



Dance/movement therapy impacts mood states of adolescents in a psychiatric hospital



Ashley N. Anderson^a, Heather Kennedy^{a,*}, Peter DeWitt^b, Erin Anderson^a,
Marianne Z. Wamboldt^{a,c}

^a Children's Hospital Colorado, Department of Psychiatry and Behavioral Sciences, 13123 East 16th Avenue, Box B-130, Aurora, CO 80045, USA

^b University of Colorado Anschutz Medical Campus, Colorado School of Public Health, Colorado Biostatistics Consortium, 12477 E. 19th Avenue, Aurora, CO 80045, USA

^c University of Colorado Anschutz Medical Campus, School of Medicine, Department of Psychiatry, 13001 E. 17th Place, Campus Box C290, Room E1354, Aurora, CO 80045, USA

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ABSTRACT

Although dance/movement therapy (DMT) is often used in conjunction with traditional therapies for treating children with psychiatric disorders, the evidence base for this therapy is currently small. The goal of this retrospective research is to examine whether DMT, embedded within larger psychiatric therapeutic programs, affects changes in mood states of adolescents suffering from a variety of psychiatric illnesses. Participants include 402 predominately white, non-Hispanic patients (14–21 years old, with a mean age of 14.56 ± 1.70 years) who completed 671 mood measures between August 2010 and December 2011. Participants completed the Fast Assessment of Children's Emotions before and after a group DMT session. When controlling for pre-mood scores, there was a significant change in all mood states and a significant odds of a change in total mood score, per unit increase in pre-total mood score, after one DMT session (odds ratio = 1.84; $p \leq .01$). There was no significant association between patient characteristics and changes in individual or total mood scores, indicating that DMT may be useful for a wide range of patients. The results from this formative study will help researchers develop prospective studies focusing on therapeutic effects of DMT for a wide range of patients.

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Through the efforts of Marian Chace, dance/movement therapy (DMT) was established in the 1940s, after psychiatric patients reported its therapeutic benefits. Shortly after, in 1965, a group of dance/movement therapists founded the American Dance Therapy Association, in order to continue Ms. Chace's work of utilizing movement for physical, emotional, and cognitive integration of the human experience (American Dance Therapy Association, 2009; Schmais & White, 1986). Since establishment, DMT has grown to include collaboration between dance/movement therapists, psychologists, and psychiatrists, in order to meet the needs of a wide range of patients.

Beyond serving as a non-confrontational means for expression, DMT has two main overarching goals for therapy sessions. First,

it is important for patients to have a mind-body connection by identifying present emotions and sensations, connecting them to a particular part of the body, and sharing that experience. This process best happens through creating a safe structure within the therapy group and allowing patients to explore inner emotions through their physical body (Sheets-Johnstone, 2010). Second, it is therapeutically beneficial for patients to create something novel. This can lead to a sense of empowerment and potentially motivate patients to accomplish treatment goals. This creative process encourages individuals to transform inner experiences into external realities, thereby promoting awareness and more flexible coping strategies (Cropley, 1990; King & Pope, 1999). Furthermore, by utilizing the healthy, creative aspects of an individual's personality, DMT not only provides the opportunity to stimulate creativity within a therapy session, but also within other aspects of the participant's life (Sandel, Chaiklin, & Lohn, 1993). In summary, the two main goals of a DMT session are to provide an integrative mind-body experience and to stimulate creativity.

A shared belief among individuals associated with DMT is that participants can use dance/movement to express themselves in

* Corresponding author. Tel.: +1 7207778043.

E-mail addresses: ashley.anderson@ucdenver.edu (A.N. Anderson), heather.kennedy@childrenscolorado.org (H. Kennedy), peter.dewitt@ucdenver.edu (P. DeWitt), erin.anderson@childrenscolorado.org (E. Anderson), marianne.wamboldt@ucdenver.edu (M.Z. Wamboldt).

ways that words cannot (Levy, 2005). DMT provides an external outlet for participants to express internal experiences and to then have these experiences witnessed by others. The kinesthetic components of DMT introduce participants to a non-verbal, yet expressive language to describe challenges they face (Sheets-Johnstone, 2010). Additionally, DMT may allow individuals to evoke, connect, and express powerful emotions more immediately than traditional therapeutic interventions, due to its use of body felt experiences (Brooks & Stark, 1989; Kuettel, 1982). Through observing movement, the dance/movement therapist can assess a participant's physical and psychological strengths and limitations, using this information to shape the direction of the therapy session.

Current research

Current research examines the impact of DMT on health-related outcomes for a variety of different populations. For cancer patients, DMT improves quality of life in adults (Bradt, Goodill, & Dileo, 2011; Sandel et al., 2005) and addresses psychological needs in children (Cohen & Walco, 1999). Adults suffering with fibromyalgia experience improved disease coping after a series of DMT sessions (Bojner Horwitz, 2004). Among adults with psychological diagnoses, DMT may improve quality of life (S. Koch, Kunz, Lykou, & Cruz, 2014) and increase self-awareness (Barton, 2011). More specifically, DMT is useful for adults with psychiatric disorders of anxiety, tension, depression, and low self-esteem (Heber, 1993; S. C. Koch, Morlinghaus, & Fuchs, 2007). For individuals with schizophrenia, ten weeks of DMT in conjunction with standard care significantly reduces negative symptoms, as measured by the Positive and Negative Affect Scale. Unfortunately, due to the small sample size ($N=45$) of this study, more research is necessary to further determine the therapeutic benefits of DMT for participants with schizophrenia (Ren & Xia, 2013). The amount of research available regarding adults and psychiatric disorders remains relatively small, but analogous work regarding children is even more scant.

Extending beyond adults, pediatric populations also benefit from the therapeutic effects of DMT. DMT is believed to be an effective treatment modality for children suffering with various forms of trauma (D. A. Harris, 2007; