

Chapter 12

Dance and Movement as Therapy for Children with Autism Spectrum Disorders (ASD): A Case for Kuching, Sarawak

Jane Teo

British Ballet Organization, Malaysia

Ong Puay Hoon

Universiti Malaysia Sarawak, Malaysia

ABSTRACT

This chapter attempts to introduce the concept of Dance and Movement Therapy (DMT) in treating autistic-like symptoms and discusses the validity and feasibility of adopting DMT as a complementary component of an existing intervention framework. By defining mainstream DMT, identifying its implications for children across the spectrum, and briefly touching upon the theoretical aspects of its workings, it is hoped that parents, teachers, and educators can gain a more thorough understanding of this method. An outline of how it can be adapted for children with a range of abilities is also supplied. Finally, initial observations of DMT applied in Kuching, Malaysia, are shared with concluding suggestions for success within this particular cultural and social context. This chapter is aimed at the new practitioner looking for a starting point resource as well as parents, teachers, and educators who may be thinking about implementing DMT into a child's routine or programme.

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INTRODUCTION

Introducing Dance Movement Therapy

Dance Movement Therapy (DMT) has been in mainstream practice since the 1940s, officially being recognised as a beneficial therapy for children with disabilities in the mid 1970s via the U.S federal government's Education for All Handicapped Children Act (PL 194-42; 1975). DMT is defined as the psychotherapeutic use of movement and dance as a means to "further emotional, cognitive, physical and social integration" (ADMPUK, 2013; ADTA, 2013). The basis of this approach stems from the belief and principle that expressive movement has the ability to reflect one's thoughts and feelings, which can then be developed on in a nurturing and safe environment (ADMPUK, 2013). With respect to the ASD child; DMT provides an opportunity to generate, encourage and expand non-verbal expression (ADTA, 2013). This has the potential to facilitate contact and bridge communication divides while engaging in a non-threatening, structured yet flexible, creative and enjoyable leisure process – teasing out responses to music, gentle physical manipulation and visual cues. While DMT is not a substitute for a thorough intervention programme, its benefits do make it a worthwhile complementary to an existing one.

Considering DMT

When it comes to considering any potential therapy which may be incorporated into the ASD child's routine; this is something which must be weighed up carefully. Factors such as the empirical validity of the approach and feasibility of adoption - inclusive of cost, time commitment, and even reluctance of the child to attempt a novel activity, and a largely sensory one at that; all come into play. The following are a few basic highlighted points from selected studies as regards DMT which is aimed at giving the reader a more holistic view of

the practice and its known effects for children on the spectrum. The final sections after this literature review is a brief first-hand account of how DMT can and has been used from a practitioner's point of view, as well as a brief sharing of observations in this respect from Kuching, Sarawak. This work will be expanded on and reflected in the accompanying presentation.

In researching both the benefits and drawbacks of employing DMT for autism, the available literature shows that the advantages greatly outweighed any pitfalls; the latter being limited to instances of resistance to initial change in regular repertoire or the introduction of new situations, rather than any digression outside of "typical" autistic behaviour. For example, it was found that DMT as a complementary and alternative medication (CAM) is gaining favour with parents and caregivers as an alternative to prescription drugs for the condition, being categorized with select other CAMs as "helpful or without effect, but not harmful" (Hanson et. al., 2007; pg. 628). Indeed, the more obvious benefits of long-term DMT for children with ASD cannot be overlooked – from being a means of providing a healthy physical workout, to addressing some of the autistic-like symptoms across the spectrum such as low body tone, gait, coordination, and muscular control.

Consequently, it is not difficult to understand the attraction of a well-tailored and robust DMT programme which in addition, avails certain components such as aerobic exercise, that has the propensity to decrease self-stimulatory and negative behavior without decreasing other positive behaviours; and can help in reducing aggressive behaviour, unproductive and disruptive behaviour, as well as stereotyped and self-injurious behaviour. Furthermore, aerobic exercise has also proven itself to be successful in improving attention span and on-task behaviour for children with ASD (Rosenthal-Malek & Mitchell, 1997). A challenge one may come across in this case however, may be to first coax a child into moving to get the heart rate up, especially one who may be more adverse

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