



# Perspectives of Educators on Dance Movement for the Development of Self-Esteem Skills Among Children with Specific Learning Disability in Inclusive Schools

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**Abstract--** Dance Movement Therapy (DMT) is widely recognized as an effective practice for working with children, adolescents, and individuals to promote emotional well-being, cognitive stability, stress management, and physical expression. The present study examines educators' perspectives on the use of DMT for children with Specific Learning Disability (SLD) in inclusive schools, particularly for the development of Self-Esteem domain (Self-Confidence, Self-Motivation, Self-Image). The study has considers variables as age, gender, type of schooling, teaching experience, and academic qualifications of the educators. A survey method was employed to collect the perspectives of the educators. The collected data were analyzed using descriptive statistics (percentage analysis) along with graphical representation. The findings indicate that, according to educators' perspectives, Dance Movement Therapy has a positive impact on enhancing Self-Esteem skills among children with Specific Learning Disability.

**Keywords--** Dance Movement Therapy (DMT), Intrapersonal Skills, Children with Specific Learning Disability (CWSLD), Inclusive Schools, Self-Esteem Skills, Self-Confidence, Self-Motivation, Self-Image.

## I. INTRODUCTION

Dance is the way of expressing views, ideas, it is the presentation of art form having two main tools that is the body and the movement. Integration of body and movements with or without music is the dance. It can improve the alignments of body and give us confident posture poses. Sachs states that dance is the 'mother' of the arts.

Dance involves the multi senses of our body, it is the combination of face expressions and body movements. Since history time period, non-verbal form of communication is used by artist, they express their feelings, views, emotions through the body movements and expressions. It was believed that in ancient time dance was used for transferring messages, conveying stories, expressing themselves dance is act as the medium for it, not having any written and languages approaches. Dance is not only the simple body movements; it is the expression form of feelings. It is the way for individuals to express themselves freely without any abundance.

*"We should consider everyday last on which we have not danced at least once."*

*(Friedrich Nietzsche)*

Dance Movement Therapy is the integration of our actions and emotions, which will assist our affective, cognition, socialization, body-mind relationship, intrapersonal and interpersonal skills spirituality in a beneficial controllable way. It will work on the reduction of anxiety, stress disorders, prevent from physical and mental disorders. It provides us a platform to express our feelings, emotions and enhance our self-esteem, confidence level, motivation, physical coordination and see ourself in a new way. Dance is the amalgamation of individual feelings, thoughts and expressions in the form of movements, bodily gestures, facial expressions with the music, beats and rhythm. Dance Movement Therapy has collection of various techniques to cater the needs of the persons doing efforts to know about themselves. The technique has been executed for persons having cognitive deficits, physical developmental disorders, low social communication skills, in rehabilitation centers and psychiatric hospitals. It is related to dance and movements, but it's not considered as simply doing dance or teaching dance, it has different approaches, techniques which therapist will plan and implement according to the requirements. DMT is associated with the bodily gestures, movements, actions which will help to know about ourselves, our own feelings, emotions, self-esteem by engaging in various types of Dance Movement Therapy techniques. The technique is helpful for children's dealing with anxiety issues, any type of trauma or pain, aggression towards themselves or others and psychiatric disorders. *In Dance/Movement Therapy practice, movement is used to foster social interactions and expression of feelings as well as to gain a sense of self-control (Koshland, Wilson, Wittaker, 2004).*

The technique is convenient for maintain the observation skills, analysing, communication skills and the problem-solving skills which results for conflict management. It also gives emphasis on the child's emotional and self-adaptability skills enhancement.



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Since, the DMT is applicable for controlling the anxiety and aggressive issues, so this technique is also well known useful for children with Attention Deficit Hyperactive Disorders. *Barnett, Shale, Elkins, and Fisher (2014) explain that dance movement therapy can also be used to address anxiety, depression, fatigue, stress, obesity, and quality of life.*

#### *Definitions of Dance Movement Therapy (DMT)*

*Dance/Movement therapy (DMT) as defined by the American Dance Therapy Association (ADTA) is “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, 2014).*

#### *History of Dance Movement Therapy*

St. Elizabeth's Washington 1940s, and Camarillo State Hospital California 1920s was the first two psychiatric hospitals who introduce the Dance/Movement therapy for patients having psychotic disorder then the ADTA 1966 was came up. Marian Chace 1940 was the person who gave training in the hospitals, it was purely experimental. According to ADTA, it is the process of movement which enhances our emotional, social and cognitive skills. Dance Therapist work with different kinds of peoples having physical deformity, psychological issues, developmental and neurological disorders.

