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The Halliwick Concept: Practical Applications

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Abstract

The Halliwick Concept has become a very popular method for use by professionals involved in instructional swimming and in therapeutic aquatics. Through a detailed look at the principles of Halliwick, this article expands on Halliwick theory by detailing applications of Halliwick to specific population groups. The practicality of implementing Halliwick methodology with and for individuals experiencing a variety of limiting challenges, both physical and cognitive/sensory, are discussed. Hints for success-oriented implementation are provided. For those unfamiliar with the Halliwick Method background resource material is included.

Keywords: Halliwick Concept, special populations, instructional swimming, therapeutic aquatics, adapted aquatics

Introduction

The Halliwick Concept has become a very popular method for use by professionals involved in instructional swimming and in therapeutic aquatics. Because Halliwick is based on mechanical principles of how the human body functions in water, (Association, 1992), Halliwick can be used with almost everyone. Body size, shape, and configuration are no barrier to benefit from Halliwick activities. Difficulties with coordination, diminished intellectual functioning, sensory challenges, and even fear of water are not limiting factors in the Halliwick Concept. This is important for aquatic professionals to remember. Also, as is shown in discussion of

the practical aspects of the use of Halliwick techniques, Halliwick is just as important for adults as it can be for children and teens.

Each of the Halliwick principles opens unique opportunities for actualizing aquatic goals. Included in this discussion will be the principles of balance, breath control, buoyancy, rotation, and mobility. For a more detailed discussion of each of these concepts a wide variety of resources are available (Association, 1992; Figuers, 2005; Gresswill, A. 2015; Grosse & Lambeck, 2004; Grosse, 2010; Grosse, 2001; Tirosh, Katz-Leurer & Getz, 2008). For a comprehensive discussion of the history of Halliwick, as well as video representations, I recommend the reader go to *The Halliwick Concept 2010* by the Research Committee of the International Halliwick Association (IHA) which was made available online as of October 2021 at <http://www.halliwick.org.uk/wp-content/uploads/2010/12/halliwick-concept-2010-updated-2015.pdf>. Please note that additional resource links are included in this document.

Clarifications

For purposes of discussion here, the following terms will be used:

- *Challenge* – any situation which makes aquatic activity more difficult than it might be for the average individual.
- *Physical* – any challenge that affects gross motor functioning of the individual.

- *Cognitive/Sensory* – any challenge that affects the acquiring, processing, or planning a response to information input for the individual.
- *Facilitator* – the individual providing Halliwick activities to an individual with challenges.
- *Participant* – the individual receiving Halliwick activities from a facilitator.

Quick Review

For readers unfamiliar with the Halliwick Concept, formerly referred to as the Halliwick Method, and the principles upon which it is based, these **ten** principles are:

- Mental Adjustment
- Disengagement
- Transversal Rotation Control
- Sagittal Rotation Control
- Longitudinal Rotation Control
- Upthrust
- Balance in Stillness
- Turbulent Gliding
- Simple Progression and Basic Swimming Movement

(IHA, 2010)

For ease of practical application this article will focus on mental adjustment, balance, breath control, rotation, and mobility.

Mental Adjustment

Halliwick is an extremely safe methodology because until body and breath control is mastered, the participant is literally in the hands of the facilitator. Entry level Halliwick activities involve direct physical contact between participant and facilitator. This has positive implications for individuals with cognitive/sensory related challenges as well as those with physical challenged. A variety of movement activities are included in early Halliwick progressions. These are made easier as the facilitator can provide the initial mobility while the participant goes through mental adjustment to the aquatic environment.

For individuals with **cognitive/sensory challenges**, Halliwick techniques offer security in unknown situations. Fear as well as confusion can be major deterrents to successful aquatic engagement. Having another individual close at hand can be reassuring and calming. Eye contact is stressed in Halliwick and the initial face-to-face positioning facilitates this visual focus. Because of the close physical proximity, the facilitator, through both physical touch and visual focus, can quickly assess the comfort level of the participant and provide reassurance as needed. In addition, both physical touch and proximity can be adjusted as needed, more during initial aquatic engagement and gradually less as comfort develops.

For individuals with **physical challenges**, maintaining control of the body while in the aquatic environment can be difficult. Buoyancy changes body position and alters personal control. Paralyzed limbs may float unreasonably. Missing limbs may alter positioning. Obesity can increase buoyancy. The close, hands-on contact between facilitator and participant can not only be reassuring, but also assist the individual making accommodations to increase security of position and movement. Physical security aids mental adjustment.

Where voluntary movement is restricted, the challenged individual can still experience movement through the water because the facilitator provides the mobility. The resulting massage pressure of the water upon the moving body can be both relaxing as well as physiologically stimulating. Abnormal reflex patterns also can be reduced by the facilitator having hands-on control of the participant's body.

Successful mental adjustment is especially important for adult participants who may have limited previous aquatic experience. Reticence and fear can build over time. For adults this can create significant fearfulness of the water environment. That negative condition makes Halliwick a particularly appropriate technique to integrate into aquatics for adults who have never had positive aquatic experiences in the past.

