

5-1-2015

# Dance/Movement Therapy with Blind and Visually Impaired Children in Nepal

Hideki Takahashi

Sarah Lawrence College, htakahashi@gm.slc.edu

Follow this and additional works at: [http://digitalcommons.slc.edu/dmt\\_etd](http://digitalcommons.slc.edu/dmt_etd)



Part of the [Dance Movement Therapy Commons](#)

---

## Recommended Citation

Takahashi, Hideki, "Dance/Movement Therapy with Blind and Visually Impaired Children in Nepal" (2015). *Dance/Movement Therapy Theses*. Paper 8.

This Thesis - Open Access is brought to you for free and open access by the Dance/Movement Therapy Graduate Program at Sarah Lawrence College Digital Commons. It has been accepted for inclusion in Dance/Movement Therapy Theses by an authorized administrator of Sarah Lawrence College Digital Commons. For more information, please contact [alester@sarahlawrence.edu](mailto:alester@sarahlawrence.edu).

Dance/Movement Therapy with Blind and Visually Impaired Children

in Nepal

by

Hideki Takahashi

Sarah Lawrence College

Submitted in partial completion of the Master of Science Degree in

Dance/Movement Therapy at Sarah Lawrence College

May 2015

### Abstract

This study was based on an intervention done with twenty-four blind and visually impaired Nepalese children using Dance/Movement Therapy (DMT). Since this was the first DMT intervention offered to them, the study focused on their response to DMT. The children were videotaped in their interactions, and interviewed about their experience and participation. The participants were selected through purposive sampling, divided in three age groups, and observed over the span of eight consecutive days. The sessions lasted between 30 and 60 minutes, during which the different groups were involved in several activities. The dance/movement therapy sessions were well received by the Nepalese children, who provided positive feedback after the intervention. The study's findings showed that the DMT sessions were helpful in improving the children's positive moods, movement repertoires, and social interaction. This result suggests the need for a future study to assess how blind and visually impaired children in Nepal benefit from a DMT intervention.

## Table of Contents

Abstract.....	2
Background .....	5
The impact of poverty on Nepalese children .....	5
Demographics of disability and visual impairment in Nepal .....	6
Families and educational opportunities of Nepalese children with visual impairment.....	7
How Dance/Movement Therapy (DMT) can help children with blindness and visual impairment.....	8
Movement repertoire .....	8
Social interaction .....	9
Research .....	9
Hypothesis .....	9
Methods .....	10
Connection with Namuna Machindra Secondary School (NMSS).....	10
Participants .....	11
Dance/Movement Therapy sessions .....	11
Breathe Support .....	13
Namaste Sequence .....	13
Body-percussion .....	14
Imagery Supporting Movement .....	14
Freeze and Tempo Dance .....	15
Cool Down .....	15
Data collection.....	15

Interview .....	15
Video Observation.....	16
Results.....	16
Movement repertoire .....	18
Social interaction .....	19
Group 1 .....	19
Group 2 .....	19
Group 3 .....	20
Discussion .....	21
References .....	24

## Background

### The Impact of Poverty on Nepalese Children

Nepal is one of the poorest countries in the world (Nepal Association of the Blind, 2009; Shrestha, Shrestha & Deepakat, 2009), but still a country of wide diversity, with more than one hundred ethnic and caste groups, and a corresponding number of languages and dialects (UNESCO, 2007). Some 30% of the Nepalese population is still living in abject poverty, which contributes to increasing the risk of developing a disability through unsafe living, malnourishment, poor access to health service, and inadequate sanitation (The World Bank, 2007).

Extreme poverty gives rise to another social issue, child labor. In the nineties, the Nepalese government signed a document called '*The Right of the Child*', which stated that children under 15 were prohibited to work. Nevertheless, in 2008, 3.1 out of 7.7 million Nepalese children between age 5 and 17 were constrained to work (Gurung, 2001; de Groot, 2010). In fact, roughly 40% of Nepalese children are employed, and significantly contribute to their families' income, often providing about a quarter of the total earnings. Many families rely on this money to survive, and choose to send their children to work. Since primary education is free in Nepal, children enroll in public schools, attend irregularly because of their work schedule, and finally drop out of school, losing the opportunity to receive an academic education at an early age.

In Nepal, about 120 thousands children under age 17 are migrant child workers, moving to either urban or rural areas in search of an occupation. In many cases, children have to leave their homes and live separate from their parents, which represents both a physical and psychological threat at such a young age (Gurung, 2001). Typically, children move to urban areas to work in industries, markets, restaurants, and transportation; while in rural areas they

may find employment in agriculture, constructions, and manual labors such as basket making, sewing, and shoe-making. Furthermore, children may be required to work as servants, providing home services while living in their employer's residence. These children may work more than 14 hours a day, with or without wages, as many of them are not paid for their services. Children employed in domestic labor suffer emotional and psychological stress because of insufficient care, inadequate working conditions, and lack of parental support (Gurung, 2001).

