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Notes From the Field:

Dyspraxia, Drama and Masks: Applying the School Curriculum as Therapy

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Abstract

Internationally 1-15 children have suspected dyspraxia. In the UK, New Zealand and the US, speech and occupational therapists and physiotherapists all agree that early intervention can help children with dyspraxia overcome these challenges and be successful participants in education and the wider society (AfasicScotland, 2002). Key to successful learning experiences for children with dyspraxia, Drama and mask usage offers the tools to access the curriculum. Through Drama being a collaborative, not competitive methodology, the fear of rejection and failure can be challenged and though development of strengths in academia can support children.

This paper offers background to dyspraxia, signifiers for identification for children with dyspraxia, the challenges facing schools and practical activities to apply within the curriculum.

Keywords: Dyspraxia, DCD, Education, Drama, Masks

The Challenges

Alongside therapists and medical practitioners, it is formal schooling that is of paramount importance for the development of cognitive and social development as well as verbal, fine and gross motor skills. The sense of achievement or failure in the school system will be ingrained here. By applying the concepts of multiple intelligences, and therefore not pre-judging a child's abilities through archaic assessment tools, children can have opportunities for success. Students with diverse medical and health needs often find barriers in traditional curriculum areas that the Arts can open. The Arts in all their forms offer multiple methods to allow children to access the curriculum. Therefore the Arts have a role in inclusion for all to allow full access to the curriculum (Jennings & Minde, 1993).

The most obvious form of inclusion for students with diverse needs is for those with a visual, physical disability. It is a legal requirement of schools to not deny educational opportunities. The Australian Curriculum Assessment and Reporting Authority sums this up succinctly.

‘Students with disability can engage with the curriculum provided appropriate adjustments are made, if required, by teachers to instructional processes, the learning environment and to the means through which students demonstrate their learning. Adjustments to the complexity or sophistication of the curriculum may also be required for some students.’ (ACARA, 2013) p. 18

Far more challenging in the successful education of children is in the support of those with neurological issues. All children are intellectually challenged to some degree; however children with neurological conditions such as Autism Spectrum Disorder and ADD/ADHD have additional challenges for themselves and the teachers. They can have the cognitive skill but through their sensory processing and other physical limitations, caused through neurological challenges, can appear as intellectually as well as neurologically and physically challenged. In the occidental world there is the additional issue that many children may well be misdiagnosed with these conditions, when it is in fact other disability issues that are affecting them (Hansen, 2011). This can lead to parents, therapists, medical practitioners and teachers, to unwittingly support these children with methodologies that are completely inappropriate or counterproductive to their purposes. Legislative bodies have developed the awareness to create funding models for children on the ASD scale. If ADH/ADHD exist, there are medical methods to suppress symptoms and behaviours. There are however certain conditions that are fairly prevalent but not widely recognised by authorities and so therefore not supported directly. It is with these conditions that the Arts can help and in particularly the curriculum art form of Drama. Dyspraxia is such a condition.

Dyspraxia

Dyspraxia is a hidden disability. Children with dyspraxia are often described as having ‘clumsy syndrome’ In simplistic form, dyspraxia is the inability to co-ordinate movements smoothly (Roy, 2011). This can affect speech, oral movements and

general motor movements. It can also affect emotional and social skills. Whilst the symptoms are often demonstrated through the physical, it is technically a neurological condition, regarding how the brain processes information, and is without intellectual impairment, but does involve sensory integration dysfunction. Dyspraxia can be acquired at birth but is generally genetically passed through parents (Macintyre, 2009). It has only been since the early 1990's that dyspraxia or DCD (developmental co-ordination disorder) has become widely recognised through medical research and the World Health Organisation (WHO). International rates suggest dyspraxia affects between one in 15 and one in 20 children; however, it is often not always formally diagnosed. An example is in Australia where dyspraxia is rarely diagnosed as opposed to autism, of which in Australia there is a 300 per cent higher incidence here than overseas (Hansen, 2011).

