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Moving wheels, heels, and hearts: A look at dance therapy and Down syndrome

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MOVING WHEELS, HEELS, AND HEARTS:
A LOOK AT DANCE THERAPY AND DOWN SYNDROME

By

Adeline Rose Zemcik

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Abstract

Moving Wheels and Heels is a Dance Therapy workshop in White Plains, New York for adults with physical and/or cognitive disabilities. Following a daily schedule, the dancers led by Sabatino Verlezza, Barbara Verlezza, and Nancy Lushington take part in May O'Donnell dance technique classes and choreograph themed pieces for the final performance at the end of the week-long workshop. One of the participants is a dancer with Down syndrome and inspired further research into the benefits of dancing for persons with Down syndrome. Dancing works to target and improve genetic, structural and muscular weaknesses, masks the task with an enjoyable activity, and increases social and emotional experiences and feelings. Materials provided include: description of fieldwork as an intern for Moving Wheels and Heels, gathered research on Down syndrome and Dance Therapy, and an interview with Barbara Verlezza.

Section 1: Description of Fieldwork

In the world of Dance Therapy, and therapy in general, both process and product can be observed and applauded. There is no competition, only progress.

Over the last three years, I have logged over 100 hours as an intern during one-week summer workshop for Moving Wheels and Heels (MWH) in White Plains, New York. MWH is a Dance Therapy workshop for adults with physical and/or cognitive disabilities. I was introduced to MWH during a Dance as Therapy class at American College Dance Festival in 2011. The experience exceeded my expectations; I had the opportunity to dance, choreograph, assist, take classes, and perform with dancers whose impairments ranged from developmental disorders—such as Down syndrome and Traumatic Brain Injury—to physical impairments (e.g., those which were a result of cerebral palsy, and meant that individuals had to dance in wheelchairs). In addition to the benefits of working with individuals with various disorders and impairments—who were local to the White Plains area—I had the opportunity to work with interns from many different states, adding to this enriching experience.

The workshop was hosted by the Steffi Nossen School of Dance and directed by Sabatino Verlezza, Barbara Verlezza, and Nancy Lushington, all former members of the distinguished May O'Donnell Company. The Verlezzas were introduced to the field after watching a dancer in a wheelchair perform. They later met this dancer and began working with her in the Dancing Wheels dance company of Ohio. Though they, themselves are not certified Dance Therapists, over the years the three directors have

developed methods that work best for them to facilitate this workshop professionally. Following the lead of the directors over three summers, I became increasingly comfortable dancing with and assisting the wide spectrum of dancers participating in the workshop. The first summer, I was warmly welcomed and instantly felt I was a member of the MWH family. I was unsure of my responsibilities upon arrival, but quickly adapted. The workshop followed the same schedule most days: split technique class, integrated technique/theory, lunch, small group choreography, and concluded with full group choreography all in preparation for a final performance for family and friends at the end of the workshop.

The split technique classes took place in separate rooms and were designed so that the interns took advanced level May O'Donnell technique with Nancy Lushington and the dancers took adapted level May O'Donnell technique with Barbara and Sabatino Verlezza. The advanced technique class was offered to interns as a way to improve their own skills; however, the option of participating in the adapted level class was available. This was generally reserved for interns who wished to learn more about the field of Dance Therapy and wanted to see how a class might be structured. During my first two summers, I participated in the advanced technique class but had the chance to help instruct and demonstrate for the adapted class this past summer, as well as to be part of the piece choreographed by the Verlezzas for the dancers. With my experience from the two previous summers in the advanced May O'Donnell technique class, I understood the basics enough to stand at the front of the adapted class with the Verlezzas and assisted with demonstrations and corrections.

O'Donnell technique is based on the work of May O'Donnell, a principle dancer for Martha Graham's company who later began her own company. Like Graham, O'Donnell embodied the contraction and release style but interjected more fluidity, a likely result of her time in the José Limón Dance Company. (Jordan, 2012) In an interview, O'Donnell described her approach as beginning with:

... a warm-up on the floor in what I call key positions. I have a sequence that develops neuromuscular awareness. Along with warming up the body, stretching and strengthening exercises are included. I like to do these warm-up exercises, the essential vocabulary and positions, in a sequence, not only to strengthen the back and entire body but also to stretch the skeleton. (as cited in Kans, n.d.)

O'Donnell went on to say:

In teaching the contraction-and-release principle, I will tell the student to think of the spine as pulling under, with the image of the torso holding the shape of a barrel, a curve from the crown of the head to the end of the tailbone. Then, in the release, the image is the rolling away of the barrel as the spine lengthens into a vertical position, a terrific stretch. (as cited in Kans, n.d.)

