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# MOTION AND DANCE AS A TYPE OF THERAPY WITH WORKING WITH CHILDREN/PEOPLE WITH DEVELOPMENTAL DIFFICULTIES

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**Abstract:** Besides the standard treatments that are nowadays used with working with children/people with developmental difficulties and the obligatory aspect of schooling, active free time is also very important for maintaining and improving psychological, motoric and social abilities of children/people with developmental difficulties. Active free time contributes to developing of creativity, satisfaction of one's own life, personality development, and therefore it improves the quality of life itself. The main aim of this research is observation and assessment of motoric abilities of children/people with developmental difficulties, before and after conducting continuous activities in the form of traditional dance i.e. play games as well as the influence on the quality of life. The evaluation of motoric abilities has been done by defectologists before performing an adjusted work program and after completion, in which, using quantitative and qualitative analysis, the progress has been established in segments such as motoric body control, motion coordination of upper extremities, motion coordination of upper and lower extremities and motion coordination of upper and lower extremities by rhythm. Active participation and cooperation between participants, influenced improvement of social skills and the easier overcoming of problems in the group, creative and active free time and improvement of life quality. Based on obtained result, one should strive to adopt new creative ways of working with children/people with developmental difficulties in order to gain comprehensive holistic and rehabilitation approach.

**Keywords:** children/people with developmental difficulties, free time, life quality, motion and dance.

## INTRODUCTION

In recent years, there have been major changes in the lives of people with intellectual disabilities. Changing approaches and methods of working with people with intellectual disabilities have contributed to their more frequent and successful inclusion in the community, as well as involvement in many activities and events that support various aspects of physical, social and emotional development that affect the quality of life in this population. In the past, it was believed that the power of creativity is related to intelligence and that people with intellectual disabilities are not creative due to reduced intelligence. Such thoughts and beliefs have contributed to the fact that people with intellectual disabilities are rarely or not involved in activities that involve various forms of creative expression. Further research and practical experience have shown that people with intellectual disabilities also have creative potential, and that the application of artistic segments (such as movement and dance) can be considered as a good approach in the education and rehabilitation of people with intellectual disabilities. In this regard, the definition of this paper is defined, which refers to the review of previous knowledge on the application and impact of movement and dance therapy on the quality of life of people with intellectual disabilities. Also, present a specific therapeutic program, with a description of the evaluation of the work program of movement and dance therapy on motor skills, movement, emotional and social status.

## LIFE QUALITY OF PEOPLE WITH DEVELOPMENTAL DIFFICULTIES

Assessment of life quality of people with intellectual difficulties (ID) is considered to be relatively new area of research in the world, and especially in our climate (Bratković, 2002; Bratković and other,

2006). In general, life quality of people with ID has been examined to a greater extent than subjective life quality from perspective of people with ID. It is important to know objective dimensions so that we could approach easier to subjective dimensions and qualitative research. Seifert has defined six specific interdependent dimensions of life quality when it comes to people with intellectual difficulties:

1. The first dimension includes indicators in the field of habitation by which it analyzes the level of basic needs gratification, a sense of satisfaction, the level of communication and social relationships, competence and independence as well as relation of dependence and autonomy when it comes to connection with residential conditions.
2. The other dimension explains material structure of residential space and area, design of interior and equipment as well as the infrastructure of the environment.
3. The third dimension considers social network that includes people they live with, relatives, friends, acquaintances, neighborhood, but also the presence of support of the experts (educational – rehabilitation workers, psychologists, therapists, caregivers, doctors).
4. The fourth dimension relates to participation in life in general throughout activities and social contacts outside residential area, also including work and free time.
5. The fifth dimension deals with acceptance by the public and comprehension of the social role.
6. The sixth dimension is directed towards workers' satisfaction in direct work with the people with mental retardation when it comes to work conditions, in the rehabilitation concept, professional competence, autonomy and cooperation, satisfaction and burdened, and which can directly reflected to life quality of the people with mental retardation as well as the recipients of their professional help and support. These dimensions act from the core towards periphery, i.e. their influence starts with social relationships within a residential unit (institution or integrated residential unit), starting with material conditions and design of an area to the social relation network that extends even outside of a residential area, and integration or segregation of individuals in a community (Pisaro M, 2017).