On average, boys' monthly salaries are higher than girls in most occupations. Additionally, sexual abuse is relatively common among girls, who more often become victims of sex trafficking as well (Gurung, 2001).

### **Demographics of Disability and Visual impairment in Nepal**

In Nepal, 15 out of 1,000 people are affected by disabilities, with a small prevalence in rural rather than urban areas (New Era for National Planning Commission, 2001). About 30% of this population has difficulty receiving treatment, as only 2% of them have access to health care, particularly in rural areas (Nepal Association of the Blind, 2009). Furthermore, about 80% of Nepalese people with disabilities are unemployed (New Era for National Planning Commission, 2001). Disability is particularly hard for women, who are not as represented in society as men, and have fewer opportunities to receive medical treatment (United Nations Children's Fund, 2003; Nepal Association of the Blind, 2009).

According to the World Health Organization (WHO, 2014) and the Seva Foundation (2013), 285 million people are affected by visual impairment worldwide and 14% of these are blind. Further, WHO (2014) reports that nine out of ten visually impaired people have low socioeconomic status, and that visual impairment is often caused by common refractive errors, while blindness is frequently due to untreated cataracts. Lack of eye-care service is a major issue in developing countries (WHO, 1997); most people have difficulty accessing health

services while having issues that are otherwise treatable or preventable (Seva Foundation, 2013).

In Nepal, some progress has been recently made. In fact, in 1981 there were only five facilities specialized in eye-care in the entire country, while already in 2010 the number of specialized clinics increased to 39, with 63 additional primary eye-care centers (Nepal Netra Jyoti Sangh, 2012).

### **Families and Educational Opportunities of Nepalese Children with visual impairment**

Parents of children with disabilities in Nepal survive with difficulties in their society. By both the family and community members, mothers of children with disabilities are often defamed and looked down on (Human Watch Right, 2011). These children move away from their families and communities to attend schools that offer housing, which can be far from their homes, thus losing the family bond. Unfortunately, some family members of children with disabilities do not want to take them back once they are admitted by these schools (United Nations Children's Fund, 2003).

Although the national education system accepts all children in public schools, only a little over half of the disabled children aged six to 20 are actually enrolled (New Era for National Planning Commission, 2001). A vast majority of families would like their children to attend school, but disability represents an obstacle for accessing educational facilities, and is therefore one of the main reasons for not being able to attend school (New Era for National Planning Commission, 2001). Another obstacle to receiving education is the lack of support from the schools, which are not equipped with sufficient text books in Braille or audio format, and do not have specialized teachers to help these children (Nepal Association of the Blind, 2009). Finally, parents and family members of children with disabilities may not be aware of, and therefore stand for, their children's right to receive a proper academic education (Human

Watch Right, 2011).

### **How Dance/Movement Therapy can help children with blindness and visual impairment**

Vision loss is often associated with various degrees of psychological suffering (Leo, 1999; Fox, 2012). However, levels of depression of people with blindness and visual impairment seem to be related to the effects of their disability on coping skills, social isolation, and independent functioning rather than the severity of the vision loss (Stone, 2012; CDC, 2012, 2010; Lighthouse International, 2015). Diminished independence and limited social interactions lead to psychological suffering, which in turn can significantly reduce the person's ability to function and to be physically active (American Psychiatric Association, 2013, p.155).

Dance/Movement Therapy (DMT) can be a valuable tool to break this vicious cycle. In fact, dance and movement, used therapeutically, can play an important role in promoting self-esteem and developing coping strategies (Murcia, 2010; Gruber, 1986), as well as increasing motivation to overcome functional limitations and challenges, especially among young children with disabilities (Duggan, 1978).

#### **Movement Repertoire**

People with blindness and visual impairment often show limited and restricted movements (Dig-o, 2011; Levy, 2005; Weisbrod, 1974), possibly associated with fear of moving, falling, and connecting to space in general (Mason, 1980). These fears, in fact, contribute to limiting the performance of physical activities, increasing the risk of falling, and reducing space awareness and appropriate use of space (Weisbrod, 1974). People with blindness and visual impairment need to feel safe in order to be able to engage in physical activities and to move actively (Weisbrod, 1974). Mobility, balance, and strength are also affected (Glesson, Sherrington and Keay, 2014), but can be encouraged and developed by movement training and physical activities (Winnick, 1985).

DMT may be one of the most effective ways to improve physical abilities in this population, particularly in blind and visually impaired children, since it may support movement confidence by improving posture (Dig-o, 2011), body awareness and balance (Murcia et al., 2010). Furthermore, DMT helps developing the ability to express feelings, which may be limited in these children due to physical, social and psychological factors (Jay, 1991). DMT facilitates the exploration of both movement strengths and limitations, deepening the relationship of participants with their own bodies (Weisbrod, 1974); thus DMT helps developing movement repertoire, as the number of possibilities available to interact with the environment (Mason, 1980).

