



*Moving Bodies. Moving Minds*  
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## A case study of the movements of a child diagnosed with Cerebral Palsy within the context of Dance Movement Psychotherapy at a school for special needs

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Cerebral palsy (CP) is a consequence of a static lesion and leads to physical impairments chiefly, along with cognitive and developmental disabilities. Motor development is delayed and due to the spasticity, movements are bound and the range of motion is restricted. It affects the person's capability to move, and to maintain posture and balance. Children with CP have co-morbid medical problems like mental retardation, epilepsy and learning disabilities. Since DMP is mainly non-verbal and most of these children are in the pre-verbal stage, they are still capable of moving and being affected by movement (Duggan 1980).

My therapeutic work involved working with a male child; Jo (pseudonym), aged 14, diagnosed with Cerebral Palsy. He was referred by his class teacher and after pre-assessment, the primary therapeutic goals were to provide space to realize his potential, enhance self esteem, promote positive self-image, explore movements, and to increase the capacity to think and move creatively. The rationale behind trying to achieve these goals through Dance Movement Psychotherapy (DMP) is, that the DMP experiences that develop body schema and body image, affect socialization skills and provide for a better understanding of self (Leventhal 1974). I believe that it is through movement that I could meet him at an equally familiar level, explore movement and encourage him to engage.

There were a total of 5 out of the contracted 6 sessions. These sessions were held within the 'naturalistic setting' of a school for children with special needs. Apart from what occurred in the sessions in terms of themes, movement interventions and movement observations, Laban's (1960) system of Movement Analysis (LMA) and Kestenberg Movement Profile (KMP) (1999)



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were utilized for observing, analyzing and embodying his movement preferences. My own responses as an artist were recorded in written work, artwork and movement after the completion of the sessions. After each session, I video recorded myself embodying the movements of the child in the session. I used my personal diary to record my moods, emotions and reflections. I recorded my responses and my embodiment, following every session prior to noting clinical notes. This made certain that I embodied my response before I got an opportunity to interpret as opposed to cognizing the process before embodying it.

The therapeutic work was based on the work of Leventhal (1974) and Duggan (1980). I also integrated the work of Blanche Evans (Levy 2005), using creative movements and improvisational work to aid in movement exploration since the number of sessions was limited.

Using improvisation in practice, I had control of the stimulation presented. It is free movement to a specific stimulus; where the stimulus offered is based on proficient evaluation of the therapeutic goals and my client's needs. Improvisation aided him to disengage from stereotyped responses and meanings, and we could delve together to explore those movements further.

In the second session, trust and safety were still in the process of being established. Jo exerted more control over his body and what he expected me to do within the sessions. From what I gathered in the initial assessments, he was used to another person perform actions that he assumed he wouldn't be able to perform. His movements were 'spoke-like', 'direct' and 'strong'. According to Erikson (1995), once the safety is established, the child moves onto the stage of autonomy versus doubt. In this stage, he is conflicted between experimenting with limits and his sense of control. For children who are still in the pre-verbal stages of development, like those with multiple disabilities, exploration and combination of different movements can play a crucial role in being able to access the underdeveloped or unintegrated parts of the self ( Leventhal 1974; Winnicott 2005; Fischman 2009). This led me to resist him and encourage him to perform the action himself, which gave me the sense of a 'push and pull' between us.

As the familiarity with the space increased, Jo felt more comfortable to engage in movements which would not be allowed outside this space like that of spinning in his wheelchair and traversing across space backwards. I could feel the straining rhythm in my body when I was exploring this theme in movement. I controlled my urge to encourage creative exploration of



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movements and let him express himself to understand his movements and underlying process of each movement. Taking such risks could give an individual a chance at exploring inner impulses and expressing them. I did not encourage this behavior further, but it seemed important to let the client explore the impulse for himself. This behavior was displayed sparsely in two sessions and in ways that would not be described as self-harming.

In the 4th session, Jo put a lot of effort in the preparatory movement of his intended action, but the release was not powerful enough for the action to be executed like he wanted. He was neither able to make shapes with ribbons nor throw the ball as far and high as he wished to. This seemed to disappoint him. He used my hand to try and do what he imagined, with more 'strong weight' and attention to 'direct' space. He displayed the 'Straining and Releasing' KMP rhythm and some level of 'twisting rhythm' as well. This indicates that he was still in the anal phase (KMP 1999), and that control over his movements was not mastered completely. Moving ahead therapeutically and working creatively, he learned to control the movements we were exploring in the sessions and this led him to believe that he can exercise control in certain aspects of his world, helping him slowly transition into the next stage of initiative versus guilt. Moustakas (1973) is of the opinion that when a child and a therapist immerse themselves in a movement form, this involves a risk, a moving forward of the self, which eventually leads to individuality. This individuality emerges from a deeper sense of self.

The therapeutic goals were based in working on self-concept, exploration of the movement repertoire and working towards expression. I believe that in the short term that I worked with Jo using movements and art work, he felt safe to explore certain movements, which earlier he would rely on someone else to do, take risks and understand what were the boundaries of the therapeutic space and would not engage in those movements outside the space.

DMP works with the child population, since creativity and its development has its foundation during the developing years, and creative ways of coping with the environment can help reduce the percentage of mental health problems related to disabilities specifically. During the course of therapy, momentary insights, finding links to ideas and producing innovative answers in movement form to difficulties faced by an individual, may be considered as examples of how dance movement psychotherapy is beneficial for them.



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