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MUSIC AND DANCE THERAPY FOR CHILDREN WITH SPECIAL NEEDS

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Abstract. In the Center for Children's Artistic Expression, Music Therapy and Psycho-Physical Relaxation "Dzundzule" from Skopje, a study was conducted in which the influence of the combination of dance and music therapy on the psychophysical and cognitive abilities of children with special needs was investigated. with mild intellectual disability and Down syndrome. The research showed great progress in the mentioned abilities after three months of the therapeutic-rehabilitation process. It has also shown the action by groups of respondents as well as the ways of acting of certain individuals.

Key words: dance therapy, music therapy, children with special needs, intellectual disability, Down's syndrome, therapeutic-rehabilitation process.

1. Introduction

So far, in theory and practice, we have met terms such as music therapy, which contains music and movement as therapy, then dance and music therapy as separate independent sciences. Since this work does not deal with either therapy separately, it uses dance and music as an environment with which it makes a kind of art therapy and rehabilitation. Both therapies are equally represented and help each other in all segments. The most appropriate name for this type of a rehabilitation procedure would be "dance – music therapy".

Dance and music, as a controlled application of a special organization of bodily and mental activity, can be used as a rehabilitation and therapeutic tool for children and adults who have motor, sensory and emotional disorders. Rehabilitation with dance and music is theoretically based on kinesiotherapy, while the therapeutic type of application is based on psychotherapy.

The therapeutic models begins to develop in the theories of psychology of Adler, Jung (active fantasy, symbol, myth, importance of subconscious), Reich (psychosomatic expression), Pearls (nonverbal provision), May, Rogers, Maslav (creative motivation and human potential) and J.L. Moreno (who developed psychodrama). By placing the full focus on the relationship between internal movement (impression, feeling, image) and the external movements we express through dance, this type of therapy suggests that movement reflects the emotional state and can lead to psychological cognition and behavioral changes. It is a type of psychotherapy that uses movements and music to express emotional, cognitive, social, and mental states. It is a form of expressive therapy.

This type of expressive therapy is based on the body and its basic language – movement, so it involves learning about the body's reactivation. As the whole body gives us

a literal and concrete structure for who we really are, so can the movements of certain parts of the body be used as a metaphor for expressing our being. We feel and observe our lives through the body. By focusing on our body and the language of expressive movements, we come to a point where we can draw on our consciousness, feelings, attitudes, gestures, emotions and direct them on a specific path. The structure of our body shapes the characteristic condition of the body by maintenance; every stress in our lives is stored in us and acts on the body, often creating fatigue and pain that reflects the emotional and mental state, muscles, organs, nerves, and blood.

During therapy, people learn how to see and understand the messages their body sends them without excessive deepening in real problems, i.e., what happens in their lives. By focusing on our body not only can we nurture consciousness, but, using movements, we can also consciously respond and creatively work with anything that comes from us. By entering the deepest pores of our physical, emotional, and mental being, we can get rid of the present and the past. The movement then becomes a metaphor for the lifestyle of our life stories.

RESEARCH PROBLEM

The problem of the research arose from the existing difficulties in focusing the attention of children with special educational needs in the process of their education, due to the state of physiological deficit and the absence of application of innovative strategies, techniques and models of creative methodologies in the field of music, dance and art. throughout their music and general education.

SUBJECT OF RESEARCH

Focusing the attention of two categories of children with special educational needs is carried out by using the methods of music therapy and dance therapy. In fact, the subject of our research will be explored through an empirical-qualitative approach of case studies of four categories of children with special educational needs with positive experiences in focusing the attention from the applied musical activities - improvisation technique (instrumental and body rhythmic movements) and the technique of active listening to music; through a model of individual active music therapy according to the Nordoff-Robbins method. The research will be carried out with a "critical case" sample - selected units from four categories of children with special educational needs, previously known as cases with a state of attention deficit. The sample consists of 14 children aged 11-14 years (period of early adolescence) with a proportional representation of both sexes (4 boys and 10 girls) and heterogeneous developmental and behavioral problems present (6 children by Down syndrome, 8 children with mild to moderate mental retardation without etiology) who visit the Day Center for Music Therapy "Dzundzule" in Skopje.

AIM OF RESEARCH

The purpose of our research stems from the determination of the research object expressed as the achievement of focusing attention through a model of individual active music therapy according to the Nordoff-Robbins method, present in two categories of children with special educational needs.