### **Social Interaction**

Frequently, children with visual impairment have difficulties with social interaction and communication, which are considered important factors in children's cognitive and physical development (Duggan, 1978).

DMT sessions, which include movement and music, can provide a unique contribution to children's socialization skills (Duggan, 1978) by offering them tools to express ideas and emotions, thus providing opportunities for communication and connection among peers (Mason, 1980). DMT promotes positive interactions of mutual support and collaborative play, which may help overcoming emotional difficulties while supporting creative learning and development (Harvey, 1989). DMT can help blind and visually impaired children developing abilities to overcome social challenges associated with their disabilities (Duggan, 1978).

### **Research**

#### **Hypothesis**

My main hypothesis is that children with blindness and visual impairment will greatly enjoy and intentionally participate to the DMT sessions. The proposed intervention will be to

help these children expand their movement repertoire and improve their social interactions.

## **Methods**

### **Connection with Namuna Machhindra Secondary School**

In 2013, I took part to a Japanese program that brought some medical students to Nepal to interact with local practitioners and discuss health care issues, in particular the use of DMT as a therapeutic tool in child development. I had the chance to visit four different schools and to volunteer for Annapurna Neurological Institute & Allied Sciences Hospital. I observed that Nepalese facilities didn't offer DMT to either students or patients, such as children with disabilities and people undergoing neuro-rehabilitation. Therefore, I realized could potentially help and decided to write a proposal to use DMT in this context.

In 2014, I returned to Nepal and was able to offer DMT sessions in four different facilities: Annapurna Neurological Institute & Allied Sciences Hospital, Children's Hospital for Eye and Rehabilitation Services, Prayer House, and Namuna Machhindra Secondary School (NMSS).

The first time I met the NMSS principle and teachers, we discussed what the appropriate length of the DMT sessions would be, the specific dates, and which children's needs to address first. NMSS is a secondary public school in Kathmandu, Nepal, with more than 1,500 students, either child laborers from the countryside or children whose parents work unstable jobs in the city (e.g., street vendors, laborers, etc). At that time, NMSS also offered education and living accommodation to 24 blind or visually impaired students, who came from many different Nepalese regions. These children lived far away from their families and were only supervised by a domestic helper. According to the teachers, the children did not have any opportunity to participate in physical education classes, but were only offered a brief stretching session in the morning.

### **Participants**

Ten male and 14 female Nepalese students from age six to 20 participated in the study. They were selected through purposive sampling, divided in three age groups, and observed over the span of eight sessions. This age group classification helped to structure the experience according to participants' age and maturity (Weisbrod, 1974). The sessions lasted between 30 to 60 minutes, during which I involved the groups in several activities, supported by two translators. The sessions were videotaped and the children interviewed about their experience and participation.

***Table 1: Groups composition and participants.***

	<b>Age range (mean)</b>	<b>Number of Participants</b>	<b>Male to female ratio</b>	<b>Low Vision to Blindness Ratio</b>
Group 1	6 – 9 years (7)	7	4:3	2:5
Group 2	10 – 12 years (10)	7	1:6	3:4
Group 3	13 – 20 years (15)	10	5:5	5:5

### **Dance/Movement Therapy sessions**

I led the group sessions as a graduate student in dance/movement therapy. The movements that I developed stem from previous work with blind, visually impaired, and handicapped children and adults (Jay, 1991; Mason, 1980; Weisbrod, 1974; Winnick, 1985). For the most part, these children need to learn basic skills like skipping, hopping and galloping (Winnick, 1985). They can be very responsive to the use of musical instruments, recordings, and body sounds such as clapping, finger snapping, and stamping (Mason, 1980; Weisbrod, 1974). Therefore, one of my priorities has been to support children's "body awareness through sensory stimulation and effort action" (Jay, 1991), exploring ways to produce different rhythms using the body as a percussive tool.

I used Nepalese, Indian and English traditional and modern songs. Folk music is the

predominant genre in Nepalese performing arts (UNESCO, 2007). There are several songs, dances and plays performed in various communities and different parts of the country. In South Asia, dance constitutes an important element of religious celebrations, and tells about people's daily life, nature, fears, and beliefs. There are traditional story-telling forms combining dance, music, facial expression, and hand gesture (Subramanyam, 1998). As therapist, using music and songs from the Nepalese tradition helped me understanding this culture more, building relationships with my students, and motivating them (Hanna, 1990; Brathwait, 1998).

Additionally, I chose to use a ball as prop to help focus participants' attention and support connection within the groups (Duggan, 1978). A sense of togetherness was also encouraged by the students' circular arrangement, used in all the sessions, which further promoted physical contact and socialization (Mason, 1980; Duggan 1978). Importantly, some of the teachers contributed as translators to verbally encourage and motivate children (Mason, 1980).

