

Multidisipliner Alanlarda Yeni Trendler

Sosyal, Beşeri ve İdari Bilimler, Sağlık Bilimleri,
Fen bilimleri, Mühendislik Alanlarında

Editörler

Prof.Dr. Qurban Qasimov

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Bölüm 9

Dance and Movement Therapy in The Treatment of Children with Special Educational Needs

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Introduction

We all know that movement is good for body and mind. The benefits of movement are numerous, improving sleep, increasing concentration, increasing energy, emotional discharge, and relaxation of the whole body. There are a huge number of movement therapies, some aimed at increasing inner sensations and awareness, others have a psychotherapeutic approach embracing deep emotions, others are designed to overcome gravitational forces and achieve certain movements, while some are designed to stimulate spontaneous movements.

According to the American Dance Therapy Association (2022), dance and movement therapy is defined as the psychotherapeutic application of dance and movement to support and stimulate the body's intellectual, emotional, and motor functions in order to improve health and general well-being. As an expressive technique it requires a correlation between movement and emotions.

There isn't one and only fixed style of movement, the programs are different, ranging from traditional games to movements such as yoga or stretching exercises. The therapist chooses the appropriate movements that he will use to achieve emotional, cognitive, psychological and social integration of the user (Bartenieff, & Lewis, 2013).

Movement therapy, mediated by muscle shapes and focusing on the relationship between psychological and physiological processes, helps children to recognize and express their feelings and conflicts. Starting at the kinesthetic level, therapy further stimulates groups and individuals to discover emotional material through symbolic representations, images, memories, and the discovery of personal meanings of their life experiences. Through motor interaction, the therapist helps children develop self-awareness, develop emotional restraints, explore alternative behaviors, gain a clearer perception of themselves and others, and make behavioral changes that lead to healthier functioning (Berrol, 2016).

Dance therapists are involved in clinical work, research and education. Clinicians work with children, adolescents, adults and the elderly with emotional disorders, chronic diseases and various disabilities within hospitals, clinics and special schools. The work of dance therapists is successfully used in the programs of educational institutions at different levels (Chodorow, 2018).

Why is dance and movement therapy different from ordinary dancing?

Moving in a therapeutic setting is much more than a simple exercise. Activities, fluidity and movement are more interpreted as language (Boyadzhieva-Deleva, 2020). The therapist analyzes all the user's movements, non-verbal behavior, body language, emotional expression and determines the type of intervention based on that. Unlike learning to dance, in therapy, the

therapist is guided by the user, the two go through the movements together, with the therapist emphatically depicting emotions and sensations (Overholser, 2004).

Dance and movement therapy is based on several assumptions (Dieterich-Hartwell, 2017):

1. Movement is a language, our first language. The nonverbal communication and movement begin in the mother's womb and continue throughout life. Therapists believe that non-verbal language is just as crucial as verbal language, paying attention to both forms of communication.
2. The mind, soul and body are interrelated and result in a change in movement.
3. Movement can be communicative, functional, expressive and developmental. Therapists observe, evaluate and intervene, watching the movements.
4. Movement is both a tool for assessment and a primary model of intervention.
5. The way a person moves presents his personality
6. Movement contains a symbolic function that is interpreted as a record of unconscious processes

Dance and movement therapy is based on multidisciplinary knowledge of body and psychology, integrative theories, methods of individual and group psychotherapy, non-verbal communication, development of body movements and developmental psychology (Wengrower & Chaiklin, 2020).

History of dance and movement therapy

The idea of using dance as a psychotherapy first appeared in 1916, at the initiative of Carl Gustav Jung (Lowell et al., 1999). In 1940, dance and movement therapy were first used by Marian Chace, a psychiatrist in Washington. She worked as a dance teacher in the 1930s and observed students' interests in expressing different emotions while dancing, such as fear, loneliness, shame, and others, and encouraged students to pay more attention to free dancing than to dance techniques. The positive results were the initial reason for the doctors from the environment to send their patients with physical and mental disorders and socially neglected children to Marian for treatment. Chase's approach includes: 1) Body movement; 2) Symbolism of movement; 3) Establishing a therapeutic connection with movement 4) Rhythmic activity. Chase believed that patients with mental disorders expressed emotions and a state of mind (mental status) by moving their bodies. The analysis of body signals - languages enables mapping -

accurate representation of the psycho-physical condition of the child (Schwieters, 1984). Certain types of movement consider emotional blocks or expressions that can be seen with the naked eye. These include rigidity, musculature and rhythmic movements. At the end of her career as a dance teacher, she has been hired as a hospital dance therapist. In 1947 Trudi Schoop began working in institutions for schizophrenic patients, combining comedy with dance therapy (Cruz, 2016).