The practicalities of this technique can easily be seen as beneficial when applied to Dance Therapy. The adaptations are set up in the core of the technique. "The contraction-and-release principle can be incorporated into a variety of positions - standing, sitting, on the knees, balancing on one leg, and in other positions." (as cited in Kans, n.d.) From an emotional, therapeutic standpoint, O'Donnell stated:

Positions and movements indicate emotional states. Dancers must become aware of these emotional states, as actors are aware of how these states react upon the observer. Eventually, they learn that if they use the body in a certain way, they're going to get a certain reaction. Emotions are stirred through the movement. It's the artist that has to do that for an audience. It's exciting and a wonderful adventure when you do something that can transpose the audience out of the mundane and routine. (as cited in Kans, n.d.)

As the O'Donnell class progressed an emphasis was placed on the skill of shifting weight, another easily adaptable lesson. She:

... developed a sequence of movement patterns on the floor, as well as in standing position, to develop awareness of the shifting of the weight from one position to another with the greatest ease, efficiency, and safety. ... In changing positions, the student must be aware of first getting to the base, the control center, to achieve the new position. (as cited in Kans, n.d.)

O'Donnell focused on the safety of her dancers, and she facilitated some aspects through breath.

Through breath, the body can be taken into a magical realm, into a transcendent state. I encourage students to lift into movements, as if they are a conductor giving beats to music. Physically, as a matter of safety, the body has to lift off the knees in descending or ascending to them. The entire body supports the movement and the knees are not slammed into the floor. Students are very conscious about lifting their legs, but little thought is given to lifting their body or their spirit. (as cited in Kans, n.d.)

At MWH, similar safety techniques were utilized. In addition to the encouragement to wear kneepads, proper alignment was always addressed. Especially in the advanced technique class, breath is a key element and is essential to technically correct execution. As an intern working under the Verlezzas and Lushington, I gained a heightened awareness for spotting safety issues across the populations of dancers. For the dancer with Down syndrome in particular, hypermobility was prevalent. This dancer's hypermobility is a result of loose ligaments at the joints. In combination with the pronation of her right leg, she had a high risk for potential injury.

Last summer one of my responsibilities, given to me by the Verlezzas, was to work closely with one of the dancers with visual impairments. I had to make sure that I was in this dancer's direct line-of vision so she would be able to focus on what was being taught in class instead of struggling to find an instructor in her field of vision. Because I was working so closely with this dancer, I also became her assistant throughout technique classes and during some choreography. She required assistance in choreography with challenging directional changes and through minimal cueing she was able to accurately execute the choreography. I would often touch her back and give her a nudge to move in the proper direction, or quietly tell her when it was her turn to move in the choreography. Throughout the week, her understanding and execution of directional movements became more fluid and her memorization of sequence in exercises and choreography became more apparent. This dancer was an excellent learner who provided me with a great teaching experience, and I felt privileged to be aiding and watching her improve day by day.

During this time in the advanced technique class, the interns were taking an intense, fast-paced technique class and, like during the dancer's technique class, learned a choreographed piece by Lushington for the final performance. The separation of advanced level and adapted level technique classes was in place so both the interns and dancers could receive a class tailored to their skill level and needs. Due to studio size and the large number of dancers, an integrated technique class would be too crowded and would not provide every participant with the attention he/she deserved to improve as a dancer. As a participant of both class levels, I observed that the objectives of both classes were the same, but adapted. As discussed previously, both the adapted and the advanced technique classes were taught using the May O'Donnell technique. They both followed the basic structure of an O'Donnell class, but the advanced class progressed through the elements quicker. In the adapted class there was less variation from day to day and more instruction was provided on an individual basis.

Every year, the Verlezzas have choreographed a piece for the dancers. This piece has always been a crowd favorite to watch the dancers perform what they have learned. This piece usually included two or three interns or facilitators, and this past year I was honored to be one of those chosen. The participation of interns or facilitators was for basic cueing that was primarily visual and, in instances, sometimes physical if a dancer was struggling with movement initiation and timing. If sequencing, such as a canon or ripple was particularly challenging, verbal cueing was most helpful. This piece seemed to get more advanced each year, featuring newly learned skills like canons and directionally challenging choreography. When watching this piece, it was evident how

hard these dancers worked in class and how much joy dancing brought to them. The smiles on their faces said it all. They appeared confident and proud of their hard work.

I have learned more about cueing this past summer than I had during the first two summers at MWH, and it was largely due to my participation in the adapted technique class and the piece choreographed by the Verlezzas. The dancers in this workshop are so much more capable in dance and life than they are given credit for by society. The progress the dancers made during each day of MWII was astounding. Coming in as a naïve participant, I was unaware of these dancers' abilities to memorize choreography, and every year their improvement amazed me. Their ability to apply corrections to their movement combined with their dedication and love for dance resulted in a sense of professionalism that exceeded my expectations. For the dancer with Down syndrome, these capabilities were very prevalent. She knew how to conduct herself from setting to setting. She understood that technique class was a time for listening and learning compared to choreography groups and performances where she could be creative and let her personality shine.