At the beginning of the sessions, I called out each student's name and asked the participants to make a circle, reminding him or her to keep enough space between each other. Also, I asked the children in the two younger groups whether they wanted to have a nametag or not. Most children liked the idea to have a nametag that they could touch. The DMT sessions included: 1) a warm up focused on finding breath support and practicing the Namaste sequence, 2) body-percussion, 3) the use of imagery to support movement, 4) Freeze and Tempo Dances, and 5) cooling down.

There are few differences in the way I organized each session depending on the age range. With Group 1, I taught both breath support and Namaste as part of the warm-up, while the two older groups practiced breathing only. Also, moving using imagery was mainly used with the youngest group, and only in the last few sessions. I taught Freeze and Tempo dances to the two younger groups but, while Group 2 practiced these dances from the first session, Group

1 only learned these dances toward the end of their training. Lastly, Group 3 mostly practiced breath support and body-percussions. As the oldest group, they would contribute creatively to the exercises and keep their focus longer while playing with the same suggestion.

### **Breath Support**

Breathing is a fundamental human function, necessary to life and mostly automatic, since it is present as rhythm. Breathing supports movement and also helps to develop consciousness, feelings and thoughts (Hackney, 2002, p.51). Therefore it is important for children to learn to pay attention to their breath. A breathing exercise was used in most groups, at the beginning of each session. Initially, I asked the students to put a hand in front of their mouth, to feel the air coming out on the exhale and the sound that it produced. Then, I asked them to put a hand on their chest or stomach to develop awareness of their own shape flow, the three-dimensional growing and shrinking of the torso, as they breathed. Eventually, I encouraged them to use some words that could support exhaling, as for instance ‘Hajur’ or ‘Ho’ which in Nepalese mean ‘Yes’.

### **Namaste Sequence**

Namaste is a traditional greeting, usually performed with both hands touching in front of the chest. From this simple gesture, I created a sequence that incorporated different spatial directions, which I called ‘Namaste to the Sky’ and ‘Namaste to the Right/Left’.

‘Namaste to the Sky’ involves lifting both hands upward starting from the chest, extending both arms. The movement of the hands is direct, spoke-like, while the spine should lengthen, the chest widens, and the weight from the pelvic floor naturally shifts backwards. It is important to maintain the relationship between head and tail, in order to provide structural support and equal balance in all directions e.g., between right and left, as well as front and back, of the body (Hackney, 2002, p. 103).

‘Namaste to the Right/Left’ was introduced later on, to emphasize the use of body halves, as the two sides alternate between providing stability and mobility (Hackney, 2002, p.174). After having performed ‘Namaste to the Sky’, with both hands together above the head, one side of the body shortens and the other side lengthens, causing a lateral flexion of the spine toward the shortening side and away from the lengthening one. Hands are held touching above the head and perform an arc-like movement to each side.

Alternatively, I asked the students to explore the Namaste sequence on the floor as well, to facilitate the perception of the pelvis placement, as well as of chest widening.

### **Body-percussion**

Based on Mason’s (1980) and Weisbrod’s (1974) ideas, I incorporated body-percussions in most groups’ sessions. In particular, with Groups 2 and 3, I used them to warm-up as well as a tool to introduce names. I encouraged students to produce sounds using different body parts, and created rhythm variations both with and without music. At first, the students followed the rhythms and movements that were shown. Later on, as they became more familiar with the exercise, they began to create and come up with their own rhythms and movements.

### **Imagery Supporting Movement**

With the two youngest groups, I discussed the movement qualities that characterize different animals, such as birds, dogs, cats, chickens, crocodiles, elephants, fish, giraffes, sheep, and snakes. The students were then asked to imagine the animals and move like them, as they were animals themselves. While they were embodying these images, I sometimes asked them to demonstrate other features, like emotional states, age or gender of these animals.

### **Freeze and Tempo Dance**

Freeze and Tempo dances are very similar exercises; the first was used with Groups 2 and 3, while the second with Group 1. ‘Tempo’ is an electrical vehicle commonly used in

Nepal. I asked the students to divide into three to five groups and decide who would be the driver or leader of each group. This student imagined holding the tempo's steer, while the other students were following him/her by putting their hand on each other's shoulders, pretending to be passengers themselves. The drivers led the small group under my instructions, stopping, walking, and running with different movement qualities (i.e., using lightness or strength, walking through small or large steps, and even walking backward). Each child had the chance to be both a driver and a passenger. With Group 1, I used the image of tempo as it could help younger students to understand the exercise. Groups 2 and 3 played with a very similar dance, which I called Freeze. The principle is the same as in Tempo dance, thus students move and stop holding each other's hand and following instructions. In this case, I used Nepalese, Indian and English traditional and modern songs to guide the experience, playing and stopping the music as the children moved and froze.