METHOD OF RESEARCH

1. The empirical corpus for our research consists of:

- The literature that refers to the exploration of the concept of music therapy and dance therapy, exploration of the developmental stages of a child's personality with an emphasis on adolescence and exploration of the concept of children with special educational needs (SEN);
- The literature related to the concept of music therapy and dance therapy, music therapy methods and results of international research on the applicability of music therapy in attention deficit disorders;

The database of individual music therapy workshops with each child individually.

RESEARCH QUESTIONS

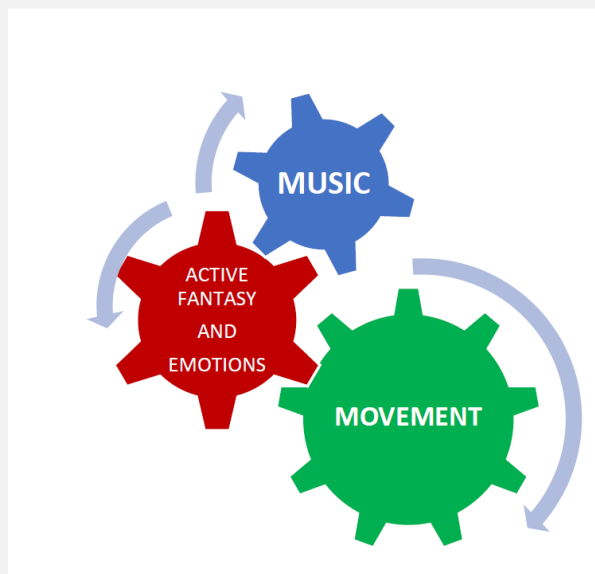
The relationship between the body and the mind is emotions. All of us are not aware of aspects of what we feel. Psychoanalytic practice is trying to help people become more aware of emotional states and increase the ability to accept and manage the wide range of emotional experience. Movements aimed at choreography or playing are associated with all basic emotions. Expressive patterns are both personal and universal. Whether emotions are named or not, they motivate and shape our movement. Sometimes, the intense affect expresses deep introvert, a personally directed process of movement. In other cases, emotions are symbolically prescribed. Studies and practice show that each emotion has a life value as well as a spiritual dimension. But those same emotions when suppressed and denied can tighten and destroy the body. or extract pictures, sculptures, make solid games or movements. It also happens when we have love fantasies or bonds in quiet dialogues with inner characters. When we use our body to express fantasy, then the vibrancy of sensory-motor experiences aims to not lead to the system that is the pleader of our puberty or early childhood.

What is very important to remember about the nature of fantasy is that it is a symbolic process. When fantasy brings us to the emotional core of the system, it may also take us through it. But at this point we have to be awake, careful and interested in what we fantasize about. This means developing the ability to carry emotions when the complex is snapped and at the same time fantasizing and exploring the symbolic images that are part of it.

The following question arises: **How to foster the active fantasy that will reach the core of emotions?**

The emotions of being able to squeegee them out of force, nor can we get to know them by force. It is important to find a means of fostering fantasy that will not be over attacked, and at the same time effective. Dance – music therapy uses music as a stimulant of active fantasy. Music in this case serves as an engine of active fantasy that enters the emotional core and gives guidance to emotions throughout the body, and their output is seen in bodily action, i.e., the movement that is the body of emotions. All these segments can be presented as conspicuous wheels that move among themselves, and as an engine of the clock pendulum the emotion expressed through the movement of the human body (scheme 1). These wheels can be identified with the clock's wheels, and the music in this case is the battery that moves them.

Scheme 1.



The first wheel represents music, and it moves the active fantasy. Although it seems to us that it only moves the melodic line, all other components of music that the listener does not notice have a large participation. These are: harmony, rhythm, instrument colors, composition text, and many other things. The wheel that is driven by music is an active

fantasy and emotion that does not exclusively imply a fantasy of an event or person. Active fantasy also implies events that have already happened or personalities we already know. So, these are events of the past and with them suppressed emotions. Stirring emotions demand their way out of subconscious. Their next stop can be consciousness, as well as the exit they are looking for through a movement that can also be in forms of facial expression, and can directly emerge through uncertain movements, and are represented in the third wheel as the final stage of this process.