After the split technique classes, the dancers and interns reintegrated for a brief lesson on the theory or theme for the corresponding small groups choreography session. From year to year, common theories and themes included weight bearing/weight sharing, the use of positive and negative space, and the inclusion of props. After every lesson, we divided into groups to create a piece of choreography relating to the day's lesson.

In the weight bearing/weight sharing lesson, the dancers and interns explored the movement and stationary possibilities by beginning with what we would call

“setting the table.” In this exercise, a dancer or intern would offer a stable back, arm, or hand to another, indicating they were prepared to take on some of the weight of another person. Everyone became more advanced while exploring these exercises on one leg or even being completely supported by the group. Our choreographed pieces reflected the principles of weight bearing/weight sharing in more advanced ways. Many pieces had choreographed lifts and complex structured poses and movements. A lesson in positive and negative space would typically unfold in the same manner, resulting in a completely new choreographed piece.

On the day of the props lesson, interns and dancers would typically learn about abstraction in the uses of props. This was taught either by repurposing some of the dancer’s favorite items (such as a locket becoming a magical instrument), inspiring new forms of movement, or by choreographing a piece called “Pull Up a Chair.” In this piece, the dancers were instructed to search the building for an item that has a primary functional use as a place to sit. Once these were found, the dancers and interns worked together to come up with every possibility for this chair without actually using it in its intended way. These choreographed pieces tend to be a bit comical while fostering a great amount of creativity, and each dancer’s personality is clearly shown. Chairs and stools became guitars, steering wheels, and even an elegant scarf.

Following the lessons and choreography sessions we would break for lunch, and it was the interns’ job to make sandwiches for the dancers. This was one of my favorite times of the day because we were able to talk and learn about each other beyond dance. The workshop was run like a professional workshop in which talking during instruction was discouraged; it was about the dancing. The dancers worked very hard each day

during classes and choreography to keep their chatting to a minimum, whereas lunchtime was buzzing with conversations and laughter, making it a favorite time for all. After lunch, everyone would reassemble to rehearse the choreographed pieces or begin choreographing new pieces.

The last session of the day was group rehearsal where all would gather to learn the directors' choreography for the final number in the end of the week performance. Everyone participated in this number and often everyone was instructed to partner up, one dancer with one intern. The partnership allowed interns to gain knowledge of their partner's dance needs and abilities and provided a special opportunity to learn how the dancer moved and how to cue him/her. With safety being a primary concern in this workshop, this was a good opportunity to teach the dancers to move more safely for their body and assist them for better movement choices.

The last day of the workshop was all about the big performance. Every piece choreographed throughout the week was performed for an audience of friends and family. The performance was handled professionally and always proved to be a very exciting event for the dancers. All of the female dancers had their hair and makeup done by the interns, and all of the performers wore black. The show had a specific order with transitions choreographed between pieces. At the conclusion of the performance, every performer received a flower and pictures were taken. Immediately following was a potluck, during which we celebrated our time and growth together. This was often a tearful time for both dancers and interns. Over the course of the week-long workshop, everyone became very close, making goodbyes especially difficult.

From my experience, I feel this workshop teaches lessons that fuel personal growth, and it is the good intentions of the facilitators and interns that support every success. The dancers are able to express themselves creatively and professionally in an environment that is empowering, safe, and non-judgmental. I credit my security in the Dance Therapy field to these lessons and choreography sessions. I have learned how to work with each of the dancers to feature their strongest qualities as dancers and how to minimally assist and cue them. These lessons have also helped me to grow as a choreographer. They reinforce the basics and encourage creativity in a fresh way.

The MWH environment truly fosters and facilitates inclusion and optimal growth for every dancer, a new experience for which I am truly grateful. Currently, the Pre-Dance Therapy track at Eastern Michigan University does not have any courses on Dance Therapy. Occasionally, a brief look into the field is provided; but it truly is up to the students to go out and gain their own knowledge and experience. Through my psychology courses I am familiarized with different diagnoses, but until that information is put into practice in a Dance Therapy setting, it is hard to comprehend the connection between the two fields. I am very pleased and fortunate that I made the choice to go out and search for opportunities. MWH has reassured me of my passion and career choice.