### **Cool Down**

A cooling down exercise was used to close every group session. I asked the students to form a circle and find the breath support, which we explored in the warm-up. My intention was to help the students with calming down and connecting to the present moment. I closed each session by stating my appreciation for students' focus and attendance, as well as encouraging them to take part to the following session.

### **Data collection**

#### **Interview**

I interviewed 19 out of 24 students at the end of the last session, while five of them were absent because of a national holiday. I used two interview modalities: a polar question and a free-form interview. For the polar question, each student was asked "Did you like the dance exercise?" and could answer with a simple "yes/no". Additionally, each student was asked to

freely comment about his/her experience of the DMT sessions.

The answers were organized into four categories, based on whether they mentioned: a) positive changes during the program, b) gratitude for the opportunity to dance, c) interest in continuing DMT, or d) appreciation or enjoyment of dance.

### **Video Observation**

To analyze the video material I decided to focus on one particular student that could help me providing an example of movement development. I chose R, a blind eight year old boy, one of youngest children in his group, thus a child that had significant potential for future growth and development. In order to show differences in movement repertoire between session one and eight, I observed and described his improvement and ability to incorporate several movement details of the *Namaste to Right/Left* sequence.

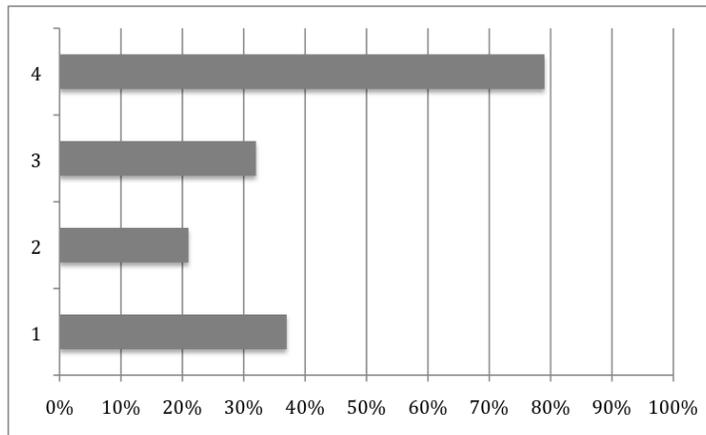
Furthermore, I analyzed sessions one and eight of each group paying attention to relationships between students, individual initiative, and verbal feedback. In particular, I looked at relationships in the context of students: 1) touching, as when holding hands or tapping on each others shoulders to communicate presence or taking turns; 2) physically supporting others, as when helping another student understanding movements by actively moving him/her; 3) expressing participation or emotion, as when clapping or raising hands, as well as stamping feet. Some groups were also more verbally proficient, so their ability to give verbal support to other students was also observed.

### **Results**

A great majority of students (95%) answered “Yes” to the polar question, while the remaining 5% answered “So So”. The answers to the free-form interview were organized in four categories. The large majority of participants (79%) mentioned enjoyment or appreciation for the dance sessions, in particular between the two younger groups of students (age 6-12). The

older group (age 13-20) emphasized positive changes occurred during the sessions, which were confirmed by younger students as well. I report the results of the free-form interview in Figure 1.

Figure 1: Distribution of answers to free-form interview.



1: positive changes during the program; 2: gratitude for the opportunity to dance; 3: interest in continuing DMT; 4: appreciation or enjoyment of dance.

Importantly, the teachers reported that they wished to continue DMT sessions because they noticed that this intervention could improve the academic performance of some students as well. For instance, one of the older students progressively became more active during the dance sessions. He would encourage his peers, take initiative, and influence the mood of the group. In fact, by the end of the last session the students in his group created their own body-percussions and spontaneously performed their choreographies. His teacher reported that this student became more engaged in school assignments, looking for guidance and feedback from teachers, unlike he did before.

### **Movement repertoire**

I chose to analyze R's movements during the performance of a specific part of the Namaste sequence, which I called *Namaste to Right/Left*, as this seemed to represent a challenge for this student. This particular part of the sequence was performed 8 times during

each session. *Namaste to Right/Left* begins from a standing position in which the palms of the hands are together, the arms reach upward to the ceiling, and the elbows are almost fully extended. This position requires the head to be aligned with the tail, so that the weight is not shifted either forward or backward. Once the alignment is found, it is possible to bend to the side stressing the vertical and horizontal dimensions. This side bend could be seen as a bi-dimensional movement in the vertical plane.

Initially, I noticed that it was very challenging for R to maintain the head-tail connection while bending to the side. He bent his elbows rather than his torso, and seemed to be confused between right and left side. R would also move very little, mostly using his arms and often narrowing the elbows, without either reaching out in space or lengthening the torso. I observed that his movement involved wrist flexion and head rotation, as R would look downward hollowing the chest. The shift between lateral bending to the right and to the left was mostly performed through quick movements, which had a stop-and-go rhythm.