However, it is not the music that will evoke emotions, but will create a mood from which active fantasy and emotions will arise. So, music in a specific way helps through mood types to project emotions. The types of emotions that will arise from one person and the way that person will react very often depend on many factors. They may depend on what day a person had. Although we feel comfortable listening to certain music, the concerns we feel all day can affect the way we listen to music. Also, the kind of emotion that will occur in a person depends on what it will remind of certain music, the events of the past or some personalities. This explains why music is such a powerful therapeutic tool in the treatment process.

During the setting of music for therapy, we always wonder: **on what grounds will we choose or design music that will arouse a mood of humor, but not joy?**

Individuals would choose the first part of Beethoven's Fifth Symphony and characterize it as calming, while others would characterize it as humorous. What everyone would agree on is that that music is inciting, restless and dramatic in its initial part. But why?

More questions are being asked: **What is it that music makes it so that we can give it certain epithets?**

In this case, variants of separate components that make up the composition must be taken. **These are: dynamics, pace, melody, rhythm, number of sections, and color of the tone.** Of each parameters specified, two aspects should be taken: the quality of the parameter at any time and the path by which parameters change during their progress. The combination of these parameters and the musical movement created according to these parameters produces types of mood to which we respond with emotion. (2003).

EXAMPLE AND COMPETENCES FOR THE USE OF MUSICAL PARAMETERS

One of the musical parameters that affects mood is dynamics that develop from complete silence through all its levels. These are already established levels of dynamics that are relative to the number of instruments performing the composition. For example, a solo violin that performs the composition or part of the composition in pianissimo will produce a sound that is much quieter than the sound that will produce the string orchestra in that same dynamic mark.

At the combination of a certain pace and dynamics, we get the opportunity to better determine the kind of mood that will cause certain music. Therefore, music performed in piano and slow pace will cause a mood of tragedy, caring, calmness or solemnity and drama, but will certainly not provoke majesty.

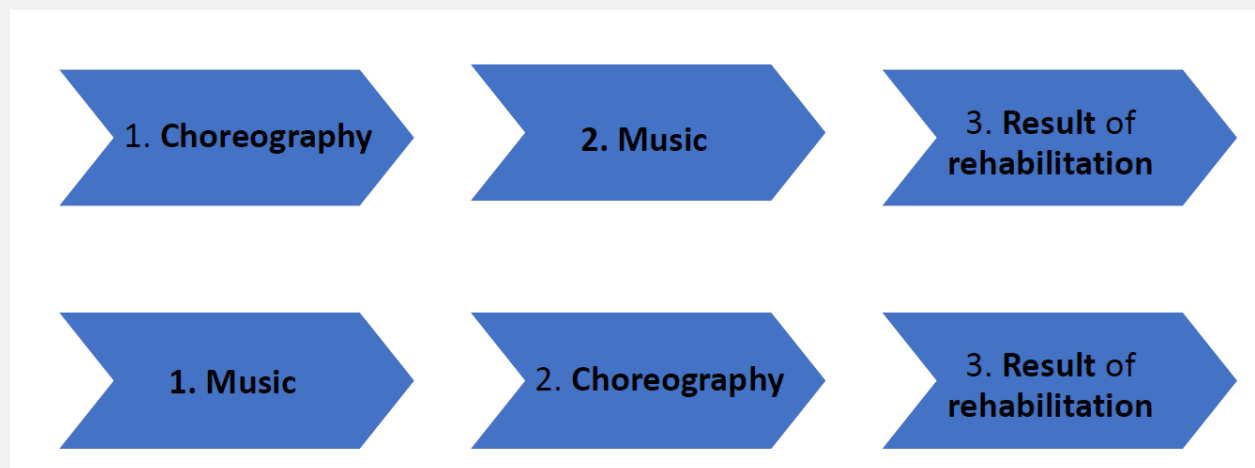
In addition to working closely with psychoanalysis, dance-music therapy in its rehabilitation segment also cooperates closely with kinesitherapy. "Kinesitherapy is a medical discipline that the movement applies as a means of treatment or mitigation, a consequence of pathological conditions" (Rabbit, 2005). Its application is found in the treatment and mitigation of the effects of orthopedic, neurological, and other locomotor apparatus diseases, which include other types of disability, including the consequences of mental retardation. Kinesitherapy primarily implies knowledge of kinesiology – a discipline that detailed the functioning of the locomotor apparatus, starting with the parts of the motion apparatus (bones, joints, muscles, motor nerves and nerve pathways with deep sensitization) with which joint movement occurs. The absence of normal function of any of the above parts of the apparatus makes it impossible to perform movements normally. By analyzing movements, kinesitherapy comes to an adequate solution to a series of movements that will help rehabilitate a particular problem.