Following in the footsteps of Marian Chase, many other dancers began to practice dance therapy in the 1950s, when a type of dance therapy called the "Authentic Movement" appeared, which is an expressive movement created by Mary Whitehouse. The authentic Whitehouse movement describes them as movements that have an emotional charge. This happens when a person is able to move freely, without external restrictions and followed by recognizing what is happening to their body at the moment of movement. Mary Whitehouse's approach consists of several topics, including: 1) kinesthetic consciousness, 2) polarity, 3) active imagination, 4) authentic movement, and 5) therapeutic connection / intuition. The American Dance Therapy Association has been founded in 1966 and the therapy became recognizable and began to be formally organized (Whitehouse, & Pallaro, 2007).

The process of therapy with dance and movement

Regardless of the type of therapy with dance and movement, the therapeutic process itself consists of 4 stages (Godill, 2005):

1. **Stage of preparation** - preparation of a safe space, without obstacles and barriers, providing an open, supportive connection between the therapist and the user and providing a level of comfort that will allow smooth movement even with closed eyes.
2. **Incubation stage** - the guide begins with verbal stimuli, directing the children to the subconscious. "Open-ended" imaginations are often used in order to create an inner environment specific to each dancer individually, in fact each individual is allowed to create specific personal images. For instance, as the user moves with their eyes closed, the therapist tells them "Imagine the surface under your feet. What texture is it? What color is it? What temperature?" While allowing the child to create their own personal experience. The session i.e., the stage ends with a return to reality using verbal guidance or often therapists use a bell.
3. **Stage of illumination** - this process is integrated into the conscious phase through dialogue with the therapist (who observes as the child moves). Through reflections, discussions or descriptions, the user

dives deeply into memories and experiences in order to uncover and resolve subconscious motivations. The therapist provides verbal feedback and interpretation to the user regarding his or her moving experiences. An increase in self-awareness is achieved.

4. **Evaluation stage** - through discussions and essay writing, inner feelings are revealed and their relevance is explored.

The most popular methods of therapy with dance and movement are:

- **Laban Movement Analysis:** Created by Rudolf Laban, it is a theoretical and experimental system for observing, describing, performing, and interpreting human movements. Provides a detailed overview of the range of motor skills. Its basic elements can be used to generate motion or to describe motion. Laban's analysis includes 4 categories: body, shape, space, effort (Bradley, 2008). The BODY category express the physical and structural characteristics of the human body in motion. This category is responsible for describing the parts of the body that move, which parts are connected, which are influenced by other general statements about the organization of the body. Some of the subcategories of the body are (Maletic, 2011):
 - Initiating movement starting from specific bodies;
 - Connecting different parts to each other;
 - Sequencing the movement between body parts;
 - Models of organization and connection of the body.

The way the body changes shape when moving is analyzed through the SHAPE category. There are several subcategories of Shape: "Forms of Shapes" describes static shapes taken by the body, "Models of shape change" describes how the body communicates and how it relates to the environment. "Shape qualities" describe the way the body changes (actively) to a point in the middle. In its simplest form, this describes whether the body is currently opening (growing more and more) or closing (Hodgson, 2016).

The SPACE category includes movement related to the environment and to spatial patterns, paths and lines of spatial tension. The last category is EFFORT, or what Laban sometimes describes as dynamics, it is a system by which we understand the more subtle characteristics of the ways of movement, when we can learn about the inner intention (Bernardet et al., 2019).

- **Psychodiagnostic assessments of movement:** serves to determine the more severe psychopathological phenomena that are manifested

through movement. The method was developed by Martha Davis in 1960. It is actually an observation tool that aims to detect body movement patterns linked with the schizophrenic spectrum or personality disorders and other forms of mental disorders (Davis, 1991).