A person with ID that lives in a community, usually needs support in two main fields: housing and daily activities, whereby the daily activities can further be described as work activities, free time activities and lifelong learning activities (Rozman B., 2011). Interventions and rehabilitation programs should be directed toward social participation that is the main role and it eases social interaction of people with difficulties (recreational activities, friendship and other), and not only directed to health needs and care. Social participation with children and young adults with ID can improve physical and mental health, increase social participation, independence, a sense of one's own value, and life prosperity as well as entire quality of living (Andrews J. and associates 2014). If we manage to secure life to people with ID that is as similar as possible to cultural standards of their environment, and we provide them with roles and activities that increase their sense of value, there could be an improvement of their lives' quality (Pisaro M., 2017).

Another very important factor that significantly influences life quality of a person is the way a person spends his/her free time. Moreover, it is very important to emphasize that not only the way a person spends his/her free time, but also whether he/she has freedom to choose and make decisions, is one of the main skills of self-determination, in that term. Foremost, a person should have gained self-determination skills (freedom of choice and decision). Once these skills are acquired, it would be possible for a person to apply them in everyday life, without limitations by society. The main characteristic of leisure is free development of personality that indicates the importance of leisure, but also unfolds problem of uncreative spending of every free moment and instead of promoting personality development, further contributes to his/her alienation. The field of leisure is one of the most important features of life quality, a component of

life that contributes to personal well-being. It is a thread that leads to full satisfaction and better life quality, as for an individual, but also for his/her surrounding – a family (Gračanin A., 2020).

## **APPLIANCE OF MOTION AND DANCE THERAPY**

Nowadays, it becomes more popular to see and to use the motion and dance in means of therapeutic purposes. Motion and dance, as they are, became an instrument by which it can be contributed to better and harmonic psychomotor growth of a person. By using the creative therapy, that is art such as dance, one's psychical and physical health can be improved and it also influences quality of life in specific circumstances so that motion and dance are used more and more to soften emotional, cognitive, social, behavioral and physical difficulties (Erdeš N., 2017).

Throughout different anthropological, psychoanalytical, artistic and other interpretation of dance and the symbolism of body movement within dance expression, a possibility of developing diagnostical and therapeutic approaches in different fields has been discovered. The fundamental aim in dance therapy, that is by motion, is working on elements such as awareness, reintegration and improvement of tree elements within an individual: picture of yourself, skills of nonverbal communication and a range of quality of emotional experiences (Arandelović M., 2016).

According to basic assumptions of motion and dance therapy, physical movements keep emotional condition of an individual, and changes of motion pattern lead to changes in psychosocial experience. Within this approach the body is a dominant object of therapeutic process, and its change can affect awareness of physiological sensations, physical expression of emotional state, expression of unconscious impulse, creation of new behavioral strategies by discovering new patterns and quality of movements, and by integration of physical, cognitive, emotional and behavioral aspects of a person (Martinec, and associates., 2014).

The therapy by dance rests on establishment of growing problems or eventual limited abilities of an individual that is planned to be included in dance activities. In order to implement the dance therapy, precondition is to respect methodical principles, setting a specific goal, adjusting dance material to average age, psychophysical traits of an individual and encouragement of individualization (Arandelović M., 2016).

The results of series of research have shown that the motion and dance therapy induces feeling for inner structure; reduces impulsiveness; allows one to discover himself/herself; provides satisfaction within himself/herself and raises self-representation; develops feeling for nonverbal signs; develops social skills, sensibility for others, adaptability, partaking, group solving problems, respecting the rules, keeping attention, empathy, inventiveness and partaking in activities, thus it can be considered as an appropriate therapeutic approach in education and rehabilitation of people with intellectual difficulties (Arandelović M., 2016).