By the last session he showed some improvement, as he was able to integrate many aspects of this sequence that seemed to be challenging at the beginning. In fact, he showed a better alignment at the beginning of the sequence, as he developed the ability to extend his arms upward, progressively widening the chest, gaining range of motion and expanding the size of his kinesphere. He also understood the exercise better, showed more clarity between right and left sides, and became able to move from one side to the other with better control and sustainment. Finally, even though he still found it challenging to bend to the side, he became able to lengthen upward using the support of head-tail connection, without shifting the pelvis forward, but rather finding stability through alignment.

## **Social interaction**

### **Group 1**

During the first session, I noticed that the students were maintaining distance from each and that their movements were small, which allowed them to avoid physical contact. However, I observed few occurrences of spontaneous expression among peers, or toward teachers and project members, as students would clap their hands after demonstrating an exercise or raise a hand when the group leader asked a question. At times, some children would walk to the center of the circle to demonstrate movements that were being taught. Between the first and the last session I noticed changes in the way these students were working together. In particular, both blind and visually-impaired children developed the ability to interact through touch, as I could observe in a couple of exercises that involved understanding the difference between right and left side of the body. In fact, some students learned to help their peers in identifying the right and left side by getting closer to them and touching the limb (either arm or leg) that was supposed to be moved. Other times, children took initiative, as for instance when showing an exercise that they wanted to practice. Also, the number of students that would raise or clap their hands and stamp their feet increased, as well as the number of times in which each student would show these expressions. Finally, both blind and visually impaired children developed awareness of the circular shape of the group, as they spontaneously began to ask each other to hold hands in order to maintain the circle.

### **Group 2**

Between session 1 and 8, the students appeared to be moving in a larger kinesphere, taking more chances to explore the space around them, even choosing to interact with other through touch. In fact, the number of times students would touch considerably increased. Interestingly, students in this group associated different tones and words to the rhythm of the

movements. For instance, while stamping their feet and clapping their hands, they would say “*don, don, pa, pa*”, for “*stomp, stomp, clap, clap*”.

The group included mostly girls and only one boy. At the beginning, it seemed challenging for the boy to connect with the rest of the group, for instance when holding hands to form a circle. This approach changed during the sessions, as the boy began to show more confidence in touching hands with others, and possibly to connect with the whole group. Also, one of the girls was particularly shy and introverted at the beginning. She found it challenging to use her voice, to raise or clap her hands, and to stamp her feet. During the practice, a couple of other girls started to help her out by physically and verbally encouraging her. Toward the last sessions, this girl became more connected and less isolated, as she began to use her voice, make sound with her hands and feet, and give a *high-five* to her girlfriends while playing.

### **Group 3**

These classes were taught in the afternoon, often times in the dusk, as the power would go off at that time of the day. These students were older than the ones in the first two groups, thus they were verbally articulate and able to describe movements with words. Therefore, they used mostly words to help each other understand the exercise, rather than touch. Their ability to encourage their peers developed during the sessions, as they shared more verbal feedback with the group. Also, their aptitude to take initiative evolved with the sessions. For instance, during the last session, there was a moment in which a song ended leaving space for silence before the next song played. As the music stopped, a couple of students rhythmically clapped their hands and sang “No, Music!”. When music played again, they changed their song to “ Yes, Music!”. The other students enjoyed this game, and supported the ones that started it. Then, when the new song ended, other children took the initiative to clap and sing “No, Music!”. Along with these interactions, the students started to get closer to each other eventually touching or

spontaneously holding hands.

### **Discussion**

The DMT classes were well received, as the great majority of students gave positive feedback during the interviews, suggesting that dance may constitute a fun and enjoyable activity for these children. In particular, Nepalese children with blindness and visual-impairment do not have many chances to be physically active in school; therefore DMT could be extremely useful to them. In fact, dance classes could support children's physical, cognitive and social development (Murcia, 2010), helping them overcoming functional limitations (Duggan, 1978), therefore increasing their independence in daily life, promoting happiness and relieving psychological suffering. Furthermore, as a teacher once told me, dance may positively affect students' approach to academic studies. In fact, she reported a radical change in one of her students, who became much more motivated and involved in school assignments. This example may suggest that dance can offer an opportunity to further interaction and communication skills, thus promoting cognitive development and improving students' academic performance.

Enjoyment of movement can further motivate children to engage in physical activity (Weisbrod, 1974), which creates opportunities to learn new movements and expand the number of possibilities available, perhaps reducing fear of moving in space (Mason, 1980). For instance, I observed the development of one student's movement repertoire, describing his initial challenges and further changes. This child showed an improved ability to perform upward movements as well as an increased upper body mobility, which allowed him to move in a larger kinesphere. His head-tail connection and the control of the pelvic shifts also improved. These developments should not be seen as limited to a specific body part, as they actually contribute to important gross motor skills like balance. Reducing the risks of falling and improving posture

(Dig-o, 2011) may further support children's confidence in movement and self-esteem (Gruber, 1986).