- **Kestenberg Movement Profile (KMP):** designed in 1960-1970 by Judith Kestenberg, is a multidimensional instrument for describing and quantifying nonverbal behavior, namely motor behavior. KMP consists of nine categories of moving models representing two different lines of movement and both starting with movement systems achievable for the fetus and newborn. The profile is used to identify psychological, developmental, emotional, cognitive and general health imbalances through observation, and interpretation of movements. According to the theory behind KMP, motor behavior consists of two main subsystems: The voltage / stress flow system (system I) is used to assess and describe an individual's needs, urges, influences, character, learning styles, defenses, and mechanisms for dealing. The Shape Flow/ Shaping System (System II) evaluates and describes both simple and complex ways of relating to environmental stimuli, like objects and individuals. System I deals with dynamic qualities of movement, while the system II deals with aspects of the structure of movements for expressing qualities (Koch, 2001).

The therapy can be carried out individually and in groups, and can be done within the family, for people of all ages. The individual treatment first begins with warming up, and then the overall movement realized by the child, is mirrored by the therapist. The goal is for the user to feel accepted, understood by the therapist, by realizing the kinesthetic empathy. Group and family forms begin with a greeting song that stimulates child's movement, the therapist is often using musical instruments to maintain rhythm and stimulation. In family forms, ropes and other auxiliary materials are used to better establish the child-parent relationship (Burill, 2011).

Benefits of the dance and movement therapy

There are a number of benefits of the dance and movement therapy proper use (Koch et al., 2014):

- Increasing awareness of one's own body, accepting one's own body as it is, developing a body pattern, increasing self-confidence,

- Provides mobility and physical activity necessary for every person, including people with disabilities,
- Improves motor skills (gross motor and fine motor skills),
- Helps improve mood. Exercise releases endorphins, a hormone that has a relaxing effect,
- Increase concentration,
- Reduce stress,
- Increasing creativity,
- Improving cognitive abilities,
- Better spatial orientation.

Koch et al. (2015) examined the effects of dance and movement therapy on young adults with autism spectrum disorder and their pilot results showed that Dance and movement therapy can be successful and practical for the treatment of individuals with autism spectrum disorders, causing improvement in body awareness, psychological well-being, social skills and self–other awareness.

Another systematic review about the effectiveness of dance/movement therapy interventions for autism spectrum disorder found that dance and movement therapy is a positive and potentially essential therapy for individuals with autism spectrum disorders (Takahashi, 2019).

Dancing and movement therapy techniques

- **Kinesthetic empathy.** Kinesthetic empathy or connection with other people has two important functions: this can provide important information about how the other person is feeling and can contribute to the creation of a report. When using kinesthetic empathy, to feel what the other person is feeling, it is important to take the same position, muscle tension, breathing pattern, and body movement. But you can only stay empathetic for a short time. Another type of difficulty lies in the possible projection of impressions, values and judgments from another person, instead of recognizing that the resulting material may be your own (Federman, 2011).

Kinesthetic empathy is useful as a way to make contact with highly regressive non-speaking children. Separating the same motor pattern when walking with them helps to establish the beginning of the relationship. As with children with autism, the therapist must consider the child's needs and spatial and emotional distance. Awareness of the child's motor behavior allows the use of this information as part of traditional verbal therapy. When mirroring movement, the therapist

may ask the child how he or she feels or thinks when he or she sees someone else moving in this way, or ask if the movement causes an image (Young, 2017).

- **Exaggeration.** Usually, our attention is drawn to a specific aspect of one's motor behavior (e.g., careful and controlled behavior, rapid and unexpected hand movements, or sinking and a feeling of heaviness). Once the therapist has drawn the child's attention to this pattern, he or she may suggest exaggerating the movement to more clearly emphasize the characteristic quality. The child may be asked to examine expressive or communicative aspects. At the motor level, the therapist can offer the child to experience more emotions and allow the movement to develop. It is also possible to take the quality of movement, transfer it to another part of the body and see if it will cause the same or different emotional reaction. The child may be asked to verbalize what this part of the body says or wants to do (Liss et al., 2006).
- **Transformation of movement into communication.** This technique works with movements that are dysfunctional in nature (e.g., self-stimulating, repetitive, used to keep others at a distance) and use them as the basis on which the child engages in the interaction. Waving the fingers around the eyes is a characteristic behavior for some children with autism, and can be turned into waving fingers against each other, as waving in greeting. When using this technique, it is important the therapist is not copying the child. Best of all, when the movements are similar to the child's movements or are a direct response to what he is doing (Rosjat et al., 2021).
- **Development of the topic in action.** Despite all the efforts of the child, the words often overlap and stand in the way of experiencing the full content of the feelings or situation. The development of this material and bodily expression often crystallizes and deepens consciousness. In addition, sometimes discrepancies are found between what a person says and what he does. Nonverbal behavior is difficult to hide or change. As a result, it shows more accurately what is happening. For example, a child was working on an emotional separation from her father. Although she spoke the exact words that she now feels relieved of this situation, her motor behavior showed just the opposite. Using a stretch tape as a tie to illustrate this discrepancy, the therapist, taking on

