

Music and Movement Bring Together Children of Differing Abilities

by Carol Stock Kranowitz

Typically-developing children are usually adaptable. They sing and dance, play rhythm instruments, and willingly try traditional preschool experiences. Children with special needs, however, may prefer sticking to the same-old-same-old activities that make them feel successful.

Whatever the skill level of your preschoolers, a variety of sensorimotor activities in your curriculum can satisfy most children's needs. Music and movement activities, with their flexible structure, can foster every child's creativity and competence.

These stories illustrate how children of differing abilities play together at St. Columba's Nursery School in Washington, DC.

Music and movement allow children to use their imaginations.

Quint has spinal muscular atrophy. He has little use of his lower body. As a result of extensive and intensive therapy, however, Quint's upper body is strong. Using a wheelchair, he maneuvers expertly outdoors and inside.

He excels at singing and rhyming, at parachute games, and rhythm band activities. He welcomes enacting playlets, such as "The Gingerbread Man." When the farmers and animals run, run, as fast as they can in pursuit of the Gingerbread Man, Quint joins the chase in his wheelchair. "Watch!" he says. "I can do it myself!"

Quint is decidedly less enthusiastic about up-and-down activity songs, such as "The Noble Duke of York." He mutters, "I hate that song," and who could blame him?

Still, the musical activities he shuns are often the ones other children love. While inclusion is the name of the

game, and sensitivity to Quint's feelings is crucial, the other children have needs, too. Balancing the needs of all the children is important.

Quint's classmates are a varied bunch. Several children have marvelous motor skills, while others are at various points along the developmental bell curve.

One day the program includes a game designed to strengthen the sensorimotor skills of body awareness, motor coordination, flexion and extension, listening, and beat awareness. We sit in a circle, legs in front.

The singer on the phonograph record instructs us to raise and lower our feet and wave them in big arcs. Most of us do our best, while Quint slumps and scowls.

Next, the singer tells us to move our arms, shoulders, and head — up, down, and all around. Quint can do this. He sits up tall and easily complies with each of these demands.

Then he says, "I have a good idea. Let's lie on our tummies."

Hey! Cool! We have played this game before, but never on our stomachs. Quint's compensatory strategy sounds like fun.



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We roll onto our stomachs and repeat the activity. Quint cannot raise his toes but can lift his arms, shoulders and head. His agility impresses the other children. "How do you get your arms so high?" one asks.

Pleased, Quint says, "Oh, I'm just really good at that."

Then Giorgio asks, "Can we do it on our backs?"

Following Giorgio's suggestion, we flip over and repeat the game, lifting our body parts into the air. We discover that when our bodies rest on the floor, resisting gravity is easier.

Then Emma wants to try the game lying on our sides. Ooh, that's hard! Charlotte suggests trying it face to face with a partner. That's funny!

Instead of a five-minute warm-up activity, this game absorbs the entire half hour. The children's creative collaboration, regardless of their differing needs, is too purposeful and fun to stop.

Music and movement awaken children's brains.

Zack, lost in his own world, exhibits symptoms of autism. His play is comprised of lining up cars and banging together two plastic blocks. His language skills are severely delayed. When he is spoken to, his limited responses are more gestural than verbal.

He seems to enjoy coming to music with his class, but we aren't sure. Sometimes he joins in the movement activities; other times he tunes out.

His classroom teacher remarks, "If only we could learn how to give Zack a jump start!"

One day, I'm rounding up Zack's classmates to come to the music room. The other children are congregating in the corridor. Zack is still in his coat, gazing dreamily at his coat hook, stuck.

I ask, "Are you ready for music, Zack?"

He nods. Otherwise, he doesn't move.

I try a different tactic. I pick him up, give him a bear hug, and rock him from side to side. To the tune of "Twinkle, Twinkle, Little Star," I repeat, "Are you — ready for — music — Zack?"

Suddenly, Zack comes alive. His eyes light up. He laughs. He returns my hug and leans into the rocking motion.

After I set him down, he whips off his coat, hangs it neatly on his hook, and leaps into line. "I'm ready!"

What's happening? Is the combination of singing, deep pressure, and rocking the technique to arouse Zack?

