Introduction:
Two to three children out of 1,000 in the U.S. are born deaf or with some loss of hearing, according to the National Institutes of Health. Hearing is critical to speech and language development, communication and learning. Children with listening difficulties due to hearing loss or auditory processing problems continue to be an under identified and underserved population. There are four major ways in which hearing loss affects children. It causes delay in the development of receptive and expressive communication skills (speech and language), reduced academic achievement, social isolation and poor self-concept.

Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts. The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school. The level of achievement is related to parental involvement and the quantity, quality and timing of the support services children receive. It may have an impact on vocational choices, slow vocabulary development. Children with hearing loss do not catch up without intervention and have difficulty understanding words with multiple meanings.

These special children may not hear their own voices when they speak. They may speak too loudly or not loud enough. They may have a speaking pitch that is too high. They may sound like they are mumbling because of poor stress, poor inflection, or poor rate of speaking. Children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with hearing loss is limited. These social problems appear to be particularly when their socialization with other children with severe to profound hearing losses often report feeling isolated, without friends, and unhappy in school, particularly when their socialization with other children with severe to profound hearing losses.

Recent research indicates that dance movement therapy plays a great role in solving many problems in children and adults. The present study was an attempt to implement dance movements in solving problems in hearing impaired children. The main objectives of the study was to increase concentration and focus, increase imitation skills, enhance emotional expression, enhance creativity and imagination, improve group coordination, increase social skills, develop leadership qualities, build trust and rapport, increase whole body awareness, improve body parts coordination, improve eye-hand coordination and increase control over movements.

Methods:
The study was conducted with the hearing impaired in-house children of a home, situated at Barrackpore, West Bengal. Among these deaf and dumb children, some were orphans and destitute. Inspired by the vision of Swami Vivekananda, the authority of the home give guidance and counseling to deaf community for their personal, academic upliftment and disability management and special education. They also involved in rehabilitation of children with hearing impairment.

During this study a total of 9 female children were enrolled by the authority. They were all in the age group of 5-9 years. Official permission was taken from all and the authority of the home to do the work. The total tenure of the study was 3 months and in a week 2 days were allotted for the study. Each day 2 hours were spent with the children. The participants were involved in various types of activities. During the sessions one expert of Sign Language Unit was provided by the authority of the home every day. The promotion and development of the children was noted by the help of the subject experts and the psychologists. During this study the participants were practiced with simple dance movements with hand gestures. Then they are practiced the movements with a particular rhythm. They were also practiced dance with the song “Lal jhuti kakatua dhorechhe je baina…….”

Every day the participant started their dance sessions with a simple body warm up session involving body movements following some movements from yoga. Before dance sessions, fine motor exercises were done to make the fingers and wrists supplier so that articulation becomes easier. Participants were encouraged to employ single and double hand gestures combined to craft a separate dance for the hands in a variety of ways. They used them to converse with each other and create words and stories through them. They also improvised the body movement in relation to a hand gesture. Towards the end participants inverted their own gestures that express feelings and share stories from their own lives.

To develop body awareness among the children body awareness game corresponds with body part touching was practiced. With very slow dance movements one had to touch different body parts of their partners with forefingers. The touch was very soft and time taking, so that the participants could feel and recognize the touch. In the next part of the game the participants had to move the body parts after each touch slowly and then in a faster pace with close eyes. In the body trust sessions partners stood opposite each other and let their fingertips meet. One child with closed eyes dance around the room guided by other partner with eyes open.

ABSTRACT

The present study was an attempt to implement dance movements in solving problems in hearing impaired children. During this study the participants were practiced with simple dance movements with hand gestures, the body awareness and the body trust sessions. The result reported a good social skill in the behavior of the children after the therapeutic session they experienced. The psychological boosting was maximum in the present study. Among the benefit of these sessions include the participants can express their feeling comfortably with others. Thus dance is the best media for non-verbal communication between humans.

KEYWORDS

Body awareness, body trust, social behavior

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The use of props always enlivened group because initially many find it easier to relate and focus on the movements of these props rather than on their own bodies. Pairs of sticks and dupattas were used to enhance concentration and creative ways of moving. In each cluster, participants explored various kinds of movements with the props. Members in each cluster observed the movements of their props which were then kept aside. Participants then imitate the movements of the props. Then they moved their bodies in relation to the prop individually.

In cool down session the participants lied down with closed eyes, moved different body parts from head to the toes very slowly with breath. The participants tensed body parts and relaxed them. At last in good bye stage the participants got into a circle, gave a positive stroke through movement to the neighbor by either hug, touch, or any movement.

Results:
I felt constantly challenged during this study with hearing impaired girls. The dance sessions tested my non-verbal communication skills. I had to express myself as well as understand their subtle, fast-paced sign language. There were nine hearing impaired girls, many of whom could make minimal sound to communicate. Specific goals were set for this group after movement assessment. One was to strengthen the group’s social-interaction skills so they could relate more effectively with their friend and peers. The participants faced some problem of social mixing due to their disability. Another goal was to increase their imitation skill and it was succeeded by the practice of movement of hand gestures and other dance games. They loved the hand gestures used in Indian classical dances. They related it with their sign language. This variety of hand gestures was used to express emotions and delineate stories. The children were also very much involved in the dance games practiced during this study.

The children enjoyed the dance sessions very much. They could relate with the song and their class teacher expressed the meaning of the song to them by their sign language. Primarily they practiced with only lip read of the song. But some of them expressed by their sign language to play the song in tape-recorder, which they can feel by vibration. The subject expert also said that the children were much comfortable with this technique as they could feel the song by vibration.

Discussion:
In the present study it was proved that dance is the best media for non-verbal communication between humans. Studies on the relationship of therapeutic approaches of dances are very much challenging subjects. Here, the challenge meets the demand of the hearing impaired children. It becomes easier to work if a group is homogeneous, consisting of children of same age group, sharing the same disability and level of functioning. The pace of sessions was slow especially while working with groups like the physically challenged. Constant encouragement and positive feed back to participants throughout sessions helped the group to respond better.

In the present study individuals in each of these groups fed into my growth. With them, I discovered ways of breaking down movement patterns into smaller components, developing building blocks of movements, extracting themes and stirring up creative abilities to take them beyond their expected limits. I used an array of physical disciplines like creative movement, ideas from yoga, elements of classical and folk dances, theatre exercises, relaxation techniques and mime. These disciplines were used either in combination with each other or independently to address the body-mind linkages to build up individual patterns of mobility and reduce muscular tension.

As the duration of the study was only 3 months, a significant change in physical disability was not noticed, but the psychological boosting was maximum in the present study. The subject experts and the psychologists expressed that this kind of dance movement therapy sessions were really good for this kind of physically disable children. By this way they can express their feeling comfortably with others and can relate them to the normal being without any hesitation. Further, the parents of the children also reported a good social skill in the behavior of the children after the therapeutic session they experienced. The authority of the home was also very happy to experience the benefit of these sessions. They requested the therapist to do more such sessions in future days with this group of children and also to other children having similar problems.

REFERENCE
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