Just attending this workshop once would have been enough to make me fall in love with Dance Therapy, but I keep going back. Every summer, I take the drive out to White Plains, New York because I simply cannot stay away. I admire these dancers so much, and in particular, the dancer with Down syndrome is the inspiration for my further research on the topic of Down syndrome and Dance Therapy. Her energy is

electric and her smile as she performs is contagious. Every time I see her dance, I am reminded of why I love to dance. The positive, non-judgmental, pure love of dance environment MWH provided is like no other. You can watch the dancers flourish and notice changes in yourself as well. MWH has given me a new outlook on dance. When I was able to observe the power of dance in such a pure environment, I was able to redefine my definition of dance: dance does not have to be about pursuing perfection in dance; it can be about pursuing perfection *through* dance.

Dancing makes the dancers in this workshop perfectly happy. For others, dance offers an outlet that allows self-expression and, maybe more importantly, an outlet to be rid of elements of themselves that prevent them from being the best self they can be. Through my time as an intern, I have witnessed blossoming self-confidence that will be fundamental in their lives and experiences outside of dance. The participants in this workshop love to dance, and the facilitators and interns do their best to make dance the most optimal for their whole body and mind. We make sure to facilitate safety by encouraging proper technique and making corrections for proper alignment and strength. As far as expression, it is up to the dancers; the whole workshop is for them, but the inspiration that I feel as an intern is truly a gift.

Section 2: Down Syndrome and Dance Therapy

According to the Global Down Syndrome Foundation (2011a), Down syndrome (DS) is the result of “three copies of chromosome 21 instead of two” —meaning that a person with Down syndrome has 47 chromosomes instead of the typical 46—and is “the most frequently occurring chromosomal disorder and the leading cause of intellectual and developmental delay in the U.S. and in the world.” In 2011 the Center for Disease Control “estimated the frequency of Down syndrome in the US is 1 in 691 live births.” (“FAQ and facts about Down syndrome - Global Down syndrome foundation” [GDSF], 2011a)

In spite of this prevalence, Down syndrome research currently has very little funding and a definitive cause for the syndrome is unknown. A sample of our limited understanding of Down syndrome is demonstrated below:

In a process called non-disjunction, the two copies of chromosome 21 fail to separate during formation of the egg, resulting in an egg with two copies of the chromosome. When this egg is fertilized, the resulting baby ends up with three copies of chromosome 21 in each of its cells. The cause of this non-disjunction remains unknown. (“FAQ and facts about Down syndrome - GDSF”, 2011a)

It is also known that the potential of having a child with Down syndrome increases if the mother gets pregnant at an advanced age. (“FAQ and facts about Down syndrome - GDSF”, 2011a)

For a mother of any age, a diagnosis of Down syndrome can easily be considered upon birth if typical physical characteristics of the syndrome are present. The child will generally have the physical traits of "low muscle tone, a single deep crease across the palm of the hand, a slightly flattened facial profile and an upward slant to the eyes." ("What Is Down syndrome? - National Down Syndrome Society" [NDSS], 2012a) Other visible traits include "small ears and a protruding tongue." ("What is Down syndrome? - NDSS", 2012a) These traits can vary from mildly to highly visible, so it is important to have further testing on the child's chromosomes to verify the diagnosis. Down syndrome can also be diagnosed prenatally through both noninvasive and invasive testing and is being regularly offered to pregnant women of all ages. Noninvasive prenatal screening can only estimate the chance of Down syndrome in the child, but invasive diagnostic testing can definitively diagnose the fetus with almost 100% accuracy. ("What is Down syndrome? - NDSS", 2012a)

When born, a child with Down syndrome will generally be average size, but will grow at a slower rate than typically developing children. At physical maturity, a person with Down syndrome tends to be shorter than his or her peers. As an infant, a child with Down syndrome is likely to have hypotonia, or low muscle tone that makes him appear floppy. The underdeveloped muscles can influence and create problems with sucking and feeding, which can lead to constipation or other digestive issues. As young children, delays in speech may be present and other skills such as dressing, feeding, and bowel and bladder control may be lacking. On the cognitive level, the intellectual impairment accompanying Down syndrome is typically mild to moderate, but it greatly affects

learning style. People with Down syndrome are fully capable of learning, but goals may take longer to be reached. (Gavin, 2012)

Despite these impairments, the life expectancy of people with Down syndrome has significantly increased in the last 30 years. In the 1980's, the average life expectancy was 25 years, largely due to the fact that people with Down syndrome were placed in institutions that did not provide adequate care and were mostly inhumane. A person with this diagnosis is now expected to live into his/her sixties; however, having Down syndrome often has associated conditions that can affect the prognosis. Among these conditions are "congenital heart defects, sleep apnea, and Alzheimer's disease. There is also evidence of an increased risk of celiac disease, autism, childhood leukemia, and seizures." ("FAQ and facts about Down syndrome - GDSF", 2011a)