Walking behind him and pressing firmly on his shoulders, I start the song again, making up rhymes that are inexperienced, but good enough:

*Are you — ready for — music — today?
Let's get — moving — here's the — way.
Now we're — walking — down the — hall,
Here we — go — one and — all,
Are you — ready for — music — now?
Let's go — in and — take a — bow.*

Zack loves it and participates in the music class as never before.

Now, to get Zack's attention, we sing while hugging and rocking him. The words needn't make sense, rhyme, or even be there. Humming does the trick, too. The tools that rev him up are melody, deep pressure, and rhythmic motion. This approach helps him get in sync.

Music and movement allow children to be in control.

"No, I won't. You can't make me. I'm the boss of my body," is Fiona's mantra.

Her diagnosis of oppositional defiant disorder (ODD) is not surprising. We know that she struggles to be in control because she feels powerless. To help her learn to be the legitimate "boss of her own body," we require more than a label. What can we offer this contrary, needy child?

Resistive experiences! Resistive experiences benefit everyone. Pressing different body parts against the wall, carrying heavy buckets of sand, kneading mud pies, digging, shoveling, sweeping, and raking are examples of resistive activities. Hard work is fun! And for children who resist everything, resistive experiences can be a potent prescription.

In the music room, a game planned with Fiona in mind employs resistive, stretchy latex bands, often used for

exercise or physical rehabilitation. The children sit on the rug surrounding three piles of bands. Red bands are for “kids who feel a little sleepy.” Green bands are for kids who feel strong. Blue ones are for kids who feel r-e-a-l-l-y strong. The children consider this information, choose a band, test it, change their mind, select another, and prepare to play.

Fiona, of course, refuses. Children like her cannot be jollied along. The reason is not that they won’t participate, but that they can’t. That’s all right; we are not in a rush here. “I’ll leave the extra bands on the rug,” I say. “When you’re ready, you can choose one.”

The game is a follow-the-leader activity. While a lively instrumental rendition of “Yankee Doodle” plays, the first leader steps onto her band, holding the ends in her hands, bending and straightening her knees. The other children follow her example for 16 strong beats.

The second leader centers the band behind her back and pumps her hands forward and back. The others follow. One by one, we go around the circle, and everyone has a turn.

Meanwhile, Fiona sits against the wall, watching attentively. She sees the fun everyone is having — even the teachers. She hears the participants clamor, “Let’s do it again!”

Suddenly, Fiona jumps up. “I’ll do it,” she growls, “but I won’t follow any leader!” She snatches a blue band (the most resistive) from the pile.

The music starts again.

Fiona ignores the leaders and invents her own movements. Who could object? At the moment, she is not interfering with anyone, is having a good time, and is gaining physical and motor control of her own body.

Music and movement strengthen children’s problem-solving and motor-planning skills.

Shep has dyspraxia, which means he has difficulty planning his motions and organizing his body to go through a sequence of unfamiliar movements. Some symptoms of his disorder are poor motor coordination, social immaturity, and emotional insecurity.

The musical game today is tapping rhythm sticks. I splay the sticks out on the rug. “Take one smooth stick and one bumpy stick,” I say.

As the other children reach for sticks, Shep hangs back. He wants to participate but doesn’t know how to begin.

I hand him a pair, saying, “Here are your sticks. Feel how this one is bumpy; this one is smooth. Now, come be my helper.” I open my arms and indicate that he can sit on the floor in front of me.

Shep whispers, “I don’t know what to do.”

I whisper back, “We’ll help each other.” I adjust the sticks in his hands and place my hands over them. Working as one, we tap his sticks together, on the floor, on his knees, in the air. I guide his motions as the game continues, actually putting the sensation of motion into his muscles. Gradually, I let go. By the end of the game, Shep has scooted back to the circle. He is doing a fairly good job of watching his friends to figure out what to do.

When music time is over, and we have sung the Good-bye Song, and the children are lining up to return to their classroom, Shep turns back and grins. “That was fun,” he says. “That was easy!”

Zack, Quint, Fiona, and Shep could very well be placed in classes for children with special needs. However, both they and their typical peers benefit from their inclusion in a mainstream preschool. Here, the emphasis is not on speaking in complete sentences, doing only what the teacher says, or doing things the “right” way. Instead, children are given opportunities to heighten their arousal level, use their imaginations, and develop motor-planning and problem-solving skills.

Thank you, music and movement!