Dance – music therapy is used with the above knowledge and research on kinesitherapy. So, this type of rehabilitation continues to use movement as a rehabilitation tool because the movement is the smallest unit of dance, with the therapist setting up a series of carefully selected dance movements to help the patient in his rehabilitation. **If the therapist is wrong in choosing dance movements, the outcome after the patient can be fatal.**

The above dance movements are initially set without music as the patient (child) could learn their order, and then set with music that can serve as a rhythmic form in which a particular dance is set and can also serve as a base that will have a calming tone or engine force for the rehabilitating patient. her therapeutic performance, because in this case she creates a mood that will affect work in rehabilitation.

It appears in the rehabilitation segment at the very beginning of this chain of action, just as in therapeutic, but also appears in the middle of that circular course, where it has the property of a therapeutic prop, just like the movement. The mutual action of the dance movement presented as choreography and music can be presented in two chains (scheme 2), the result of which is always an improvement in the abilities towards rehabilitation.

Scheme 2.



When setting up dance movements or choreography, care should be taken in several segments:

1. Health condition and diagnosis of the patient
2. Effectiveness of movements
3. Properness of work

EXAMPLE

During 2019 we did a study of the action of dance – music therapy of the psychophysical and cognitive abilities of children with easy intellectual disabilities and Down syndrome. The therapeutic – rehabilitation process was held twice a week for three months (March, April and May 2019). Each therapy lasted an hour, i.e., 60 minutes. We always worked with a group of children with intellectual disabilities first, and then with children with Down syndrome. The first group, children with easy intellectual disabilities counted 8 children (5 girls and 3 boys) with the same level of intellectual disabilities and additional difficulties. The second group, children with Down syndrome, were contained by 6 children (4 girls and 2 boys). children of older age. Only one boy in the group of children with easy intellectual disabilities was 10 years old. Initially, therapies flowed at the same pace and activities as they were intended for the original examination. The initial examination was done to determine the initial condition (psychophysical and cognitive) of children of both groups. By analyzing the recordings, according to the results obtained by each individual

child in both groups, we could also determine the degree of socialization, length of attention, quality of perception, quality and quantity of memory, and the emotional response to events during therapy.

The original assessment was made according to activities in which we observed bodily activity, i.e., the movement through which an object is exchanged through giving and taking, as well as changing the standing point in the space during a game or task. The first task in the initial assessment is to focus on gnostic organization.

METHODS AND PROCEDURES

There are many theories about dance and music therapy about how best to help people. Regardless of all known theories, experience does not teach that any individual who comes to therapy is a set of unique problems, experiences and needs, just as everyone has unique fingerprints. No theory or method of treatment can help these individuals in the same way, so we cannot treat all individuals under the same conditions. At first, everyone is under the same roof, but over time personalities relax and we begin to get to know their needs that require different treatment, methods, and approach in solving problems.

The first dance-music therapy sessions, which were set as initial assessments, served to introduce and relax each other. Gradually we were given the opportunity to see the talents and affections for the different ways of communication and expressions that everyone possesses. At first, children with distrust accepted the work during therapy, especially when they needed to improvise themselves. Over time, however, they began to relax and emerge from their shells behind which they hid. Individuals who had bodily deficiencies categorically refused any physical activity, especially dance, believing that what they would do would not be done in the right way and that it would not be good enough. They were ashamed of their shortcomings and did not want to be at the forefront. We did not want to put pressure on them, but simply allowed them to sit on the side and watch what was going on. With occasional address, we slowly dragged them into our entire story together. We wanted them to relax through laughter and fun as well as engage in therapy along with the other children. We sought to strengthen knowledge of body parts most through warm-up exercises that we practice at the beginning of each therapy so as not to cause any injury. During the work, we emphasize which parts should be reached or which parts of the body should be leaned towards. We wanted students to feel the quality of movement with special attention to transfers from moving. For example, we worked a combination that included raising our hand to the head, separating and opening. We retain the moment when the hands are at the highest point and we repeated those movements.

One exercise that raises awareness of body parts and laterization is a simple warm-up exercise and is ideal especially for younger children. In the exercise, it is necessary to sit on the floor and spread the legs as much as the child can do, and then with the upper body to lie on the left, then on the right side, and eventually lower the body in the middle between the legs.

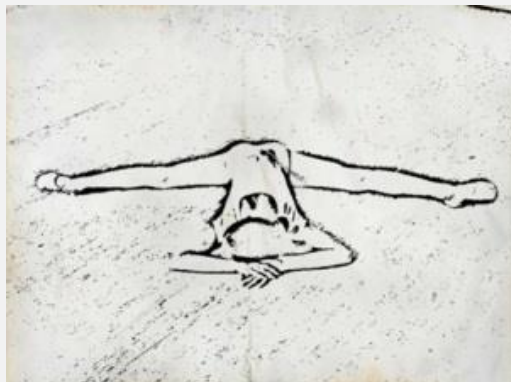


Figure 1.

During this exercise we also had the opportunity to develop a sense of spatiality. We sat, as therapists, opposite the children and told them, "**Now we move towards the left leg, so we move towards the right ... and now we're lying forward.**" The children initially did what they looked at in a mirror, so almost everyone did on the left or right side of the therapist. By constantly correcting that the left side of the therapist is actually their right and turning their backs on them to understand what it is, individuals have over time begun to understand what the therapist is saying, and respond to the recognition of the parties or the lateralization of themselves and others. However, several were left to mimic the therapist's movements without the ability to recognize the task themselves.

Body parts such as eyebrows, lips, eyes, buttocks, back, so the parts of the body that do not require warming were detected through other games. One of those games is "theatre", in which children extract leaves from a hat, which write terms or personalities to play. In addition to the terms, one of the parts of the body that needs to be moved is appointed to make acting credible. For each term we had already prepared musical excerpts that are adequate for a particular appearance or character of the person to be played. When a child performs the task, all other children can try to perform the task in the same or similar way, but by moving the specified part of the body.

For example, the boy with Down syndrome, Marco, pulled out a foundry with the following task: "A lady walks down the street with her brow raised".

Mathew pulled out a fox on which the task was as follows: This task was very difficult for him, since there was no developed speech.

We noticed a special progress when we played the composition "Moon" by Debisi on one occasion. We put the speakers on the floor, and the children asked them to lie on their backs with their eyes closed. Through the floor was a vibration of sounds that spread to their bodies. We asked them to spread their arms and legs and turn their palms to the floor to feel the vibrations that stemmed from the sound of the harp. Their consciousness is directed to the sound they can now touch and feel the same sound throughout the body. On our faces we deceived merciful smiles that gave enjoyment and "**A frog that moves cheeks**". Then the following task followed: "Now try to feel your little toe ... and then the thumb of the leg. In this way, children should not have mixed certain parts of the body, but only felt that they existed, and that they could manipulate those parts of the body. A sense of permanence is one of the main steps in further developing psychomotor abilities, where body awareness comes to the fore. Thanks to the awakening of awareness, there has already been increased progress in the following balance and co-ordination exercises.

To improve laterization, other exercises were added, the most interesting and productive of which was the so-called "choreography" exercise. The exercise consists of a series of movements that we verbally pointed to children through music, for example: "From the initial pose, lift your right leg to the side, then turn on that side and the turn ends with your left hand raised above your head". Initially, the guidelines are simpler than the above, but then as children's abilities progress, they are complicated. Usually when children do not know the answer to the question that is left and which right side, they ask them "What hand do you write with?" At first glance, this question is in place, but what will we do with children who are left-handed or with young children who are not yet writing or with older children who, due to mental disabilities, do not have developed manipulation with their fingers and do not write at all. Thinking about how to get closer to the laterization of the body in a real way, to draw signs on their hands. On the right side we drew a red sun, and on the left star in black, we called them "Theona and Jana". Children repeated the tasks set and verbally with the first attempts. For example, "From the initial pose, lift your right leg, Theona, and then turn on the same side and the spin ends with your left hand, Jana, lifted overhead." Children found this exercise very interesting and quickly reacted to the choreographies given.

In the middle of the therapeutic process, we gave the task a new dimension by dividing the children into pairs facing each other. One child dance to music that is at a slower pace, and the other child should tell which parts of the body he moves by appointing the right and left along with the "fictional" names Theona and Jana.