Another common health issue for persons with Down syndrome is the tendency to be overweight, which leads to the misconception that all people with Down syndrome are overweight, but this is not true. There does seem to be a relationship, but according to the Global Down Syndrome Foundation:

Research suggests that both the thyroid and a lower metabolic rate contribute to people with Down syndrome being overweight. This lower metabolic rate means that children with Down syndrome burn fewer calories overall compared to a typical child and need to exercise more to burn off the same number of calories. ("Misconceptions vs. reality - Global Down syndrome foundation" [GDSF], 2011b)

Combating this by providing physical activity programs for children and adults with Down syndrome or promoting inclusion in club and team sports could be beneficial. ("Misconceptions vs. reality -GDSF", 2011b)

According to Meneer (2007) motivation for physical activity in individuals with Down syndrome could be lacking, which can contribute to a non-social, sedentary lifestyle. Much of this could be due to the lack of opportunities, but the need for physical activity is often greater than what can be provided at home by parents. In a study in which mothers of children with Down syndrome were interviewed, "All of the mothers agreed they needed someone else to provide structured physical activity for their child." (Meneer, 2007) However, when opportunities and organizations are found, they are often only for one season and do not allow enough time for a child to begin perfecting the new skills being learned, putting them at a disadvantage when the new season begins. Some programs may also lack the knowledge and experience to work appropriately with people who have Down syndrome. (Meneer, 2007)

In the same study, the parents of teenagers with Down syndrome reported that although their children received physical education through their public schools,

All of their children wanted to participate in inclusive activities and refuse to participate in special needs activities such as Special Olympics. The mothers observed many commonly found traits of typical adolescents in their children with Down syndrome, such as wanting to be with their friends, wanting to belong to a sports team, and a desire for competitive sporting opportunities. (Meneer, 2007)

Regular physical activity can work to counteract the natural low muscle tone of persons with Down syndrome. Low muscle tone and also "loose ligaments at the joints" greatly contributes to delays in motor development milestones. ("Occupational therapy & Down syndrome - National Down syndrome society", 2012b) As a result, movements in children and adults tend to lack fluidity and appear clumsy, or "jerky and hesitant." (Jobling et al. , 2006) In a study on balance, the tasks:

... showed numerous movement control and quality problems.

Movements lacked fluency, and the children demonstrated inability to slow down their actions and control their forward momentum when jumping and hopping. Poor postural stability and balance, as well as increases in postural stiffness, are considered to be contributing factors to these problems...Strength and reaction times are also important factors in controlling body movement, and it has been shown that children with DS have problems controlling these aspects when moving. (Jobling, Virji-Babul & Nichols, 2006)

Gross motor development is an important area for early intervention. According to Down Syndrome Ireland (2013) without intervention, a child with Down syndrome

... may develop compensatory movement patterns that can lead to problems later in life. For example, some children with Down syndrome may lack stability, and will compensate by standing and walking with their feet wide apart, knees stiff, and their feet turned out. If this atypical pattern is allowed to persist, problems will develop in their knees and feet, walking will become painful, and their endurance will be diminished. ("Down Syndrome Ireland - Gross Motor Development", 2013)

With these movement issues in mind, dance is very effective. A key component of dancing is proper alignment, and if these issues are analyzed from a Dance Therapy perspective the real target problem is addressed in a way that disguises the task with dance. Typical motor programs “lack opportunity for creativity or exploration” and the “fun and joy in moving, and learning to move, seemed to have been replaced by functional goals.” (Jobling et al., 2006) The kinesthetic awareness and visual representations in dance have proven effective for the learning styles of children with Down syndrome and shows improvement in quality and form of movement patterns. (Jobling, Virji-Babul & Nichols, 2006)

By applying a flexible approach to teaching dance, Marks (2007) suggests much can be accomplished. People with Down syndrome do not have the attention span to the extent of neurotypical people, but there are techniques that can make up for this. Planning ahead can be very important; if one method is not working a dance teacher should have a backup plan readily available. The use of metaphors and imagery can be particularly effective, and they do not cloud the mind with too many words to process. If a student does not comprehend the concept of landing in plié, it might not be appropriate to explain the use of muscles and alignment. Instead, the dance teacher should try saying something along the lines of, ‘pretend you are landing in peanut butter,’ or other creative, yet recognizable examples. This will provide the student with a familiar mental representation that is much easier to understand and apply than technical terms. Once the concept is grasped, then the use of technical terms can be used to advance the student’s knowledge of dance technique. (Marks, 2007)

Dance teachers at Boston Ballet School and Maine State Ballet have shared their experience in working with students with Down syndrome and have provided some strategies that work as stated in a Dance Teacher article by Brewer (2006). Like all dance teachers, these teachers begin their classes with a warm up. However, instead of the typical stretching warm up, "students with DS handle controlled movement better if they do bigger activities (like jumping or running) first." (Brewer, 2006) This helps the dancers to become more aware of their bodies in relationship to others and the room before they begin smaller, controlled movements. (Brewer, 2006)