In achieving better quality of life of children/people with developmental difficulties, a significant part can be designed for creative content relevant for gaining and perfecting motoric skills and abilities. One of such content is dance that can help in relaxing, balance improving, body coordination, socializing and strengthening of social competencies (Erdeš N., 2017). The inclusion in each class of children of similar ability provides a less stressful environment in which they can relate with their peers and happily encourage each other during the class (López-Ortiz C. and others, 2012). Dance is suitable for children of different ages, and it is also an extraordinary activity for children with different developmental difficulties that often have weaker mobility and coordination (Erdeš N., 2017).

## **Elements of program of motion and dance therapy that influence improvement of functional, motoric and psychosocial abilities with people that have developmental difficulties**

Every therapeutic dance program is structured in a way that participants go through four fundamental learning phases, where each phase can be structured of many specialized exercises and techniques (Dunphy and Scott, 2003):

PHASE 1: warming up,

PHASE 2: awareness of one's own corporeality,

PHASE 3: communication within a group,

PHASE 4: dances.

The main elements of the dance and motion therapy are: warming up, stretching and strength, a session topic, improvisation or solo, relaxation and the end.

*Warming up* is preparing participants for next activities, both psychically and physically. Usually, warming up while working with people with intellectual difficulties is implemented in a way that participants create a circle. This circle includes all session participants, a leader makes contact with all participants, they accomplish better mutual eye contact, so they can better see and hear each other. Better connection among the members is created within the circle.

*Stretching and strengthening* is an important aspect directed to supporting physical status of the group members. For the people with high muscle tone, activities for strengthening and stretching muscles are very important, as well as for people with Down Syndrome that usually have low muscle tone. The leader gives the best instructions during guidance of stretching and strengthening muscles throughout demonstration and also shows how some movements are performed. If a person with intellectual difficulties has greater need for supporting and adopting the instructions, it is necessary to include assistant that will help him/her with that. Stretching and strengthening include exercises for neck, shoulders, head, arms, hands, hips and back. The leader always takes care with additional problems of a person with intellectual difficulties so that there would not be any kind of injury. Following exercises of stretching can be performed on the floor or in standing position.

*Topic:* This is a part of session that requires the maximum attention. Topics have broad description, they can include different concepts starting with some imaginary and improvisational, to learning folk dance. Depending on a group and participants, some participants can start to feel and enjoy the music and start to conceptualize their own moves, while some of them will make a move only when its demonstrated. Thus, the leader always has to bear in mind individual's needs, motivation and interest.

*Improvisation and solo,* allow participants to feel free to choose their favorite music or a leader of a group chooses the music that is stimulating for making moves such as marching, jumping and standing. It is especially applicable with children that walk on their toes, so these activities can have a major effect on walk improvement. Likewise, African drums are usually used in these activities because they encourage experience of rhythm and by that even encourage stronger movements. During improvisation, different equipment and materials can be used, such as masks, balloons, drums, etc. When it comes to improvisation, the main focus is development of creativity, self-respect, the right to choose and the development of the personal style. As it is stated, it is not directed towards therapeutic effect, but it can be.

*Relaxation* can usually be ritualized as the final stage of closing a session. It can serve to restore focus of participants or even reduce uneasiness or tiredness that appeared during the session. The final activities are created depending on group's energy, and a amount of leader's tiredness. (Dunphy and Scott, 2003).

## **MATERIAL AND METHODS**

The research has been conducted in Service Centre "Give us a chance – Zvezdice", which included 21 individuals/children with developmental difficulties at the age of 11 to 26. Each parent/guardian has signed a written consent that they agree that their children are allowed to be part of the research. The research lasted from September 2019 until April 2020. Motoric capability assessment of participants had been done by defectologists at the beginning and in the end of program implementation in order to evaluate progress of motoric and social abilities throughout this work method.