The cause of dyspraxia is the miscommunication of sensory information through the inferior olivary nucleus with the cerebellum. Through the challenges of sensory miscommunication, children (and adults) can have motor and speech skill delays, which in turn cause challenges for emotional and social development as well as accessing formal education. Recent research is also suggesting that dyslexia is in many cases, a symptom of the underlying condition of dyspraxia (Lai, Gerrelli, Monaco, Fisher, & Copp, 2003)

Children with dyspraxia often are recognised as having higher cognitive development than their peers, but they fail in formal education through inability to demonstrate this. (Agin, Geng, & Nicholl, 2003) In the UK, New Zealand and the US, speech and occupational therapists and physiotherapists all agree that early intervention can help children with dyspraxia overcome these challenges and be successful participants in education and the wider society (AfasicScotland, 2002). For schools, the answer appears simple. Engage with alternative pedagogies so that primary and secondary schools can support ongoing intervention (Addy, 2003).

We must also remember that schools can build on the inherent strengths that individuals with dyspraxia develop because of their condition (Macintyre, 2009). These include:

- Powerful imaginations and daydreams.

- Determination
- Long-term memory.
- Hard working.
- Creative.
- Writing (once fine motor skills overcome).
- Loyalty.
- Good language skills (once acquired).
- Empathy.

Once a skill / ability is embedded, many people with dyspraxia appear to excel with the skills (Brooks, 2007; Colley, 2006). However consider the implications of having children with above average intelligence but trapped within their bodies unable to demonstrate their deep knowledge. Individuals with dyspraxia often report being judged as slow and stupid, but in reality are frustrated and bored (Portwood, 1999). This therefore is reflected in behaviour that can become disruptive. The child with dyspraxia will find alternative methods to use their intelligence since the classroom is not harnessing it. Many children become the class clown or excel in anti-social behaviour just to gain the recognition and attention they are being denied (Eckersley, 2004).

Drama and Dyspraxia

In Drama, through group work and embodied learning, children can adopt different roles in activities and observe others. The child with dyspraxia will develop success in this environment. Children with dyspraxia needs to re-apply a skill a multitude of times to embed the learning. Through Drama offering the skill of working collectively and rehearsal, the child with dyspraxia thrives (Callcott, Miller, & Wilson-Gahan, 2012; Roy, Baker, & Hamilton, 2012).

Drama offers opportunities to develop balance and other gross motor skills from an early age. Drama can be a key intervention strategy for dyspraxia (and Autism). Children with dyspraxia engage with Drama as it encourages speech and gross motor skills in a non-competitive environment whilst at the same time allowing children to acquire engagement, socialisation and the assistance in empathetic understandings. It

also harnesses their high cognitive skills in higher order thinking and allows the performative aspect of Drama to fulfil the social and emotional immaturity need to gain the recognition and attention they are being denied through successful engagement.

Children with dyspraxia, who have movement and speech development issues, can also often become introverted, isolated in play and lack ability to respond to facial cues (Bundy, Land, & Murray, 2002). Whilst participating in physical activities not only do the children enhance their motor skills but also through Drama being a collaborative, not competitive methodology, the fear of rejection, failure and connection to strengths in academia support the children (Callcott et al., 2012). Drama creates opportunities by developing these skills as a knowledge where children themselves do not realise they are learning life skills that they apply and so are empowered without being targeted (Cziboly, 2010). It offers multiple opportunities for students to express themselves, to explore their identity and society to allow the transformation and liberation of the individual as described in the Arts praxis. With the freedom and challenge that Drama offers, and by developing the fundamental core skills, the general capabilities and key competencies, children can be nurtured to their fullest potential. Creativity is core to higher order thinking and educational success (Ewing, 2010). It is not something innate, but taught. Through masks and Drama, not only will students be engaged, focussed and intellectually and emotionally stimulated. Practitioners would claim that this is in part the role masks play in performance pedagogy.