Vocalization during class has also been proven effective. Not only does something such as shouting 'Yay!' help to "break down barriers such as shyness", it also helps to build core stability during breathing exercises. (Brewer, 2006) Another useful tool is chair work. A student can work on proper alignment when sitting, but they can also focus on more intricate skills. "Sitting helps keep the pelvis stable, allowing for more precise articulation of the limbs. ... While seated, students can also practice rhythms of marching and clapping, simple isolations and arm movements." (Brewer, 2006)

Mirroring is a nice technique to use, especially "when the teacher focuses on one area of the body." (Brewer, 2006) Mirroring can also facilitate creative, original movement when students work together. The dance teachers at Boston Ballet School and Maine State Ballet also note that props, such as musical instruments like tambourines can be quite useful in helping students grasp the concept of rhythm. Props can also be valuable in decreasing the monotony that is sometimes felt in a traditional

dance class. They change up the environment and draw attention to the task. (Brewer, 2006)

A different technique used by Boston Ballet School is the use of time out opportunities. Appropriate behavior is a key element in participation in dance classes, so instead of placing a student in time-out for losing control, they are asked to sit in the "watching spot." At Boston Ballet School, the watching spot has become a place "where individuals can go if the class becomes too overwhelming. 'It gives them freedom to decide. They are invited back, but not begged or forced'." (Brewer, 2006)

When working with someone who has Down syndrome, or anyone with special needs for that matter, a critical concept to keep in mind is that pity is not necessary. It is crucial that teachers of students with Down syndrome have adopted the right attitude. These dance classes are not supposed to be therapy sessions, but a fun and accepting environment in which a student can achieve therapeutic results. A class should be centered on the students' abilities, not her disabilities. (Brewer, 2006)

Latash, (1994) a researcher for Down syndrome movement studies, offers insight on his findings:

I started to realize that not all deviations from what we call "normal movement patterns" should be considered "wrong." ... Don't think that you are smarter than the central nervous system of your subject. If the nervous system has decided to use certain atypical motor patterns, it probably had valid reason for doing so. This lesson apparently has deep therapeutical implications. In particular, when a therapist sees apparently abnormal motor patterns, he or she should suppress the first desire to teach the person to behave "correctly." It is

necessary to decide whether the abnormality is a direct consequence of a primary disorder or has been developed by the central nervous system in adaption to the primary disorder. ... An attempt to correct an adaptive, albeit apparently abnormal movement pattern is likely to be unsuccessful and possibly even damaging if the primary disorder is not addressed. (Latash, 1994)

Participation in dance classes stretches beyond physical benefits, it also influences cognitive and emotional aspects. Participants in the Boston Ballet School Adaptive Dance program demonstrate many observable accomplishments. After some time of dancing, enhanced self-esteem, self-confidence, and pride are evident. Students in the program also cooperate and encourage their classmates. As the faculty puts particular emphasis on musicality, they have noticed the students understanding and appreciating music and rhythm. Another key element of this program is safe exploration of movement, and the faculty have seen the students distinguish left from right, increased attention, focus, direction following, and improved movement quality in terms of balance, alignment, and posture. (Boston Ballet, "Adaptive Dance")

Many other programs exist, not only in the Dance Therapy realm, but also in general physical activity. Seeking out these programs, especially when a family does not live near a larger city may be difficult, but there are clear benefits for people with Down syndrome who participate in such activities.

Section 3: Interview with Barbara Verlezza

(B. Verlezza, personal communication, February 16, 2014).

Barbara Verlezza has been a tremendous inspiration in my life, and a very strong force in the dance world. She has her Bachelors of Science in Education of Dance, as well as her Masters in Fine Arts in Dance from the University of Michigan. She was a long time dancer in May O'Donnell's company, and is now a certifier of the technique. Currently she is a full-time professor of dance at Kent State University. Although she is an informal Dance Therapist, B. Verlezza has contributed significantly to the field. She is not licensed, but it is not for lack of desire. "We found ways of connecting with Dance Therapy and people in the therapy field through different conferences and artistic venues." She said that if she had the time and opportunity to do so, she would earn certification in Dance Therapy; however, this does not disqualify her from being a huge advocate for the Dance Therapy field.