The famous approach was invented by Marian Chace and Blanch Evan. Marian Chace- She was the first Dance Movement Therapist, had her own dance studio where she felt that students will be teaches in a new and creative forms of technique not with a simple traditional method. She was approached by the St. Elizabeth hospital for working with the clients having mental, emotional, low self-esteem, developmental disorders. She had invented the four unique classifications for DMT. Blanche Evan-In 1950 she started her career, extract theories of Adler, Freud, Rank and invented four theoretical components (Warm Up, Functional Technique, Improvisation, Verbalization of Thoughts/Feelings-participants).

#### *Inclusive education*

Inclusive Education concept was up at 1986, National Education Policy act for integrating all, have equal opportunity of education. For expansion of rehabilitation professionals, training courses The Rehabilitation Council of India Act 1992 raised. To have support of state and private sectors for employing PWD The National Policy for Persons with Disability 2006 was turn up.

According to the Person with Disability Act 1995 many provisions was there like to import free education for CWSN up to 18 years of age. Analyzing all the schemes, Govt. of India initiated the Inclusive Education for all at 2010. Inclusion is including all together despite of age, caste, gender and disability.

#### *Specific Learning Disability (SLD)*

The child possesses difficulties in reading, writing, learning, mathematics, socialization, self-awareness and in perceiving- expressing skills. They require different new innovative approaches and techniques for learning the concepts. Special educators have to advance and modify the lesson concepts according to the child's requirements. In 1963 Kirk introduced the word Learning Disability for children's having dysfunction of central processing brain. As, SLD is hidden disability, some population are not diagnosed with SLD in their whole life time, this is more common in rural areas. It is not only related to academics, memory and cognition process, the individual may have other difficulties also like in communication, expressing views, understanding others opinions, have low self-esteem, emotional quotient and lack in socialization.

## II. REVIEW OF LITERATURES

Vincenza Cofini, Azzurra Cianfarani, Maria Rosita Cecilia, Anna Carbonelli, Dina Di Giacomo (2018) proposed a study on “Impact of dance therapy on children with Specific Learning Disability: a two arm cluster randomized control study on Italian sample” which analyze that Dance therapy has a significant positive role in enhancing the visual and auditory perceptions for CwSLD. It has played a beneficial role in intervention strategies for enhancing the academic performance by focusing on cognitive domain. It leads to the settlement of emotional skills, and will help to know more about yourself.

Abdulazeem Alotaibi, Vicky Karkou, Marirta L. van der Linden, and Lindsay M.C. Irvine (2017) conducted a study on “Movement Therapy Programme with Children with Mild Learning Difficulties in Primary Schools in Saudi Arabia: Links between Motion and Emotion” which stated that Movement Therapy is the relationship between body- mind, which focuses on the development of emotional, social, behavioral and the physical aspects of the CWSLD, having deficit on cognitive abilities, emotional and other areas. As the literature gives an idea about the importance of MT, for the wellbeing of CWSLD. The researcher finds out that the dance movement may benefits the emotional, social, physical, behavior aspects for CWSLD in Sauda Arabia.



Valcia McGann. (2017) conducted a study on “Exploring the Therapeutic Use of Dance and Movement in Therapy” which states that the understanding of using physical movement, the therapist will better understand the participant lives conditions and styles, and will provide more creative, new ways of techniques. DMT will explore the physical and emotional understanding, will decrease the mental disorders to improve the health conditions of individuals. Adler believed that all life is about movement and behaviour is best understood as movement toward a goal (Beames, 1992).

Christina Deveraux (2017) conducted study on “Educator perception of dance/movement therapy in special education classroom, Body, Movement and Dance in psychotherapy” study the perspectives of educators in the development of student’s behaviour and academic in the special education classroom by using dance/movement therapy. The sessions of educators were audio-recorded and semi-structured interviews were taken, the 13 educators observed the students taking DMT sessions, and the were interviewed. The outcomes of educator’s perception were that DMT enhances desirable behaviour of students and regulate it, DMT act as an exercise mood for meeting individual’s needs, DMT techniques work on sensory systems, providing it regularly and for long-time duration will influence long term benefits. The study suggests that use of DMT will help students in gaining focus, concentration, regulating energy and behaviour, enhances social skills.

Filomena Romita (2016) conducted study on “Integrating Dance for Students with Learning Disability” stated that integrating dance movements is a appropriate strategy for students with Learning Disability, also suggested that dance leads as a good source to create inclusion environment in classroom and schools. The barriers in the research were that teachers are not aware about the dance techniques for children with Learning Disability, they were not incorporating it in classrooms. Dance improves communication, acceptance, confidence level and social development of CWLD, it is a good and efficient strategy for CWLD and ADHD students.

