



A project for cross-cultural research and exchange about self-directed learning in the specific frame of special needs A Grundtvig LLP Project 2013-2015



**Partners:** Babyfit (Bratislava, Slovakia), SOMA (Paris, France), Leben Nuova (Tuscania VT, Italy), Art Man (Budapest, Hungary), Embody-Move (Manchester, UK)

## PROJECT DESCRIPTION

The general aim of the project “SPARKS for special needs” is to facilitate a cross-cultural research and exchange about self-directed learning in the specific frame of special needs. We intend to involve in this process disabled adults and families, as well as professionals, therapists and educators in the field of care.

Our main focus is on Somatic Education – especially Body-Mind Centering (BMC) ([www.bodymindcentering.com](http://www.bodymindcentering.com), [www.bmcassociation.org](http://www.bmcassociation.org)) - as an innovative approach to bodily self-awareness and community-based learning, which provides educational resources for enhancing and empowering the experiential knowledge of individuals and communities. In this project, BMC functions as a model and vector for the formal/informal production of knowledge that draw from traditional therapies, neuroscience, developmental psychology and clinical research, as well as body-based practices, dance, performing arts and other creative processes.

The project is a collaboration of five organizations, all institutions for somatic movement education based on the BMC approach. Besides organizing professional trainings the partners offer ongoing educational activities involving local communities and organizations, working with patients individually and in groups. All of the partners belong to an international network and have collaborated already for many years.

Through workshops and meetings, the project seeks the definition of an innovative methodology, providing a set of resources and practices of care within health institutions and communities. Such methodologies can respond to the demands of our society for health prevention and promotion, quality of life and cares, empowerment of individuals and communities, social integration of cultural diversity and different abilities, equal opportunities in accessing strategies of care.

## PROJECT IN DEPTH PRESENTATION

### I. BROAD VISION

Self-learning and experiential education are foundations for a new paradigm of caring for special needs and disabilities towards a better quality of life. The recognition of the experience and knowledge of patients is a key feature in the evolution of the representations of health and illness: the institutions of care identify themselves as places of education, while global health system claims the shift to a paradigm of health democracy. The role of patients’ experiential knowledge represents a crucial resource for public and social management of illness (notably chronic illnesses, mental disabilities and special needs). Participation of patients to the definition of public care policies is manifested in the increasing inclusion of “patients experts” within public health negotiations, decision-making in treatment strategies and clinical research protocols. Even new trainings and academic curricula are now designed not only as programs for therapeutic education

*"This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."*



of patients, but more specifically derived from patients. Several experiments over the last three decades throughout European countries, have demonstrated the relevant role of collective actors, such as associations of patients and/or families, in the process of care democratization, gaining better life quality and control over their health and its determinants.

Health promotion, health prevention and health equality, as assessed in the recommendations of the Ottawa Charter for Health Promotion (1986) and the Bangkok Charter for Health Promotion in a Globalized World (2005), represent the fundamental values of health democracy. However in the actual context of economic crisis, precariousness, transnational migrations and global environmental changes, further challenges need to be faced in order to deal with increasing inequalities between countries, vulnerability of children and disabled adults, and exclusion of the marginalized. Moreover, in a process of person-centered care, in the respect of both individual and environmental diversity, it is fundamental to enhance patterns of knowledge production and recognition as emanating from the subjects of care, their expertise and intelligence. Finally to empower their expression would lead to overcoming the traditional dichotomy between formal and informal knowledge in medical sciences.

## **II. HOW SOMATIC EDUCATION CAN CONTRIBUTE TO AN INTEGRATIVE MODEL OF CARE**

Somatic Education relies on experiential learning and bodily-based self-awareness for mediating between formal and informal practices, and elaborating innovative methodologies and good practices for special needs. It can provide a transitional space for articulating a dialogue between the different actors of care in the social field, between institutions and communities, professional therapists and patients. Drawing both from formal knowledge (transmitted throughout specific teachings and principles, referring to traditional therapy, psychotherapy, neuroscience, phenomenology, etc.) and informal knowledge (experiential learning, body-mind awareness, dance techniques, art and creativity), Somatic Education represents a transversal model of care, whose strength stems from the acknowledgment of the levels of diversity that builds communities, towards a shared expertise and participation.

Somatic Education can become a double resource, both:

- for professionals of the health system seeking pathways for understanding and interpreting the multidimensional expertise of the patients, accessing the expression of their special needs and identifying the accurate responses to them;
- for the subjects of care that look for other means of extending their illness expertise beyond the confinement of “deficit”, toward a new conception of health, set upon an integrated and non normative perspective of psychophysical well-being.

