

Movement and Insight: Tai Chi as a Tool in Supporting Students with Asperger Syndrome.

by:

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Sensory–motor difficulty has long been established as a common diagnostic feature of Asperger syndrome. (AS). Observations of both clinicians and parents have documented the frequency of clumsiness and fine motor difficulties in the AS population. It remains unclear why children with AS are particularly vulnerable to this problem. Yet new theories on brain functioning and social processing may shed some important light on the matter. One such emerging picture is the discovery of the importance the cerebellum in social processing. The cerebellum has long established itself as a key structure for many aspects of physical coordination. In recent times neurologists and neuropsychologists have begun to recognize its role in non-verbal aspects of communication. For example, how we “sense” the position of our bodies in relation to others is an important feature in many social situations. Furthermore, new studies have documented the cerebellum’s function as a mediator in many aspects of cognition. Apparently, this “little brain” plays a vital role in coordinating attention, a crucial factor in social exchanges. (Ratey, 2002). In my practice, I have frequently observed how children with AS struggle to maintain and shift attention in response to an ongoing stimulus situation, such as conversation.

In view of this vulnerability, it is understandable why so many children with AS avoid sports at school (sometimes including playground activities). Methods such as “Smart Moves” and the use of occupational therapy intervention are often utilized during early development to support the slow growth of coordination and sensory integration of AS students. These services usually are directed at younger children, but do AS children outgrow this weakness? Some children make mild improvements but many children with AS remain spatially disoriented and poorly coordinated as adolescents and adults. This reality led me to ponder methods of incorporating some form of physical exercise or routine in my therapeutic work with older children and adolescents with AS.

Tai Chi came immediately to mind. The ancient “gentle art of well being”, is used over the entire world to enhance health and reduce stress. Over the years I have adopted several Tai Chi exercises and found them helpful in releasing daily stress. As a young psychologist, I was trained by the therapist and author, Alexander Lowen. Working with Dr. Lowen taught me the importance of posture and balance and the profound impact physical health has on the mind. My interest in Tai Chi stemmed largely from Lowen’s influence. Tai Chi represents a system of slow, deliberate movements designated to improve psychological and physical health. Not unlike yoga, Tai Chi is usually taught in groups and involves the learning of gradually more complex postures requiring balance and coordination. So I questioned whether a modified Tai Chi course might be useful in my psychological work with adolescents with Asperger syndrome. The importance Tai

Chi places on posture and awareness of the body seemed particularly relevant to the deficits found in Asperger Syndrome. Perhaps this component could actually support verbal interventions and social skill learning or increase spatial awareness in students? Could increased spatial awareness lead to increased social awareness? I found these possibilities exciting and I began taking more formal instruction in Tai Chi. In conjunction with some of Dr. Lowen's methods I soon developed a “program” lasting about 5-10 minutes that I incorporated in my weekly sessions with students. Examples of typical Tai Chi movements are found in Figure 1. In conjunction with two or three very basic exercises, I adopted the Lowen’s “Grounding” concept which involves both the psychological and physical dimensions of being calm and centered.



This new aspect of work began in November 2005, and I am still in the process of experimenting with various combinations of exercises. Although I have yet to reach any firm conclusions or preliminary data, the response of my students has been generally positive. As a clinician, I felt the inclusion of the Tai chi segment raised the energy level of every session. As I mirror the exercises in front of my students I discuss pertinent issues such as eye-contact and physical distance. Measuring the actual social impact of interventions with AS students is no easy task. Individual may demonstrate good insight in structured situations but have extreme difficulty generalizing these skills into the real world. Thus far, the combination of physical intervention and social skill training has proven extremely encouraging. Most students do not complain (once the concept is clearly introduced) and I have found it important to start at a very slow pace. There is also room for individualizing, such as the use of music to motivate the student. I used various forms of music in my work and have found meditation music an excellent “background” theme for the Tai Chi. Some AS students will have *very* specific wishes when it comes to background music and other supplementary aspects of the ritual.

Clearly, we remain at a very early stage in the evolution of the treatment of AS. More innovations are needed and we should explore the possibilities of brain plasticity through all sensory modalities. Indications suggest that combining modalities may be beneficial. Therapy remains an art as much as it is a science. If you enjoy movement both you and your clients may find such integration an enjoyable learning experience.

Explore and be well.

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