*American Journal of Dance Therapy* (2011) in the article “Embodied Enactive Dance/Movement Therapy” stated that DMT is the tangible and active approach which enables self to adapt, modify movements according to the individual interest with respect to the environment to achieve the stability between body-mind. According to the experts, expressing and ability to act in a versatile form is derived from cognitive sciences, and both are dependent on each other.

Mary K. Corteville (2009) conducted a study on “Dance Your Way to Communication: Dance Movement Therapy to Increase Self-Esteem, Poor Body Image, and Communication Skills in High School Females” stated that DMT is productive and fruitful technique for school girls of age group 14-18 years having difficulties in expressive skills, have low confidence and self- image. The adolescent is having benefits from therapy, they have experience relief from mental disorders and able to manage their emotions. By providing eight weeks of DMT, there is decrease in the levels of stress and anxiety of the students.

### III. OBJECTIVE OF THE STUDY

1. The aim of the study is to know about the awareness of DMT among educators working in Inclusive schools and their perspectives of using DMT for enhancement of Self-Esteem Skills for CWSLD.
2. To find out the awareness among Educators on Dance Movement for development of Self-Esteem Skills among CwSLD in Inclusive Schools with respect to age, gender, type of school, experience and academic qualification

### IV. HYPOTHESIS

There will be no significant difference in the awareness of Educators on Dance Movement for development of Self-Esteem Skills among CwSLD in Inclusive schools with respect to Gender, age, experience and qualification.

### V. METHODOLOGY

*Sample*-The sample was collected from the educators working in Inclusive setup of Delhi- NCR. For this study, total 80 educators (both male and females) responses were collected N=80.

*Tool Used*- The tool used in the present study was self-designed questionnaire. The questionnaire was divided into two parts A and B-

*Part 1*- it includes the questions for examine the awareness among Educators on Dance Movement for development of Intrapersonal skills among CwSLD in Inclusive Schools.

*Part 2*- it includes the questions for studying the perspectives of Educators on Dance Movement for development of Self-Esteem Skills among CwSLD in Inclusive Schools.

*Procedure of data collection*

- Informed consent was obtained from the Educators to be the part of research via the Google form
- Random sampling was done
- Survey questionnaire was administered to the educators through Google form
- Responses were collected by the researcher via the emails
- Collected data was analyzed using Descriptive Statistics (Percentage analysis) and Graphical representation

*Statistical technique*

The researcher used the Descriptive statistics like Percentage analysis and Graphical representation for analysis of data.

There are 3 main domains of Self-Esteem Skills used in the current study-

**Table 1-  
Self-Esteem Skills domains**

DOMAIN NAME	CONSTRUCTS
Self Esteem Skills	Self-Confidence, Self-Motivation, Self-Image

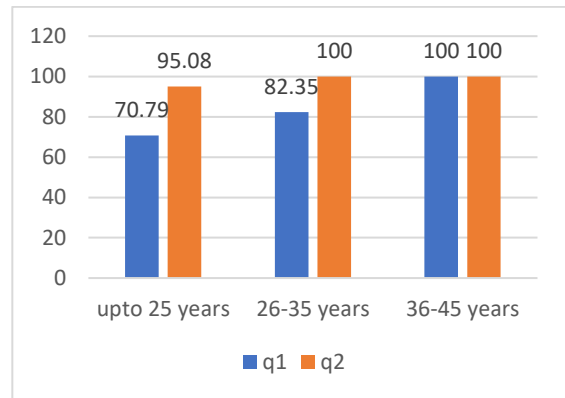
This domain awareness level data was collected from the perspectives of educators based on age, gender, type of school, academic qualification and experiences. Some of the graphical representation used is like that-

RQ- What is the awareness level in percentage among Educators regarding Dance Movement for development of Self-Esteem Skills among CwSLD in Inclusive schools with respect to their age?