Somatic Education sees functioning and disability as a complex interaction between health conditions of the individual and the contextual factors of the environment, as well as personal factors. We focus on the person in his/her world, placing the emphasis on function rather than condition and disease, on health as a process of becoming rather than a fixed state. All aspects of a person’s life (development, participation, environment) are incorporated strength of individuals, including social context and relationships. Community members (family, peers, caregivers) are sought as crucial partners of expertise, witnessing and co-constructing life quality: care creates communities, as well as communities create care.

Somatic Education was first formalized in the United States during the 1970s, through the initiative of the philosopher (and, later, somatic practitioner) Thomas Hanna, who collected under this name practices existing already from the beginning of the 20th century. He defines the ‘soma’ as “the body observed from the first-person viewpoint”, the body “felt from within” (Bodies in Revolt, 1970). The BMC approach stems from the field of Somatic Education in the interval between formal disciplines (institutional medicine,

hygiene, care), and empirical forms of knowledge, and promoting a specific culture of the body. BMC is an integrated approach to movement, body and consciousness; an experiential study based on the embodiment and application of anatomical, physiological, psychophysical and developmental principles, utilizing movement, touch, voice and mind. Like other Somatic Education methods, BMC explores qualitative and relational aspects of movement and expression, bringing forth the singularity of each individual's sensorimotor and perceptual experience and intelligence. This approach has been developed by Bonnie Bainbridge Cohen, an occupational therapist and dancer based in the U.S. For more than 35 years, she has been studying movement and touch from a developmental perspective, discovering and organizing a wide range of underlying principles and techniques that bring to an understanding of body and mind interrelation. Bonnie Bainbridge Cohen, who participates in the project as teacher, shares her vast experience in working with children with special needs.

In addressing special needs issues, the BMC approach to Somatic Education emphasizes:

- Kinesthetic empathy as the base of inter-subjective relation, beyond challenges of verbal language and communication, providing essential skills for monitoring and identifying individual and collective needs;
- Modulation of creative spaces for meeting individuals at the level of their own expressive resources;
- Disability as different ability, recognized in the unfolding of creative potentials that are specific to each individual.
- Early movement development as foundation for nervous system development, and early learning processes as support for greater cognitive tasks and later social achievements;
- Fine tuning and listening of the tiniest shifts in the physical, behavioral, emotional and relational state of disabled people, as fundamental tools for promoting deep changes in their body and life comfort;
- Somatic awareness as a key factor that affects well-being and empowerment;
- Trust in the experiential knowledge and subjective expertise of family members and caregivers, that are included in the educational framework as primary actors in accompanying and supporting disabled people throughout their life-long learning and processes toward agency and autonomy;
- Non-invasive and non-manipulative touch as primordial relational resource for handling, holding and creating a safe environment, in the respect of individual dignity and self-esteem;
- Shifting perspective from pathology diagnosis to mapping life potentials and expanding the range of behavioral options: the emergence of new perceptual and motor affordances is encouraged through the opening of a creative field of exploration.
- Enriched sensorial environments for providing perceptual stimulations, through play, motivation and meaning.

### **III. PARTNERSHIP, COOPERATION AND COLLECTIVE PRODUCTION OF KNOWLEDGE FOR DEVELOPING INNOVATIVE MODELS FOR ADULT EDUCATION**

Long-term relationships and collaborations between European partners in the Project are needed in order to define innovative methodologies and implementation of good practices in health care, social and cultural services for special needs in Europe. All of the partners have previously collaborated, supporting one another on developing professional BMC trainings in each of our countries and through other forms of exchange, e.g. workshops and conferences. Since 2011 our organizations have been discussing ideas regarding ways to move to a deeper level of knowledge in applying the BMC approach to work with people with special needs, and to eventually develop forms of training that can be offered to various populations (professionals, caregivers, parents, communities).

Given the richness of experience, cultural diversity and process-oriented work that we have been developing in our communities so far, we would like now to make the best use of our resources by:

- Giving structure and planned activity to our professional and territorial exchanges;

- Propelling activities within our local communities by connecting them to the wider scopes of the project;
- Creating solid and agile forms of cooperation and communication nationally and internationally;
- Sharing the competence that we have developed individually over the years;
- Learning from each other's unique and diverse experience, i.e. working with experimental schools for autistic children; dealing with children with severe disabilities, their families and caregivers within the public health system; offering educational services through parent-baby group activities; working with individuals with special needs in community and national health service; working with visually impaired adults and mixed ability performing groups.