From the verbal repetition of movements with the given "fictional" names, we also set the exercise of the so-called "little composer" in which students were tasked with making a song for Jana and Theona, which will be followed by movements pointing to the side for which they sing. By mentioning "fictional" names, the song needs to contain the names of certain parts of the body, while the music is created themselves.

In addition to mentioning the "fictional" name, it is very important to mention the true name of the page for which it is sung. Otherwise, the song will not have a real performance because children will only target "fictional" names, and the purpose of this exercise is to improve the laterization of the body that will be used in everyday life. Emphasizing certain parts of the body also improves the ability to recognize them.

Similarly, we used this exercise once again. In this task, it was necessary, together with the mention of the side and its aggravated name, that children move through the hall in the direction of the side for which they sing, with the possibility of using the space before and behind the right side, i.e., back, and forth. In this way, through movement and song, children gain a sense of space. We have often met children who have expressed their expressions back and forth quite abstract and do not understand those terms, hence it is important to emphasize the sides to which the child should move, repeating them two to three times.

To get a real sense of space, we divided the students' umbrellas and asked them to imagine it raining and they went down the street with the umbrellas. We divided them into two groups, one group stood at one end of the hall and the other group of the other. The task was to wait for each other as well as to pass with the large umbrellas, not to collide and not to touch even the umbrellas. Awareness of some other personalities in the room helps to raise awareness of the space they are moving through at that time, so awareness of the body in the space awakens. We then choreographed them with umbrellas, in which in addition to a sense of space, they promoted a sense of time. Each person has a personal internal pulse (breathing rhythm, breathing duration, etc.). We all possess heart beats and pulses that we can feel and even play them. Each has some internal rhythm that is determined by our metabolism and mood and can vary with the speed of breathing.

Following their personal pulse, we asked the children to sit in a circle in a position that is most comfortable, as well as close their eyes and fully calm down. They needed to try to feel their heart beats, i.e., their pulse. Many children had trouble finding their heartrate by asking one hand to put it on the neck and stop breathing for a few seconds to feel their heart, and then start to slowly aim at the pulse rhythm. In this way, children represented a shaky one on their constantly ticking body clock. When they started to calm down, we played music at a faster pace (J. Brahms - Hungarian Dance No.5, Johannes Brahms - Hungarian Dance No. 5) and asked them to start playing.

The music itself led them to faster movements, even jumps, which consequently caused faster heart beats. They calmed down and began to wait in the rhythm of beating their heart. The movements were now much faster than the first task where they were niche. Our question followed: **"Is your heart beating more slowly or faster now than the original task when you sat down and took a look?"**. In this way, we wanted to clarify the rhythm of time. The group of children with easy **intellectual disabilities** could clearly point out that there were differences in the speed of taking steps. They did not understand the important difference in full. They realized there was a difference, but they couldn't understand it. However, with a constant repetition of exercises, the sense of time has also perfected in these children.

Another kind of independence of children is gaining coordination of movements. Many children with **easy intellectual disabilities and Down syndrome** have problems performing everyday work, due to reduced coordination of movements. Reduced coordination of movements also affects certain segments of sense of space and time, such as the experience of bodies in space, viewing the relationship in space, rhythm of time and metric time. also affects the quality of balance in everyday actions such as walking, etc. It can be clearly concluded from the above that coordination of movements has a major impact on our quality of life.

These exercises require systematicity because the coordination of movements is built starting with the upper extremities, then the lower ones and the combination between the upper and lower. The rear scale in this system is the most complicated form of coordination of movements, which implies coordination of the upper and lower extremities with rhythm. It is very important to process the first two segments especially as their ability would be perfected, and even when the therapist assesses their progression then switches to combining the upper and lower extremities that do not have to be at a certain rhythm. Coordination of the upper and lower extremities in rhythm is the last level of these psychomotor abilities. To that end, we created the "**doll**" exercise in which children were tasked with imitating the dolls with music from the Ballet "Bastard", variation "Doll", by the composer Leo Delibes (Coppelia: Waltz of the Doll) (Figure 2).



Figure 2.