B. Verlezza's first introduction to the Dance Therapy field came approximately twenty years ago when she and her husband, Sabatino Verlezza, stumbled upon a duet of a sit-down dancer and a stand-up dancer. She was "stunned!" The sit-down dancer turned out to be director of Dancing Wheels, a dance company under the umbrella of the Cleveland Ballet. This chance encounter significantly changed how she viewed dance. She began to think of dance in a much broader and deeper way that expanded and explored the possibilities of the art form. Barriers were broken in B. Verlezza's mind after witnessing this new dimension of dance artistry. This truly was a "right place, right time encounter." B. Verlezza and her husband met with this dancer after the performance and were invited to choreograph and perform for Dancing Wheels. As a

part of this company, the Verlezzas conducted 120-150 outreach programs each year. Although the Verlezzas were untrained in working with dancers with disabilities, they took the approach to “work with what we know and what we knew was dance technique and the artistry of dance,” and from there, their work continued to develop. “This was brand new incredible territory for us...the ability to be flexible in the most grand way.”

After nine years with Dancing Wheels, the Verlezzas moved on to other areas in the dance world. Moving Wheels and Heels was born during this time. The summer workshop began at the studio that is now called Steffi Nossen School of Dance in White Plains, New York, and was creatively named after a quote of B. Verlezza's: “No matter if you move your wheels or your heels, we're dancing!” The workshop is set up so that it is done “from the viewpoint of art and the inspiration of art.” In her words, the mission and objectives of MWH are “to offer opportunities to everyone and let all people have the opportunity to experience dance. In offering that opportunity, we make sure that we set up educators, teachers, and curricula that really honor the true idea of integration.” The workshop is now going into its eleventh year and has evolved into a fantastic experience that is not about the ability or disability of a person, but about dancing.

B. Verlezza's training in the May O'Donnell technique has provided a strong foundation for the technique classes in MWH. She has found this to be a malleable technique, which can be adjusted to suit the needs and levels of a variety of populations. “I feel on the most simple level that if there is good movement and good technique, meaning technique that is going to help a body strengthen, no matter what body, you already have the benefits of that. If you know how to modify it, distill it, or amplify it,

depending on the level of your student, there are a lot of dynamics you can choose from that are appropriate for different dancers. I feel that from the get go, it was a beautiful technique to work with in training for any dancer, and it proved to be true." In B. Verlezza's work with sit-down dancers utilizing the O'Donnell technique she has observed "They also have the glide and the slide that I think May was looking for in her beautiful adagio work that stand-up dancers, in a way, can't quite do because we're hampered, again, by steps."

Modifications can be easily made because she feels the technique "offers a full palate for an educator to choose from... She [O'Donnell] really built a technique that had so many tiers and levels that you could go to, that are applicable for most populations. ... There is still more to explore, and it will always challenge even the most trained dancer." She does, however, recognize that the O'Donnell technique cannot be applied to every population. People with profound disabilities will benefit more from a creative movement approach rather than a standardized technique. In her creative movement work, she finds a way to hide the "task" of the movement with a more appealing purpose for the movement. For example, in the exercise called "passing the gift," she has the dancers use their creativity and fine motor skills to pick up a tiny, imaginary gift and pass it to the next person in the circle. In doing this, the dancer is stretching their arms and fingers in a way that disguises the true intent of the exercise with a fun activity.

B. Verlezza's many years of experience working with dancers with Down syndrome made her a valuable resource for gaining further knowledge. B. Verlezza's work with dancers with Down syndrome began before the start of MWH. Although these opportunities were primarily collective group or master classes that did not

foster a truly one-on-one experience; however, they did provide a framework to her work for the years to come. The particular dancer with Down syndrome that comes to MWH, with whom B. Verlezza has the most experience, is the dancer that inspired my research. Due to her extensive experience with this dancer, she has been able to identify characteristics of dancers with the same diagnosis.

When asked to identify some observable structural and alignment challenges typical for dancers with Down syndrome, B. Verlezza had many observations to share. In general, people with the diagnoses often have hypermobility of the joints, which is caused by hypotonia and causes loose ligaments and low muscle tone, and an anterior tilt of the pelvis, leading to several alignment issues such as a distended ribcage. In the case of the MWH dancer, she has asymmetry of her legs that compromises the alignment of one of her legs at the ankle. "With the hypermobility, if it hasn't been worked with [early on], and I think truly from a dancer and a somatic point of view, often that asymmetry continues to develop. So, if that ankle was really overstretched on the outside when they were five, then it will be super overstretched when they are 15." For this reason, and many others, safety through proper alignment is a primary focus during the workshop.