### **Work program**

During six months, the participants of the research were included in a specially designed program in order to include motion and dance throughout traditional dances as a form of therapy in working with children/people with developmental difficulties. The work program alone was structured as per Dunphy's and Scott's program in 2003 where some phases were supplemented with performing motions, steps, segments of traditional dances and songs. The program was performed twice a week for 70 minutes. The main elements of the dance and motion program were: warming up, stretching and strength, a session topic, improvisation or solo, relaxation and the end. The warming up phase included all the participants so that they made a semicircle or a circle, and then a leader of program started to demonstrate warm-up exercises (slow circular movements of head, upper and lower extremities), along with individual help and correction of performed exercises. During the warming up phase, traditional songs were playing in the background so that children with difficulties could get used to the sound alone and to avoid the feeling of fear of the unknown. After the warm-up phase, stretching exercises were performed (the same sequence as with the warm-up phase) and strength exercises in the form of easy squats, endurance during a squat, leaning against the wall, lifting objects weighting 1 kg, with shorter time periods, that later increased. The session phase started with gradual conditional exercises such as running in spot or running in a circle alongside the traditional music rhythms. Afterwards, the leader of the program showed, performed and demonstrated basic elements of dancing patterns of folk dances and customs, along with repeating and exercising these elements (two-step, three-step, hops, turn, dancing in pairs, moving in circle and semicircle, maintenance of "kolo" elements, performance of folk customs). Each new segment was added after three weeks. As the time passed by, more complicated elements were added in order to be performed alongside repeating previously learned patterns. In the relaxation phase for development of creativity, traditional instruments were used, where the participants performed appropriate rhythmic exercises alongside with drum and daf. Everybody was able to choose the way of expressing their personal style. The final phase of the program or the relaxation phase consisted of relaxation methods (on thick mat – relaxation exercises), communications between users or performances of board games by the participants' choices).

### **The research instrument**

The assessment of motoric abilities has been done by certified professional defectologists at the beginning and in the end of program performance (period of six months). Assessment pattern (Practicum for developmental assessment and treatment, Nikolić S., Stosović Ilić D. and Ilić S.) consisted of elemental motions of upper and lower extremities assessment (1 – skilled and accurate, 2 – followed by movements,



3 – elemental motions absence), assessment of ability to maintain balance (1 – is appropriate for an age, 2 – below expected for an age, 3 – above expected for an age), assessment of control of body motor skills (1 – good ability, 2 – bad ability), assessment of motions coordination of upper and lower body extremities (1 – good coordination, 2 – reduced coordination, 3 – without coordination ability), assessment of motions coordination of upper and lower body extremities in rhythm (1 – good coordination, 2 – reduced coordination, 3 – without coordination ability), assessment of melokinetic praxis, ideomotor praxis and ideatory praxis (1 – adequately developed, 2 – inadequately developed, 3 – undeveloped). The obtained results are shown in tables and are statistically done in SPSS program, version 20, alongside using comparative t-test and descriptive methods, and presented in absolute numbers and percentage (values of  $p < 0.05$  were considered statistically significant).

## RESULTS AND DISCUSSION

In the work program that has been used during the research, 21 individuals with developmental difficulties participated, 10(47,6 %) males and 11(52,4 %) females

According to the data, 3 (14,3%) individuals of the age of 11 to 15, 5 (23,8%) individuals of the age of 16 to 20, 11 (52,4%) individuals of the age of 24 to 25 and 2 (9,5%) individuals of the age above 26, participated in the work program.