This composition was chosen because it fully reflects the movements of dolls at a thread with sharp movements, as children should have acted. Since they had tasks – movements that were supposed to follow music this was a small choreography with the help of which they should have mastered the coordination of the upper and lower extremities with rhythm in a simple and interesting way. With this movement through the hall, in which everyone participated, students developed a sense of space as well as a sense of body in space, as well as a sense of metric time and body balance. It is clearly seen that this exercise covers both the upper and lower extremities: arm, head, leg, knee, foot. The very reflection of the movements of all the above parts of the body that should follow the given rhythm is a major problem for children. During the work of coordination exercises, some exercises also work indirectly to improve body balance. Since the focus in these exercises was not balance but some other segments of psychophysical abilities, we created special exercises in which children primarily realize the balance of their bodies and then perfect it.

Of the six abilities represented in the original assessment (attention, perception, emotions, consciousness, remembering and thinking), only emotions were not possible to develop through the specified exercises.

We led the groups through a variety of pantomime situations. For example, children stood in a large circle, and the therapist went from one student to another (child), greeting

them and showing every person that I liked him very much. Then we asked each of them, "Do it in your own unique way." Then the children turned to the wide types of cultural forms for friendly greetings. One made a slight inclination towards each person as he walked around the circle. Another shook his hand. A boy cuddled them all.

After everyone showed greetings and respect for the others in their own way, we demonstrated to them how people refuse each other. Again, everyone in the group turned to a reasonable cultural form while turning their heads or collecting their noses or moving their heads slowly and aside until it became clear that the answer was "No!". A girl walked along the circle from one child to another and suddenly spun their backs. Another boy walked down the circle and pushed them all. After several therapies, an incredible capacity of spontaneity developed as they entered and played with any image. Individual students even choreographed their visions. Sometimes the connection was filled with aggressiveness and anger. Another time the fantasy world was pleasant.

We asked them during this exercise to observe a little with each other and then act a way of rooting with their friends. They felt uncomfortable trying to imitate themselves. Unnatural feelings had to do with the special kind of body schism. During her scratching, a girl pushed her body backwards and when the other children imitated her, she wanted to change it.

Wanting to make conscious changes, he tried to set his axis more vertically. He felt everyone was too close to be comfortable. He decided to set himself back, in his much more familiar position of distance. However, with constant attempts to change the attitude of her body, it was clear that she conveyed her memories and emotions with her natural attitude, i.e., that she is in her subconscious. We concluded that as she became aware of her tendency to look back, she began to experience it emotionally as a connection between shyness and restraint. She could feel the emotions directly. Wanting children to awaken awareness of emotions and their behavior during those emotions, we found prototype express action of every primary effect. We asked them: "How do you move while you're scared?". They swirled around the room trying to imagine (and remember) a life experience of fear and response to that condition. First, they had to have a terrifying view of their expression, so that's how we develop a more detailed picture. While they were scared, we asked them to imagine: "Many hundreds of years ago. You are the first people on Earth. Can you imagine how they would feel and what they would do for the first time without any warning to hear thunder?" Then universal, primary expression came out of them. To express anger, we asked them to move like when they were angry. Most remembered and showed irritation and irritability, i.e., showed how they struggled to control anger. Then we asked them to repeat, "Now you have the right to be angry!" It changed with the u. With great energy release, most of it began to hit, push, and jump. The following order was, "Take all that energy and transform it into a beautiful dance." Suddenly the gym was filled with steps, mischievous steps from the children.

We wanted to awaken the deepest degrees of empathic response in them by bearing awareness of the emotional conflict that is seen in muscles. Any completed action they do is related to personal experience. This experience is only possible to establish through movements that occur on their own, i.e., through the experience of "let it happen", because the power of desire and effort prevents movement, and movement to be experienced must be discovered in the body, not placed as a costume or coat. Opening the channel between internal feeling and physical activity is the first and main step.

RESULTS AND DISCUSSION

The results of the initial assessment of psychophysical abilities showed that they were at a very low level. Throughout the study, the group of children with easy intellectual disabilities showed better performance of abilities in relation to the group of children with Down syndrome.

In a sense of laterization, they produced better results with 53.89%, a sense of time of 55.13%, space orientation by 31.2%, movement coordination by 23.73% and balance

maintenance by 57.55% of which resulted in overall psychophysical abilities yielding better results by 44.3%.

The initial assessment, in addition to psychophysical abilities, was made for the cognitive abilities of children of both groups. The assessment was made during the task of psychophysical abilities. All the above cognitive processes are used through all tasks and exercises, and they are inevitable. After analyzing the recordings that made the assessment of psychophysical abilities, we re-examined the recordings and evaluated cognitive abilities through them. Cognitive abilities were evaluated across six segments: attention, perception, emotions, consciousness, memory and thinking.