the role of father, asked her to stay on the other end. She was asked to imagine that this ribbon symbolizes the strong emotional bonds that exist between her and her father, in order to see how she can get rid of this situation. She did not want to let go of the tape. For her, this mobility mission clearly showed her true feelings. Another useful topic that can be translated into motion is trust. When children allow themselves to rely entirely on someone or physically support someone, they can very clearly show individual styles or patterns. Children can understand what kind of people they believe in, whether they believe in it in whole or in part, and how they represent their life forms (Pass Erickson, 2021).

Resistance, passivity, cooperation, leader or follower are some of the other topics that can be developed at the motor level (Çolak & Özkan, 2022).

- **Attention to interaction.** All the proposed techniques require insightful sensitivity to non-verbal communication. Subtle changes in body position often indicate a change or calm. Especially in verbal therapy sessions, you need to pay attention when people are taking similar positions or moving synchronized (rhythmically) with each other. People use their physique to unknowingly block another person, interrupt a nonverbal sequence, or change their position to avoid motor interaction with others. The non-verbal level provides information about the relative status, strength (energy) of the relationship, strength or propensity for attachment, reporting, conflict, defense, and emotional expression (Hindi, 2012).

Another important area of work for specialists is motor activity (e.g., exercises, games, creative dance). This allows the child to expand or establish a level of physical activity, develop self-confidence, socialize, help relieve tension and relaxation (Shilpa & Shetty, 2015).

- **Use of rhythm.** Motivational activity, which uses rhythmic movements, such as folk dances or exercises, enriches the sense of community, unity among the members of the group. Rhythmic action also helps to prolong involvement in the activity by promoting coordinated use of the body (Loman & Merman, 2014).
- **Stress relief.** For people who are tense, working out helps to relax tense or uncomfortable parts of the body. Sometimes a strong shaking of body

parts (like shaking water or dust) can lead to a cathartic release (Wiedenhofer et al., 2017).

- **Working with props.** For some, direct contact with others can be a painful or frightening experience. The use of objects can help to join the group. In addition, objects can contribute to the direct expression of feelings when the real feelings are too frightening. Foam balls can be thrown, broken or crushed; pillows can be thrown and kicked; to pull or shake the canvas with all his might. By sticking to the fabric, children can feel as part of the group, even if they do not have social cohesion. Working with props causes and stimulates a natural bodily reaction; Someone usually tries to catch the ball or at least avoid the hit. It can also evoke memories of moments when a game, match or group participation takes place (De Tord & Bräuninger, 2015).

Working with children with special educational needs

Therapists are mostly using the dance and movement therapy during their work with children to: create emotional contact with the child, help the child to create a better image of themselves or others, improve the cognitive aspect of the child's development, develop self-control and movement control as and self-expression and facilitation of social interaction (Payne, 2003). The therapy with dance and movement is adjusted according to the difficulties and specifics of the child. Weltman (1986) notes that it is important to enable trust between the child and the therapist in order for the child to open up and share his or her pain, anger, fears, and shame caused by his or her experience. The therapist must listen and react with empathy, never forcing the child to share their experiences more than he or she is prepared to. A key element in establishing and maintaining trust between the therapist and the child is a sense of security. According to Polk (1974), if you work with children in group therapy, it is very important to create a sense of belonging to the group by giving them challenges that will not result in competitive behavior. Creating a good atmosphere in the group is the key to success in group activities. Salus and Schengerg (1971) note that the focus of dance and movement therapy with a child with disabilities is mainly to improve body image, motor skills, and coordination, to raise awareness and to learn to behave in his or her environment, by providing a creative space for the child for personal development.