Dance provides an opportunity to foster communication and connection among peers (Mason, 1980). Changes in the social interaction among students were observed in all groups. Similarly, across different ages, the students seemed to keep a larger distance from each other during the first sessions compared to the last. In fact, as the classes went on, they would develop new connections, perhaps holding hands or helping each other understanding the movements presented. However, younger students typically showed a higher level of physical interaction, compared to the older ones who shared more verbal feedback instead.

In particular, in the first group I observed an increased level of cooperation during the classes as the children developed the ability to work together to learn new exercises, recall past ones they already knew, and keep the circle as a group. They developed the ability to better communicate through physical interaction, helping each other during class, thus increasing peer support. Moreover, two of the second group's students, the only boy and one of the girls, were isolated from the group at the beginning. It was challenging for these two children to engage with the dances and games, they were shy and avoided physical contact with their peers, as for example when holding hands. Their hesitation improved during the classes, when they started to take active part in the group activities and to confidently communicate with the other students. These observations are in line with previous studies showing the importance of dance in facilitating understanding, communication, and personal contact (Murcia, 2010), which are very important factors for cognitive and physical development in children with disabilities (Duggan, 1978).

Finally, the older students were able to participate creatively to the classes. In fact, these children had a higher verbal proficiency, which allowed them to better communicate to each

other. Also, they spontaneously took leading roles, as for instance when coming up with variations of the exercises. As a result, they played a lot with rhythms and body sounds, creating their own movement sequences and sharing them together. This shows how dance has the potential to help students think creatively and develop imagination (Jay, 1991).

I believe it would be very important to further the present study, to understand whether a dance intervention in Nepalese schools has the potential to help these children in daily life, coping with issues like independence and psychological suffering. Poverty, limited education opportunities and lack of family support are serious issues in Nepal. Most children need financial support and better education, to receive proper physical and mental stimuli. Children with blindness and visual-impairment, as well as children with other disabilities, have a harder life in this context. DMT can offer a chance to these children to overcome emotional and physical limitations, have a wider range of movement possibilities, and develop social skills necessary to connect to others and to receive support. As a result, I think DMT would be a valuable and necessary tool to bring hope to these children for their future.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed). Washington, DC: Author.
- Brathwaite, T (1998). Intercultural dance, theatre and music as facilitators in creative arts therapy: A metacognitive experience. In D Dokter,. (Ed.), *Arts Therapists, Refugees and Migrants: Reaching Across Borders* (pp. 175-190). London, UK: Jessica Kingsley Publisher.
- de Groot, A. (2010). *Child labour in Kathmandu, Nepal*. Retrieved from [essex.ac.uk/armedcon/story\\_id/IREWOC\\_deGroot\\_Worst%20Forms%20Nepal\\_2010.pdf](http://essex.ac.uk/armedcon/story_id/IREWOC_deGroot_Worst%20Forms%20Nepal_2010.pdf) (February, 2015)
- Dig-o, J.F. (2011). Aerobic exercises: A corrective measure to postural defects of children with visual impairment. *International Journal for Cross-Disciplinary Subjects in Education*, 2 (4), 535-540.
- Duggan, D. (1978). Goals and methods in dance therapy with severely multiply handicapped children. *American Journal of Dance Therapy*, 2 (1), 31-34.
- Fox, S. (2012). Visual impairment: Understanding the psychosocial impact. *Medscape Medical News*. Retrieved from [medscape.com/viewarticle/773451](http://medscape.com/viewarticle/773451) (Nov,2014).
- Gruber, J. J.(1986) Physical activity and self-esteem development in children: A meta-analysis. *American Academy of Physical Education Papers*, 19, 30-48.
- Gurung, Y.B. (2001). The state of child labour in Nepal. *Contributions to Nepalese Studies*, 28(2), 227-245. Retrieved from (February, 2015) [himalaya.socanth.cam.ac.uk/collections/journals/contributions/pdf/CNAS\\_28\\_02\\_04.pdf](http://himalaya.socanth.cam.ac.uk/collections/journals/contributions/pdf/CNAS_28_02_04.pdf)
- Hanna, J. L. (1990). Anthropological perspectives for dance/movement therapy. *American Journal of Dance Therapy*, 12 (2), 115-126.