Masks As A Tool

Mask (Arabic :maskhahra): *disguise, pretence or concealment* (Marr, 2009)

Masks isolate the control of physicality and movement as the core tool of communication (Napier, 1986). It is therefore of interest to understand how engagement with masks in Drama can impact upon the fine and gross motor skill.

Through the wearing of the mask, the individual does not lose their own identity, but can adopt another, whilst their physicality is disassociated. With mask usage, the

individual has the potential to challenge the understanding of whom they are through their body now being separated from the visual identifier of their face (Wilsher, 2007). The individual who has a disability can distance from feelings of inadequacies created through the perceptions of a society that glorifies physical normality and conformity, condemning the physical/neurological atypical. Concealing the individual identity from their disability allows students to challenge societal preconceptions of self (Nunley & McCarthy, 1999). The human mind focuses clearly on the face of the individual, and thus through the concealment of this core identifier, the mask allows the individual to be separated from their 'id' and their movements to be interpreted as separate to the individual (Ching & Ching, 2006; Edson, 2005; Griffiths, 1998; Hamilton, 1997). Throughout history the mask has allowed a freedom and licence for individuals to adopt personae and roles other than their own (Edson, 2005; Mack, 1994; Nunley & McCarthy, 1999). As masks separate the image of the person from the performance, many children develop a sense of confidence in their use as they feel they can hide behind the mask but still explore their own self-identity through it (Simon, 2003). What then might be the effect this may have upon children with neurological disabilities? Adding the sociological influence through societies that the mask has had and the role of education and Arts potential, there is a clear correlation between identity exploration, self-awareness, achievement; and mask exploration in the classroom. This helps to fulfil one of the purposes of schooling on multiple levels. One is exploring curricular skill needs and the other is the wider 'hidden curriculum' of creating individuals with skills to embrace society

Masks and Drama can support the child with through allowing them to develop the key five areas of need:

- Gross Motor Skills
- Fine Motor Skills
- Speech
- Sensory
- Emotional and Social

(Bell, 2001)

Drama and masks create opportunities for perpetual motor intervention.

- Games

- Direct awareness of posture / gait
- Focus on voice control
- Constant rehearsal
- Learning through observation
- Building on strong literary/linguistic skills

(Rawal, 2010)

Mask usage offers very particular skills to develop for the novice. These specific skills are based on usage rules that develop focus and concentration as well as body awareness on a high conscious level.

Developing this awareness and sense of control is important to supporting the child with dyspraxia in recognising self-awareness of their body. Individuals with dyspraxia often have a poor working memory, meaning actions and activities have to be repeated multiple times for them to be embedded (Rawal, 2010). Whilst participating in physical activities not only do the children enhance their motor skills, developing muscle memory, but also through Drama being a collaborative, not competitive methodology, the fear of rejection, failure and connection to strengths in academia support the children. It is this area more than any other that allows Drama rather than other curricular subjects, Physical Education for example, to be the key to unlocking the educational potential that children with dyspraxia have, yet are trapped through the inability to communicate through the conventional educational assessment tools.

Conclusion

If as a society we want to be more than labour for the rest of the world, we need to start harnessing our children's creativity and developing it (Robinson, 2011). Drama offers one of the best opportunities to support successful students and productive citizens, but only when schools and educational bodies start playing equality with the subjects. If schools want to harness all their students' potential and improve their results beyond the limitations of Standardised Testing, they need to start to consider how the curriculum can support not only academia, but wider health outcomes for students to be successful participants in society and not marginalised. It is interesting to note that in the most successful education systems in the Northern Hemisphere,

Drama is an integral part of the curriculum (Cziboly, 2010) . Wouldn't it be refreshing to have schools where Drama is not just used as photographs in a schools promotional material, but used to implement to enhance student success in all areas? The issue remains, however, that if dyspraxia fails to be recognized, and teachers are not trained in supporting the learning needs of children with dyspraxia, the classroom will become a frustrated battleground for all the parties involved.

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