As in adults, treatment in children takes place in four stages:

1. **Accompanied solo** - at this stage the therapists aim to adapt the child to the dance room and increase the awareness of their own body. The children sit in a circle barefoot (without shoes and socks) and wait their turn to be called by the therapist for the accompanying solo. "Accompanied solo", in Molein's practice, is transformed into a dance by each child in the company of the therapist and serves to focus the joint movement of the child's choice. The accompanying solo uses improvised movement, fundamental practice of creative educational dance and therapy with movement and dancing, allowing inaccurate expression of personal movement. Also formed on the principles of existential phenomenology in relation to personal experiences such as "here and now", this solo encourages open, embodied self-expression "in relation to oneself" because it is spontaneously experienced at that moment and probably on way that is comfortable for the child (Mullane & Dunphy, 2017). The therapist invites the student to engage in a movement consisting of only initiated movements, gestures and / or actions. During "accompanying solo", the therapist's role is to stimulate the child's curiosity in their physical engagement that occurs without forcing or encouragement. Through this process, a sense of trust and connection develops between the child and the therapist. In solo, the therapist can move with the child as one, mirroring him, side by side or face to face; moving with, towards or away from the student in an additional or opposite way, or maintaining movement in place or silence while offering support. This delicate reflection of the child on what he is seen to experience is usually very pleasant for the children themselves. Because many people with intellectual disabilities do not have strong verbal communication, this non-verbal engagement style can be much more accessible than talking (Capello, 2016).

The solo is performed unaccompanied with music in order to encourage users to reflect inner consciousness or impulses (as recommended by Laban) instead of external rhythms and / or lyrics. Students can be offered physical support for their solo by jointly maintaining the fabric with the therapist (Miller, 1988). The fabric acts to physically connect the student with the therapist and supports joint engagement in the movement. The lengths of the fabric allow the student and the therapist to explore the proximity of the dance, with concepts such as "near" and "far", without losing the connection between them. By holding the fabric together, the student and the therapist can also find strength in moving by pulling and pushing, as well as resisting pulling or pushing. Wrapping parts or the whole body with fabric offers students experiences of body boundaries and limitations. Different types of fabric can add an aesthetic dimension to the student-therapeutic connection and strengthen the movement (Mullane & Dunphy, 2017). This use of the fabric is also supportive for users who are shy about the first movement

patterns or who are sensitive to touch when in physical contact with others (Picture 1.).



Picture 1. Accompanied solo (Dance and Movement Therapy- Private Coaching: <https://scaringelladance.com/dance-movement-psychotherapy-private-coaching/>)

2. Group movement - Phase 2 is social, directing children's awareness of themselves in relation to others and the environment. This aspect of the program also involves improvised movement, but as part of a group rather than a solo. Group improvisation is undertaken because it can stimulate self-confidence and clarity in the movement while exploring ways to interact with others around us. At this stage, students can be inspired by a new movement experience (Blom & Chaplin, 1988). The introductory stimulus for movement is usually offered by the therapist and serves as an invitation to spontaneous, collaborative, and connected engagement while still providing individual responses to students. This group movement through activity emphasizes the playfulness and enjoyment of moving together and in unpredictable ways. The game is used here because of its centrality in the development of children, which significantly contributes to the physical, cognitive, emotional and social well-being of children and youth. Play allows children to use their creativity as they develop their imagination, dexterity, and emotional, cognitive, and physical strength (Ginsburg, 2007). As in the accompanying solo, in the group movement phase, the therapist uses tools for "enclosing" and "equal valuation" in order to facilitate and increase the degree of student involvement and engagement as the group movement takes place (Hodgson, 2016). The "group" phenomenon can be experienced by some students directly, through active involvement and participation, and others indirectly,

through the observation, feeling and / or feeling of others near and around them (Picture 2).

Music is usually used at this stage to stimulate interaction and increase engagement with and among others. Music with strong rhythmic, vivid qualities is often chosen. Large pieces of fabric are sometimes involved in movement activities for the whole group: holding and shaking, stretching or pulling, or hiding underneath, as a tangible means of connecting oneself with others in the group. Through this physical connection, children are given the opportunity to respond independently and collectively to those around them (Payne, 2003).



Picture 2. Phase of group movement (The statesman: Dance and movement as a therapy for autistic children; <https://www.thestatesman.com/lifestyle/dance-and-movement-as-a-therapy-for-autistic-children-1502769690.html>)

3. Pillow rest - This phase gives students the opportunity to rest from the part with active movement and provides a sense of the qualitative difference between the body in motion and the body in silence. Students are invited to sit or lie down individually or in a group resting on pillows and covered with blankets or cloth of their choice. Therapeutically, this phase is intended to offer a moment for private reflection on the experience during the session, on the possibility of rest and relaxation (Sweigard, 1965). Calming music is usually played to support a calm mood. Soft toys are sometimes included in this stage as comfortable items, especially for younger participants (Picture 3).