Table 1. shows that there was improvement of elements of motoric skills of the included participants. By assessment of elemental motions of upper extremities before program implementation, 28,6 % of the participants had absence of elemental motions of upper extremities, while after finishing the program the assessment value was 14,3 % that proves improvement of skills and abilities in the form of presence of elemental motions of upper extremities followed by movements (table 1). By assessment of motion coordination of upper extremities, 33,3 % of the participants had good motion coordination of upper extremities, 57,1 % had reduced motion coordination and 9,5 % of those respondents were without ability of motion coordination of upper extremities. After finishing motion performance, 61,9 % of the participants had good motion coordination of upper extremities, and 38,1 % had reduced motion coordination of upper extremities. In this segment assessment, there was also improvement of abilities of motion coordination of upper extremities. By assessment of motion coordination of upper and lower extremities before program implementation, it is established that 14,3 % of the participants have good coordination, 76,2 % have reduced coordination and 9,5 % are without ability of motion coordination of upper and lower extremities. The results after program implementation show that 38,1 % of participants have good motion coordination, 57,1 % have reduced motion coordination and 4,8 % of the participants are without ability of motion coordination of upper and lower extremities. By assessment of motion coordination of upper and lower extremities in rhythm before program implementation, it was noticed that 4,8% of the participants have good coordination, 71,4 % have reduce coordination and 23,8 % have no ability of motion coordination of upper and lower extremities. The results after program implementation show that 19.0% of the participants have good motion coordination, 66,7 % have reduced motion coordination and 14,3 % of the participants are without ability of motion coordination of upper and lower extremities. By assessment of ideomotor praxis of participants, within 4,8% of the participants, it is inadequately developed, and within 95,2 % of them, it was completely undeveloped, but after program implementation there was improvement of motion, so that value of ideomotor praxis was reduced to 81,0 %. Ability of ideomotor praxis was undeveloped before program implementation, while after implementation, by all participants value was reduced to 81,0 %.

**Table 1.** Results review before the program implementation and after the program implementation demonstrated in percentage per assessment of elements of motor skills

ASSESSMENT OF ELEMENTS OF MOTOR SKILLS	Before the program implementation (percent number of respondents)	After the program implementation (percent number of respondents)	p* (comparative t test)
<b>Elemental motions of upper extremities assessment:</b>			
1. skilled and accurate	66.7%	66.7%	0.083
2. followed by movements	4.8%	19.0%	
3. elemental motions absence	28.6%	14.3%	
<b>Elemental motions of lower extremities assessment:</b>			
1. skilled and accurate	66.7%	66.7%	0.715
2. followed by movements	19.0%	19.0%	
3. elemental motions absence	14.3%	14.3%	
<b>Assessment of ability to maintain balance:</b>			
1. is appropriate for an age	23.8%	23.8%	0.042
2. below expected for an age	76.2%	76.2%	
3. above expected for an age	/	/	
<b>Assessment of control of body motor skills:</b>			
1. good ability	42.9%	85.7%	0.016
2. bad ability	57.1%	14.3%	
<b>Assessment of motions of upper and lower body extremities coordination:</b>			
1. good coordination	14.3%	38.1%	0.010
2. reduced coordination	76.2%	57.1%	
3. without coordination ability	9.5%	4.8%	
<b>Assessment of motions of upper and lower body extremities coordination in rhythm:</b>			
1. good coordination	4.8%	19.0%	0.021
2. reduced coordination	71.4%	66.7%	
3. without coordination ability	23.8%	14.3%	
<b>Assessment of motions of upper extremities coordination:</b>			
1. good coordination	33.3%	61.9%	0.002
2. reduced coordination	57.1%	38.1%	
3. without coordination ability	9.5%	/	
<b>Assessment of motions of lower extremities coordination:</b>			
1. good coordination	33.3%	71.4%	0.000
2. reduced coordination	57.1%	28.6%	
3. without coordination ability	9.5%	/	
<b>Assessment of melokinetic praxis:</b>			
1. adequately developed	/	/	/
2. inadequately developed	100.0%	100.0%	
3. undeveloped	/	/	
<b>Assessment of ideomotor praxis:</b>			
1. adequately developed	/	/	0.436
2. inadequately developed	4.8%	19.0%	
3. undeveloped	95.2%	81.0%	
<b>Assessment of ideatory praxis:</b>			
1. adequately developed	/	/	0.402
2. inadequately developed	/	19.0%	
3. undeveloped	100.0%	81.0%	

According to obtained data and the results comparison, with assessment of ability of motoric body control before and after program implementation, statistical significance was obtained  $p < 0.016$ , which indicates that the elements of work pattern, such as folk dance i.e. the dance where the whole body is moving, affects individual motoric control and requires involvement of all body parts, not only the lower extremities.