Another challenge for dancers with Down syndrome is the use of weight and the placement of weight on the feet. B. Verlezza has observed that people with Down syndrome typically aren't light on their feet, and when training as a dancer the "very heavy" movement is counterproductive. "There is a strength and a power behind their movement; it is both their greatest strength and greatest weakness." This is where work in plié plays a large role. The hypermobile joints are especially at risk of injury

when weight is heavily and improperly distributed. "Working with Down syndrome, when there's partnering or even hugging, the control of the weight and the big drop of the weight is a real issue." The body awareness that dancing promotes is especially beneficial in this respect. As I have only participated in this workshop three times, I was very curious as to whether B. Verlezza has seen any significant improvements in posture, alignment, stamina, and flexibility after some time of dancing. I have noticed improvements in some of the areas, but B. Verlezza's trained eye has seen "All of the above, and on a scale of 1-10, that will vary for every single person, which is no different than a traditionally trained dancer. But absolutely!"

From a social perspective, B. Verlezza has recognized the need to address the understanding of the distinction between the outside world and the dance studio. Being in a dance class requires a level of social control and a great deal of attention. "Building upon the fact that most people with Down syndrome that I have met have very strong personalities, there's a great, it seems, desire to connect socially with people. So building on the beauty of the fact that they really want this connection...sometimes it's overly [expressed]." The goal is to make "sure they are appropriate in interactions that are physical as well as social." "I didn't expect to see such a passion of engagement, or that want to socialize."

I asked B. Verlezza about the physical strengths she has observed and she said, "Oh, they're very strong!" This is something that I, too, have observed in the dancer at MWII; there is a raw power behind her movements. "Their drive to move, their physical strength to move is really fantastic because so often you are working with people on the other end of the spectrum...where their body is very weak..." Addressing this

characteristic of movement is often done in a physically subtle way. The general approach is through imagery and artistic nuance, because “don’t put so much force behind it” would not be productive. For example, in the workshop we might instruct the dancers to pretend that they are birds or moving like a feather in the wind. This proves to be very effective in adapting movement quality, even for me.

Stigmas often invade the minds of neurotypical people, and I was eager to know if B. Verlezza has proved these stigmas wrong and broken down barriers. “For me, the initial [realization for dancers with Down syndrome] was how engaged and how smart they are. Bad us, sometimes... it’s really about life experiences.” “And I would also say the level of progress is incredible, I’m not sure I would’ve been able to predict how much progress could ever be made.” “I think my real joy comes from seeing the successful growth that is married to that passion and engagement. My goodness, that is just a dream to have in a studio. So I think that really broke barriers.” I can also attest to these shattered stigmas. Watching the MWH dancer with Down syndrome in class and while performing is one of the most beautiful things I have ever seen. Her passion for dance is truly evident, and it influences my own attitude and movement for the better.

In addition to Down syndrome, over the course of eleven years B. Verlezza has worked with dancers with Spina Bifida, Cerebral Palsy, spinal cord injuries, brain injuries—some acquired, some traumatic, Asperger’s and Autism Spectrum Disorders, devastating meningitis, congenital spinal and hip issues, and seniors with developmental disabilities. MWH has attracted 40-50 interns from all over the United States, in which some have become, and are going to become Dance Therapists and Physical Therapists. The integrated environment allows dancers with various levels of

ability to shine by using the “divide and conquer” approach during technique classes and integrated choreography sessions. B. Verlezza foresees my and future generations as having a major impact on the world of Dance Therapy and dance in general, which is why she loves to have interns for MWH.

What makes Dance Therapy and the awareness of Dance Therapy so great is that it is hard to avoid using the knowledge you gain. When I asked B. Verlezza where and how else in her life she has applied her knowledge of Dance Therapy, she strongly replied, “That would be everywhere! Once you’ve worked in an environment that’s integrated, it becomes a part of your life. It’s indelible because it’s about people, not just about the art form; it’s about the people. And there’s nothing in my life that that it doesn’t effect. As a mother, I can’t think of a textbook that could ever have taught my children better than the studio classroom; they lived the laboratory. Between my husband and myself, sharing that and understanding that, it has affected everything in my life.”

“Your social awareness and sensitivity, that wasn’t seen before your generation—comparatively dance is still dance. There’s a humanity part, that which to me is the third dimension, maybe it’s the first dimension... we’re humans before we’re artists, and/or educators. So I think your generation is going to come into this field and you’re going to contribute so much more because you’re going to have started with so much more information, awareness, intellect, and sensitivity than we could have ever had. I think the world is so much more ready for the understanding of what therapy really means. I feel like the world is really going to break open, the way that dance and integrated dance have grown; Dance Therapy will be seen as a respected field. ... What

this does is redefine who is beautiful and who is allowed to dance. You young people are going to bring all that new information...and that whole thing about global understanding. You just have so much more experience than we ever had, and I think that for those of you that really get it, it gives you so much heart and so much more clarity... to bring to the field. How can it not just grow and be amazing? It would make me excited to think that more dance artists and more Dance Therapists could cross over and share what has been learned through our different ways of using dance, for the betterment of people.”

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