsible for the self-image and self-esteem of a man. The same happens for people with autism, who, after knowing themselves through the dance therapy process, they learn to appreciate it. Dance therapy has been shown to increase confidence, social and communication skills, and improve self-esteem and greater attention in individuals. Exercise and dancing usually release endorphins and dopamine into a person's system. These elements are usually associated with feelings of happiness. In particular, dancing and rhythmic acoustic stimulation seem to benefit body functions, especially balance, gait, walking and cardiorespiratory capacity. Consequently, dance can help with many aspects, such as psychological, cognitive, social and physical issues.

Movement refers to observed energies in everyday life. Non-verbal words or gestures without the use of the phonetic device have been described as "acts and gestures performed by children in the service of voluntary communication. This includes posture, muscle tone, head and eye movements, facial expressions, speech, voice, gestures, achievement and walking. Movement activities strengthen relationships, enabling children to use non-verbal cues as a means of communication and self-expression. This is useful for children who have problems due to their age, developmental problems or lack of emotional awareness (Nikolitsa, 2018).

Dance is an emotional experience that can help alleviate the excessive stress and frustration that is often encountered in over stimulating the senses. An atypical temporal lobe in an autistic cortex can help to create a sensory input (SID) malfunction. This is defined as "the inability of the sensory system to interpret the sensory input coming from the environment in a way that is usable" (Hartshorn, Olds, Field, Delage, Cullen, & Escona, 2001). People with this disorder can experience SID through seven sensory manners: the tactile system, the susceptibility, the auditory system, the visual focus, the vision and the taste system. These systems work together to interpret the senses experienced by the body and then convert the information so that the body can use it. A person experiencing SID can be shocked when exposed to a hyperactive sensory system, as it is an unnecessary stimulus that is difficult to interpret. (Mateos & Dona, 2013).

CASE STUDY

Within the framework of the International Dance Festival of Kalamata (Greece), a dance therapy seminar was held and lasted two years. The aim of this seminar and the dance therapy intervention in children with disabilities and especially in children with autism was the self-knowledge, the improvement of self-image, the relationship of trust, the feeling of security, communication through dance and social interaction, through the creation of a therapeutic relationship. In general, the ultimate goal was to improve the quality of life of these people, who usually live in the background.

In the seminar children with disabilities participated (children with mental retardation, children with autism, children with motor disabilities and mental retardation, etc.) as well as companion-therapists of these children. Each companion-therapist accompanied a child with a disability. The lectures of the seminar focused on the approach and application of kinesiological and sensory methods which achieve emotional communication, improvement of social skills and gradually, social integration of people with disabilities. Also, the way of organizing a therapeutic dance course was presented, as well as its selection criteria and educational - experiential workshops for the companion - therapists of people with special needs. The seminar had different topics, which at the end were further presented by the participants during the 24th International Dance Festival of Kalamata. The title of the topics was:

- «Watch Me», Through experiential exercises, children with autism initially mirrored the therapists' movement. Subsequently, therapists mirrored the children's movement. Through this process the children were able on the one hand to follow the movements of the therapists and to see themselves through the therapists and on the other hand they were able to take the initiative in order to show their psychic world through their own movement (Bernstein, 1984). To feel that they are separate individuals, a fact that enhances self-esteem.
- «Relieving the Distance», Following the previous stage, the children began to feel this "shell of security" and trust (Rustin, 2009). At this stage, the aim was, through movement, to bring the couples closer. To overcome the fear for the "other", overcoming at the same time "the anxiety of separation" (Bowlby, 1973).
- «Tracing my Dance», In the third stage, papers were given, first to the therapists, who, while the children were dancing, they transferred their movement to the paper. The children then depicted the therapists' movements. What was required at this stage was the realization of the movement and the way everyone expresses himself through dancing.

The results of the seminar regarding children with disabilities and especially regarding children with autism was the fact that through dance and encouragement for creative expression, individuals have been able to build positive relationships, develop self-confidence, feel safe, be able to communicate without speaking but express themselves through their body and thus come in contact with themselves but also with other people around them.

All these could be achieved through the creation of a therapeutic relationship between the therapist and the child with autism. This relationship symbolizes on the one hand the primary relationship with the mother, a relationship that gives security to the child and on the other hand the ability to separate with the mother and therefore fight the fear of separation from her (Bowlby, 1973). This becomes conceivable due to the creation of the "transitional object" in the face of the therapist. The therapist therefore takes on the role of the "transitional object" which helps the child with autism to become autonomous from the mother using the security offered by the therapist (transitional object). In this way, the child becomes independent from the previous state of full integration with the mother, understands himself, understands his

dynamics and strengthens his self-image and self-esteem. This element helps the child in communicating with others and in social interaction, which of course for people with autism will always be special on the one hand and on the other it constitutes an element of human nature in general which every person should have and enjoy.

CONCLUSIONS

Autism is a spectrum disorder, which includes many sub-disorders with deficits in a cognitive, communicative and behavioral level. In the literature there are many therapeutic interventions both pharmacological and developmental and behavioral. Of course, one intervention that has been used with high levels of success in recent years is dance therapy. This treatment is suitable for people with autism, as it can and indeed contributes to improving the quality of life, communication skills and general social and academic living. Empirical data have shown the effectiveness of these interventions and their various techniques in populations with autism of various ages, because it gives the therapist the opportunity to interact individually with the individual, while the techniques that are used give freedom of action (Nikolitsa, 2018).

As stated above, dance therapy is based to the “therapeutic relationship” between the therapist and the child with autism. This relationship symbolizes on the one hand the primary relationship with the mother, a relationship which gives security to the child and on the other hand the ability to separate from the mother and therefore to fight the fear of separation from her. This is made possible by the creation of the "transitional object" in the person of the therapist / trainer (Winnicott, 1986). The therapist / trainer therefore takes the role of the "transitional object" which helps the child with autism to become independent from the mother by using the security offered by this transitional object. In this way, the child becomes independent from the previous state of complete fusion with the mother, understands himself, understands his own potential and strengthens his self-image and self-esteem. This element helps the child to communicate and interact socially with those around him / her.

In closing, here is a quote from Moore: We may now return to one of Plato's favourite expressions concerning the care of the soul, "the art of living". Caring for the soul requires Art. The art of dance cares for the soul through the expression and the emergence of the self.

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