Over 50% are negative responses to mental abilities at each level and the difference between groups is minimal. The group with easy intellectual disabilities has better results for 1.07% of the down syndrome group.

After three months of therapeutic – rehabilitation process, a final assessment was made aimed at showing the performance of dance –music therapy. From the final assessments of the states of the psychophysical abilities of both groups, the one with easy intellectual disabilities and the one with Down syndrome, the results are different.

In terms of the original condition, where easy intellectual disability had better result than the group of children with Down syndrome, psychophysical abilities by 44.3% and cognitive abilities by 1.07%, while in the final trials the results showed another condition. In psychophysical abilities, the group of children with Down syndrome showed better results by 14.37% and in cognitive abilities by 32.83%. This condition shows chart 1, which shows the development of psychophysical and cognitive abilities expressed in percentages for both groups in relation to the beginning of the therapeutic and rehabilitation process. It is clear from the above results that the group of children with Down syndrome has better results in all segments of the study.

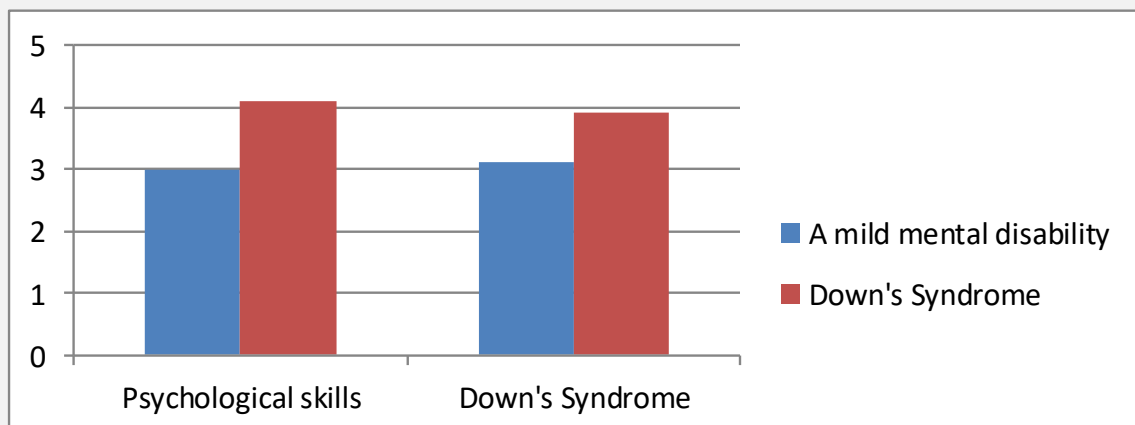


chart.1

The total result of both groups per sample is represented in chart 2, which is made up as a circle. Blue represents the total progress of the group with easy intellectual disabilities of 44.79% (approximately 45%) and red represented the group of children with Down syndrome whose total progress is 55.20% (approximately 55%), indicating that children with Down syndrome have better results of 10.4%.

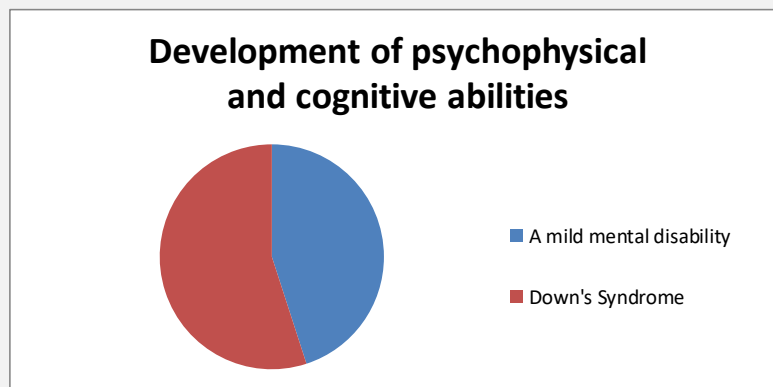


chart 2

CONCLUSION

Since the therapeutic and rehabilitation process lasted only three months, we believe that a longer process would also give better results in view of the results achieved in a short time interval. The introduction of this type of therapy into the daily activities of children's centers with special needs, the psychophysical and mental abilities of these children would be at an enviable level in terms of their disabilities.

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