Awareness levels among educators (Percentage analysis) with respect to age for Domain-1(Awareness level)

**Table 2 –  
Comparison of Age group of participants with domain1 Awareness level (q1, q2)**

Age group	q1 (YES)	q2(YES)	q1percentage	q2percentage
Up to 25 years	43	58	70.49	95.08
26-35 years	14	17	82.35	100
36-45 years	2	2	100	100



**Figure 1 - Graphical representation of Age group of participants with domain1 Awareness level (q1, q2)**

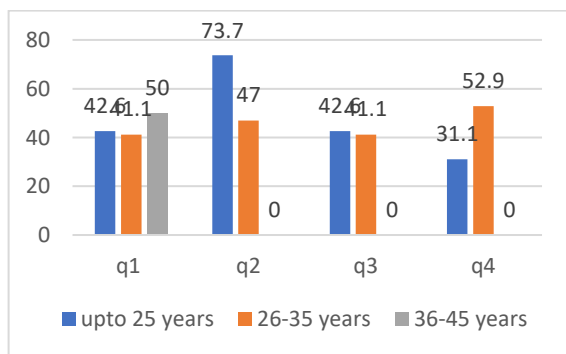
According to Table 2 and Figure 1, we can see that for Awareness level (q-1) in the age group up to 25 years, 43 participants responded yes, whereas 18 responded no. For age group 26-45 years participants, 14 educators responded yes out of 17 which equates to 82.35% as shown in fig1, remaining 3 responded no for q-1. For age group 36-45 years participants, 2 responded yes out of 2 which present 100% result as shown in fig 1.

Similarly, for Awareness level (q-2) in the age group upto 25 years, 58 participants responded yes out of 61 which gives 95.08% results. For age group of 26-35 years, 17 educators responded yes out of 17 which equites 100% result as shown in graph 1. For age group 36-45 years, 2 participants responded yes and gives 100% result as shown in fig 1.

*Graphical representation of Age group of participants with domain D2(Self-confidence).*

**Table 3**  
**Comparison of Age group of participants with Domain 2(Self-confidence).**

Age group	q1	q2	q3	q4	q1 percentage	q2 percentage	q3 percentage	q4 percentage
Upto 25 years	26	45	26	19	42.6	73.7	42.6	31.1
26-35 years	7	8	7	9	41.1	47	41.1	52.9
36-45 years	0	1	0	0	0	50	0	0



**Figure 2 - Graphical representation of Age group of participant with D2 (Self-confidence).**

According to Table 3 and Figure 2, we can see that for D2(Self-confidence) q1 in the age group (upto 25 years), 26 responded strongly agree (SA) whereas 35 responded not strongly agree. For age group (26-35 years), 7 responded strongly agree out of 17 participants which equites to 41.1% as shown in the graph 2, remaining 13 responded not strongly agree. For age group (36-45 years), 0 responded strongly agree out of 2 educators which gives 0% result as shown in fig 2. Similar for participants having age group (upto 25 years) compared with D2(Self-confidence) q2, 45 responded strongly agree out of 61 participants which equites to 73.7% as shown in fig 2. For age group (26-35 years), 8 responded strongly agree out of 17 participants, whereas 9 participants responded not strongly agree. Same as for age group (36-45 years) 1 participant responded strongly agree out of 2 as shown in fig 2.

For age group (upto 25 years) compared with D2(Self-confidence) q3, 26 responded strongly agree (SA) whereas 35 responded not strongly agree. For age group (26-35 years), 7 responded strongly agree out of 17 participants which equites to 41.1% as shown in the graph 2, remaining 13 responded not strongly agree. For age group (36-45 years), no responded strongly agree out of 2 participants. Similar for participants having age group (upto 25 years) compared with D2(Self-confidence) q4, 19 responded strongly agree out of 61 participants which equites to 31.1% as shown in fig 2. For age group (26-35 years), 9 responded strongly agree out of 17 participants, whereas 8 participants responded not strongly agree gives 52.9% result. Same as for age group (36-45 years) no participant responded strongly agree out of 2 as shown in fig 2.

Likewise, These types of representation were done for all the constructs area of Self-Esteem domains and it seems that the following areas were having high awareness level than others.

- Domain 1(Awareness level) - based on age group,
- Domain 2(Self-confidence) - based on type of school,
- Domain 3(Self-motivation) - based on experience,
- Domain4 (Self-image) - based on gender.

#### VI. CONCLUSIONS /RECOMMENDATIONS

- According to the perspectives of educators, it is observed that DMT is very essential for children's with SLD because it helps in enhancing the self-esteem of students (Self-confidence, Self-motivation, Self-image)
- DMT is a good approach for CWSLD to make them socially active and understand their emotions



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- It is recommended that this technique is very useful for managing stress among CWSLD and other disabilities, will enhance the creativity level of students
- It is found that the regular school teachers are less or no aware about DMT as compared to inclusive schools. It is recommended all general educators are made aware about the uses and benefits of technique
- It is found that female's educators are more aware about DMT than male educators; it is suggested to aware male educators also
- It is recommended to train the educators about using the DMT in school and learn to use the techniques
- Less training institutes are there for learning of teachers

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