## **OBJECTIVES**

1. To construct an international European platform of research, experience and exchange between different cultures of caring and educational methods
2. To model specific educational resources, context-oriented and cross-cultural, based on BMC
3. To learn from local care communities and therapeutic institutions about their operational and structural strategies, and to transfer these experiences in one's own environment, to enrich and inform the modalities of care for individuals with special needs
4. To implement formal and informal knowledge resources on care and special needs
5. To enhance and support field-based and experiential expertise of the participants involved within communities of shared care, providing instruments for the recognition and empowerment of their knowledge
6. To promote dialogue and mediation between health professionals and actors of the social field
7. To create strategies in order to expand existing formal trainings integrating them with somatic education and care
8. To build the foundations for further implication of somatic education within public health system and self-organized communities of care, by setting a transitional space of specific resources, at the crossroads between education, therapy, art and social engagement

## **SUBJECTS**

1. Experiential learning and bodily self-awareness as key factors for improving the quality of life and empowering people with special needs and disabilities, including their families and caregivers
2. Shared care and horizontal education as crucial foundation for dialogue among health system actors, institutions and communities
3. The need of transforming current representations of disabilities and illness towards an integrative, non-normative, process-oriented and self-directed paradigm of health
4. The support of cross-cultural learning, the acknowledgement of individual and environmental diversity.

## **ACTIONS**

1. Collecting data and practices from the local contexts, institutions and communities of care
2. Organizing workshops on specific themes and topics, taught by the team teachers, according to contextual interests and local needs
3. Meetings to exchange our experiences in working with children and adults with special needs
4. Inviting guest teachers for special workshops and conference open to large public
5. Preparing presentations and illustrations of the ongoing processes
6. Collecting data and reports of all the activities for further evaluation and assessment.

## THE PARTNERS

**Babyfit**, a non-profit organization, was established in 2004 as the platform for movement education with a focus on developmental movement. Babyfit is organizing parent-baby groups and offers an educational program for adults to understand developmental movement in activities for children from 1 - 6 years. The program is certified by the Slovak Ministry of Education. There have been more than 70 graduates in 5 cycles over the last years. Anna Sedlackova, the Chair of Babyfit, is a Body-Mind Centering Practitioner and an Infant Developmental Movement Educator (IDME). She works since many years with babies, children and their families as well as training adults to work with children. [www.babyfit.sk/bmc/?page\\_id=130&lang=en](http://www.babyfit.sk/bmc/?page_id=130&lang=en)

**SOMA** was founded in 2006 as a non-profit association. It is dedicated to research and diffusion of Somatic Education approaches especially BMC. It is registered as an adult education provider through the French Ministry of Labor (DIRECCTE). SOMA offers professional trainings in BMC. The SOMA team consists of Thomas Greil, the educational director of SOMA. He works since many years with babies, families and children with special needs. He is working at MAIA with autistic children and training the staff. Emeline Seyer, administrative director of SOMA and practitioner of BMC and IDME, works with families with social challenges. Carla Bottiglieri, dancer and BMC practitioner, researcher and currently doing her PhD, works with patients with chronic viral illnesses like HIV. And Claire Doyon is the mother of a child diagnosed with RETT syndrome and founder of the IME experimental school MAIA. [www.soma-france.org](http://www.soma-france.org)

**Leben nuova** was founded in 2005 by Gloria Desideri in Tuscania, VT. It promotes training programs and activities based on Body-Mind Centering. In 2006, in collaboration with the Italian Public Health System (ASL-Viterbo), Leben organized an international conference in Tuscania "The Experience of Movement: the Child, the Parent, the Caregiver" with the participation of Bonnie Bainbridge Cohen, the developer of BMC, other practitioners committed in the somatic field and staffs of public care system. Gloria Desideri works since many years with children and families with special needs and collaborates in different projects with the public health services. [www.lebensnetz.it](http://www.lebensnetz.it)

**ArtMan** Society for the Arts and Movement Therapy, founded in 2005, provides administrative background for the previously existing Tánceánia Mixed Ability Dance Company and furthers initiatives in education and therapy for other groups with special needs: mentally handicapped adults, adults and children with autism, with auditory and visual impediments. ArtMan is an official training provider accredited by the Ministry of Labor. Ferenc Kálmán, the coordinator of ArtMan in this project has thirty years of experience in adult education as well in the arts and movement therapies. Since ten years he is engaged by therapy institutions open to integrating BMC in complex therapy programs for children with special needs. [www.tanceania.hu/index.php?lang=en](http://www.tanceania.hu/index.php?lang=en)

**Embody-Move** Association. UK. Leader Katy Dymoke MPhil, BAHons. BMC teacher. This association was founded in 2006 as a license holder in the UK to deliver the Body-Mind Centering educational programs for adults. Katy Dymoke organizes local activities within Mental Health, with learning disabled adults and children with Autism. The longstanding groups (called VISIBLE ARTS) are user lead, emphasizing community presence, autonomy and social visibility. Katy is doing a PhD on the use of Touch in Dance Movement Psychotherapy based on her clinical work in the National Health Service with learning disabled adults and children. [www.embody-move.co.uk](http://www.embody-move.co.uk)