Statistical significance  $p < 0.02$  was obtained with parallel test of assessment of motion coordination of upper extremities, before and after, where it has been confirmed that activity such as proper posture within circle or in “kolo”, moving in pairs, some folk customs (throwing objects, appropriate dance styles that require movement of upper extremities, usage of carousels) influenced improvement of control of upper extremities motoric and better coordination of motions alone.

By comparing the results of assessment of motion coordination of upper and lower extremities, statistical significance was obtained  $p < 0.010$ . Folk dance is characteristic because, through all segments of dances and dances' patterns, it requires proper control of the whole body. By using the motion such as circle, semicircle, dance, dancing in pairs (elements of stylized choreographies), the participants' motion coordination of upper and lower extremities has been improved, and with some participants only dancing with other people provided great motivation for mastering appropriate motions and movements.

Throughout the work program alone, along with learning steps, moves, folk dances styles, expressing creativity through traditional songs, the participants performed learned patterns along with listening traditional instruments, so they performed steps alongside the beat of drums in order to develop the sense of rhythm and the speed of the movements. By comparing the results, motion coordination of upper and lower body extremities in rhythm, statistical significance was obtained  $p < 0.021$  which shows that the work method used during the program contributed to development of a sense of rhythm, maintenance of different speeds of motions and steps, as well as adjustment of upper and lower extremities according to assigned rhythm patterns and types of motions.

The implemented activities throughout the work program, according to obtained results, showed that it had great impact, not only on motoric abilities and the process of motoric planning of the participants, but as well on social abilities. By using folk dance elements, traditional music, interactive work, performance of folk dances i.e. “kolo” and customs, it resulted in improving some segments of motoric abilities, more precisely the control of body motoric, motion coordination of upper extremities, motion coordination of lower extremities, motion coordination of upper and lower extremities by rhythm, as well as possibility of ideomotor and ideatory praxis.

Reviewing a series of researches, the therapy by motion and dance proved to be as appropriate complementary method within holistic rehabilitation process even for people with intellectual difficulties. Some research indicate that different types of dance such as oriental, traditional Greek dance or social (“community”) dance can influence improvement of motoric skills when it comes to people with intellectual difficulties, that is they can influence their coordination, spatial orientation, lateralization, better body posture and even decrease of body weight. Furthermore, researches indicated that the motion and dance therapy influences socialization and emotional competence that includes improvement of social skills, raising self-awareness level, self-efficiency, self-regulations, motivations, and decrease depression level. By applying the motion and dance therapy, there is an improvement of life satisfaction for people with intellectual difficulties (Arandjelovac N., 2016).

The type of such expressive therapy is based on the body and its basic language, movement, and includes its cognition of the body's response. How the whole body gives us a literal and concrete structure of what we do we are, so we can understand the movements of individual parts of the body as a metaphor for the expression of our being. We feel and observe our life through the body. By focusing on your body and expressive language movement, we come to a moment where we can draw from our consciousness, feelings, attitudes, gestures, emotions and direct them to a concrete path. During therapy, people learn how to see and understand the messages that their body gives them without excessive immersion in real problems, that is, what happens in their lives. Focusing being on our body, not only can we nurture consciousness, but,



using movements, we can consciously respond and work creatively with anything that comes out of us. The movement then becomes a metaphor for the way of life of our life stories (Gojmerac, I. and other 2013).