Picture 3. Pillow rest

4. Closing - Closing follows directly on the pillow rest and involves a brief ritual movement led by the therapist. This usually involves stretching and shaking the hands and feet, then the arms and legs, followed by stretching the whole body. This serves to physically reactivate the students' bodies from their resting state and to indicate that the dance session is over (Payne, 2003).

Brain gym

Created by Paul Dennison in 1970 as a result of his difficult learning challenges. He found that with simple movements he could overcome these challenges. Brain gym training consists of 26 exercises that are based on the idea that physical movements can stimulate different parts of the brain (Dennison, 2006).

Brain Gym means application of natural movement to promote learning. It is aiming to teach students to do specific physical activities that activate the brain for optimal storage and retrieval of information (Colak, 2021). The main goals and outcomes include increased self-esteem, skills to identify and avoid stress, the ability to harness your own motivation, increased awareness of and respect for one's own intelligence, tools for team building, body and personal space, cooperation and co-creativity. In fact, children who struggle in early grades often go as far as developing postures, and biorhythms that close off their brains to learning by causing stress in the body. Students sitting in class with great amounts of anxiety about learning may actually be stopping themselves from being able to retain information because of the physical stress they must overcome (Dennison, 2006).

The physical activities and exercises focus on one of three areas (Hyatt, 2007):

1. Coordinating one side of the brain with the other- "Laterality"

2. Coordinating functions from the back of the brain with those in the front- this is related to attention and comprehension, and interpreting ideas and objects as parts of a larger whole.
3. Coordinating the top and bottom parts of the brain - "Centering" that helps with relaxing from stress, responding rather than reacting, organization, sense of personal space and expressing one's emotions.

Activities are designed to stimulate the coordination of these parts of the brain in fun, physiologically sound exercises so that when these functions are called upon in academic settings students are more prepared and neural pathways are cleared for optimal performance (Dennison et al, 1990), (Table 1.).

Table 1. How different movements affect different parts of the CNS

Target: area of the brain	Target: area of education	Target: goal of the movement	Example of Brain gym
Laterally	Auditory skills, note-taking, speech, retention, critical thinking, problem solving, creativity	Movements to cross the midline	Cross Crawls
Central part	focusing, paying attention, directing, listening to instructions, executive functions	Energy exercises	Brain buttons
Front part	anxiety, tantrums, stress, shame	Extended exercises	Hook-Ups

Conclusion

Dance and movement therapy progressed as a field in the 1940s as early innovators, many of whom were accomplished dancers, have started to realize the advantage of using dance and movement as a form of psychotherapy. It is a holistic approach to healing, based on the empirically supported assertion that body, mind, and spirit are inseparable and interconnected.

Dance and movement therapy uses movement to help individuals accomplish cognitive, emotional, social and physical integration. Advantageous for both mental and physical health, dance therapy can be used for disease prevention, stress reduction, and mood management. Additionally, the dance and movement therapy's physical component offer improved muscular strength, mobility, coordination, and decreased muscular tension. Dance and movement therapy can be used with all populations and with couples, individuals, groups or families.

In general, this therapy encourage self-esteem, self-awareness and a safe space for the expression of feelings.

It is commonly used to treat psychological, cognitive, physical, and social issues such as: Physical Issues: childhood obesity, arthritis, chronic pain, cardiovascular disease, hypertension, cancer. Mental health issues: posttraumatic stress, anxiety, disordered eating, depression, poor self-esteem; Cognitive Issues: communication issues, dementia; Social Issues: social interaction, domestic violence trauma, autism, family conflict, aggression/violence.

The dance and movement therapy process consists of four stages: Preparation, Incubation, Illumination and Evaluation and all the stages should be implemented in the same order while using this therapy with children with special educational needs.

There are many techniques in the Dance and movement therapy that are equally beneficial for the children with special educational needs.

Future research should develop qualitative study designs and achieve higher reliability in evidence-based dance and movement therapies to maximize the potential use of dance and movement interventions in the treatment of children with special educational needs, especially in the treatment of children with autism spectrum disorders.

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