- Hackney, P. (2002). *Making connections total body integration through Bartenieff fundamentals*. New York: Routledge.
- Harvey, S. (1989). Creative arts therapies in the classroom: A study of cognitive, emotional, and motivational change. *American Journal of Dance Therapy*, 11(2), 85-100.
- Human Rights Watch (2011). *Future stolen: Barriers to education for children with disabilities in Nepal*. Retrieved from (January, 2015)  
[hrw.org/sites/default/files/reports/nepal0811ForWebUpload.pdf](http://hrw.org/sites/default/files/reports/nepal0811ForWebUpload.pdf)
- Jay, D. (1991). Effect of a dance program on the creativity of preschool handicapped children. *Adapted Physical Activity Quarterly*, 8(4), 305-316.
- Leo, D., Hickey, P., Meneghel, G., & Cantor, C. (1999). Blindness, fear of sight loss, and suicide. *Psychosomatics*, 40(4), 339-344.
- Levy, F. J. (2005). *Dance movement therapy: A healing art*. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Lighthouse International (2015). *Depression, vision loss and vision rehabilitation*. Retrieved from [lighthouse.org/services-and-assistance/social-services/depression-vision-loss-and-vision-rehabilitation/](http://lighthouse.org/services-and-assistance/social-services/depression-vision-loss-and-vision-rehabilitation/) (February, 2015).
- Mason, K. (1980). *Focus on dance IX: Dance for the handicapped*. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Murcia, C.Q., Kreutz, G., Clift, S., Bongard, S. (2010). Shall we dance? An exploration of perceived benefits of dancing on well-being. *Arts&Health*, 2(2), 149-163.
- Nepal Association of the Blind. (2009). *Organizational strengthening programme - Annual report 2009*. Retrieved from [nabnepal.org/files/Annual\\_Repo\\_2009.pdf](http://nabnepal.org/files/Annual_Repo_2009.pdf) (October, 2014)
- Nepal Netra Jyoti Sangh. (2012). *Epidemiology of blindness in Nepal*. Retrieved from [iapb.org/sites/iapb.org/files/Epidemiology%20of%20Blindness,%20Nepal.pdf](http://iapb.org/sites/iapb.org/files/Epidemiology%20of%20Blindness,%20Nepal.pdf)

(September, 2014).

New Era for National Planning Commission. (2001). *A situation analysis of disability in Nepal*.

Retrieved from [rcrdnepa.files.wordpress.com/2008/05/a-situation-analysis-of-disability-in-nepal-2001.pdf](http://rcrdnepa.files.wordpress.com/2008/05/a-situation-analysis-of-disability-in-nepal-2001.pdf) (October, 2014).

Seva Foundation. (2013). *2012-13 Annual report*. Retrieved from

[seva.org/site/DocServer/Seva\\_2012-2013\\_Annual\\_Report\\_LR.pdf?docID=2261](http://seva.org/site/DocServer/Seva_2012-2013_Annual_Report_LR.pdf?docID=2261)

(October, 2014).

Shrestha, S., Shrestha, S. K., & Deepakat, S. (2009). A community assessment of poverty and

disability among specific rural population groups in Nepal. *Asia Pacific Disability Rehabilitation Journal*, 29(1), Retrieved from (October, 2014)

[http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol20\\_1/original-art3.html](http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol20_1/original-art3.html)

Stone, T., Santo, J., & Wittich, W. (2012). Mediating and moderating effects on the association

between vision loss and depression among older adults. *Insight: Research and Practice in Visual Impairment and Blindness*, 5(1), 30-37.

The Center for Disease Control and Prevention. (2012) *Improving the nation's vision health: a coordinated public health approach*. Retrieved from The Center for Disease Control and Prevention. Retrieved from

[cdc.gov/visionhealth/pdf/improving\\_nations\\_vision\\_health.pdf](http://cdc.gov/visionhealth/pdf/improving_nations_vision_health.pdf) (February, 2015).

The World Bank. (2007). *Social analysis and disability: A guidance note*. Retrieved from

<http://hpod.org/pdf/SAnalysisDis.pdf> (October, 2014).

United Nations Children's Fund.(2003). *Examples of inclusive education*. Retrieved from

<http://www.unicef.org/rosa/InclusiveNep.pdf> (January, 2015).

United Nations Educational, Scientific and Cultural Organization. (2007). *The intangible cultural heritage of Nepal: Future directions*. Retrieved from

<http://unesdoc.unesco.org/images/0015/001567/156786e.pdf> (September, 2014).

Weisbrod, J. (1974). Body movement therapy and the visually-impaired person. In Mason, K. C. (Eds.), *Focus on Dance VII* (pp.49-52). Washington , D.C: American Alliance for Health, Physical Education, Recreation and Dance.

Winnick, J. P. (1985). The performance of visually impaired youngsters in physical education activities: Implications for mainstreaming. *Kinesiology, Sport Studies and Physical Education Faculty Publications*, 2, 292-299.

World Health Organization. (1997). *Strategies for the prevention of blindness in national programmes*. Retrieved from <http://whqlibdoc.who.int/publications/9241544929.pdf> (February, 2015).

World Health Organization. (2014). *Visual impairment and blindness*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs282/en/> (February, 2015).