Škrbina and associates claim that by dance activities, thanks to their rhythmic characteristics, aesthetic values and movements of the whole body alongside the music, contributes to development of many motoric skills such as coordination, balance, speed, frequency of movement, endurance and some small amount of explosive power and flexibility. They consider that the dance is one of the most desirable activities when working with children because the dance has the influence on development of a sense of rhythm and motion, a sense of beauty of performing a movement and ability to visualize one's own position in a group. Considering that the natural motion forms are the basis of dance structures, they continuously develop a sense of rhythm, motoric and other abilities of an organism.

Coordination or co-ordinational capacity and motoric planning are developing more through studying process, improvement and practice of motoric knowledge. Within that process it should take into account specific principles so that the progress would be much better. Many reports indicate that the rhythmic activity, especially music, dance or sport helps with motoric planning and sensory integration with successive abilities. Related to this, in quality improvement of motoric function and coordination, space perception, body or body awareness of people, the creative technique such as therapy by motion or dance, combines some elements like motion planning, meaning connection, feelings and attitudes toward planned motion which contributes to creation of new patterns and motion quality, and also contributes to integration of physical, cognitive, emotional and behavioral aspects within people by which, at the same time, encourages motoric planning. (Iverković I., 2013).

The motion and dance therapy can influence several crucial indicators of life quality when it comes to people with intellectual difficulties. On the fundamental level it contributes to physical wellbeing that includes health, mobility and safety. Fitness and mobility are connected by physical abilities and are defined as functional potentials for different activities. Furthermore, it contributes to emotional and spiritual kindness considering that it can have positive effects on emotional and mental state, stress reduction, a sense of self-fulfillment, self-respect and self-confidence. Finally, as motion and dance are socially organized activity, it can also have positive effects on creating and strengthening interpersonal and emotional relationships (Janković Marušić S., 2012).

By using traditional i.e. folk dances, it has shown that it can be useful in fields where body image disorder occurs, or where specific physical or mental limitations inhibit realization of emotional or social needs. It improves motor (motoric planning), social functional abilities, as well as gaining new insights of personal experiences, needs, goals, and encourages social interactions in which this way of work contributes to subjective, emotional and psychosocial kindness, that is improvement of life quality of people with developmental difficulties.

A review of the documents revealed a lack of defined programs, as well as methods that include accurate techniques of dance structures. Lack of description of the use of techniques that diminishes the possibility of using them and creates fear of the unknown during work and activities with people with developmental disabilities. Therefore, it is not possible to include this mode of work as a type of therapy in children with developmental disabilities because of the lack of educational staff or program leaders.

## CONCLUSION

Taking into account obtained results and positive effects of applying motion and dance therapy in different problematic areas, as well as importance of organizing free time for children/people with developmental difficulties, it is necessary to form programs in order, not only to improve motoric and social

abilities, but to improve life quality of individuals and their families. By using elements of folk dances, traditional music, interactive work, performing folk dances i.e. “kolo” and customs, by methods that were used in work, it resulted in improving some segments of motoric abilities, more precisely the control of body motor skills, coordination of upper extremities motions, coordination of lower extremities motions, coordination of upper and lower extremities motions by rhythm, as well as possibility of ideomotor and ideatory praxis with participants.

Fulfilled and active free time and satisfaction because of the chosen activities, contribute to creating a sense of fulfillment, self-respect, confidence, building self-importance and reducing stress level. Reduced selection of adjusted programs for work with children/people with developmental difficulties, reduces the possibility of including children/people with developmental difficulties in above mentioned. It is necessary to emphasize the need of designing a program directed towards elaboration of therapeutic programs considering different needs and capabilities of a user, and also considering elaboration of evaluation techniques, measurement instruments and assessment parameters. In that way, it could be pointed to limitations, but also to possibilities of improving structural therapeutic models that would influence the further perspective of applying motion and dance therapy as the standard therapeutic methods with people with intellectual, and other developmental difficulties.

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