Breath Control

Breath control begins almost immediately with Halliwick. Participants are encouraged to “blow” whenever their mouth and/or nose is near, on, or in the water. As this, and all other Halliwick skills are developed, the facilitator models the activity. In the face-to-face position, blowing on the water makes ripples. Blowing into the water makes bobbles. These are visual cues for the participant to emulate

For the individual with **cognitive/sensory challenges**, performing any skill is easier if it can first be seen or felt. Being able to see or feel the result of blowing done by the facilitator encourages the participant to create the same effect. The same is true for breath holding. Cueing and modeling taking a breath, holding it, and then exhaling makes developing this critical skill much easier. Combining breath control activities with mental adjustment activities sets the stage for positive progression, assisting the individual with integrating what is learned with additional aquatic experiences.

For the individual with **physical challenges**, development of breath control can take longer. Challenges affecting oral motor control, diaphragm functioning, chest expansion, trunk musculature, and similar situations can all affect breath control. Assuming the individual is breathing without mechanical assistance, breath control can be developed with time, patience, and repetition. In addition, the potential for positive transfer of oral motor control to speaking and eating is an

important advantage. With breath control, lung capacity can be enhanced, and trunk (i.e., both costal and abdominal) musculature can benefit.

Limitations in oral motor control may mean that during initial development of breath control an individual may inhale and/or swallow water. The close proximity of facilitator and participant means this can be carefully monitored by the facilitator, assisting the participant as needed and discontinuing any activity where excessive swallowing is occurring. It is more about working on breath control over time, from session to session, than about spending too much time on breath control during a single session where excessive swallowing is taking place. Breath control activities are an important part of Halliwick and are included in all Halliwick sessions.

Rotation

It is well known that individuals with challenges often have greater freedom of movement in the aquatic environment than they have on land because the buoyancy created by the water counteracts the downward force of gravity. With greater freedom of movement comes increased potential for developing motor coordination patterns, improved physical fitness, and greater movement confidence. In addition, mastering rotations is a key step in acquiring personal aquatic safety skills.

For the individual with **cognitive/sensory challenges**, rotational movement in the water provides immediate and personal feedback for any bodily movement,

voluntary or involuntary. The individual can feel results. This adds a dimension to verbal information provided by the facilitator. Rather than giving just verbal directions, the facilitator also provides hands-on assistance in positioning to rotate, starting a rotation, completing a rotation, and returning to a safe position. The progressions for rotations are broken into smaller parts, each part performed with hands-on assistance. The natural buoyancy of the human body aids the process.

For the individual with **physical challenges**, rotations require very little voluntary limb movement. Rotations are very dependent on head position and head control. Even the slightest alteration in head position can initiate a rotation. This means even individuals with more severe physical challenges can learn and master rotations more easily than outside the water.

Mobility

Purposeful movement through water is the ultimate goal. Remember, there is a difference between purposeful movement and what is normally thought of as swimming strokes. This is not to negate the learning of swim strokes, but rather to clarify that swim strokes can be developed through and as a result of Halliwick purposeful movement techniques.

Purposeful movement begins with assisted movement in the vertical position such as walking, bicycling, arm pulling, and trunk wiggling – all with hands-on assistance from the facilitator. Movements are combined with breath

control activities. Mental adjustment occurs as the individual transfers from face-to-face positioning with the facilitator to a position with the facilitator assisting with hands-on from behind the participant. Muscular weakness is not as significant a barrier as on land because the facilitator can enhance any movement generated by the participant.

For the individual with **cognitive/sensory challenges**, performance is not reliant on the individual understanding the verbal explanation or demonstration of a specific motor skill. Rather the individual is cued to respond to a specific goal-related question. For example, can he or she get to the other side of the pool, or to a lane line, or some other location of interest. In the face-to-face position, the facilitator can model breath control activities. With hands-on assistance, the facilitator can control the speed of travel, responding to the actions of the participant and adding cues such as “hurry” or “quick like a bunny.” And, yes, actual “bunny hops” can be a part of mobility activities. Success is not based on performance of a specific motor pattern, but on the generation of a more generalized motor response. As responses develop, they can be further refined into more specific swimming skills or activities.

For the individual with **physical challenges**, Halliwick is particularly useful because during initial mobility activities, any movement counts. Specific swim skills can be refined from whatever general movement an individual generates.

Immersion in water can have a relaxing effect on tight muscles. Being able to use the head, the control of which is developed during rotation activities, can help adjust balance inequities caused by missing or abnormally positioned body parts. Using upthrust and buoyancy, additional key components of Halliwick, facilitate movement as well as assist in reducing fear of making the “wrong” movement. There are no wrong movements in Halliwick.

With hands-on assistance from the facilitator, no movement has negative results. The facilitator can quickly adjust positioning of the participant, monitor breath control, and provide verbal cuing and encouragement. As competency develops, the touch of the facilitator can be lightened, and hands-on-movement control gradually reduced until the individual becomes independent. Combined with rotational and breath control, motor activities can then be modified into more efficient aquatic skills.

Conclusion

The true value of implementation of the Halliwick Concept lies in the wide variety of individuals for which Halliwick activities can be of benefit. Whether in an instructional program or a therapeutic setting, Halliwick can be used successfully to individualize aquatic activities for individuals with challenges. With time, patience, and repetition of Halliwick activities, aquatic participation can be enhanced for even the most challenged individual.

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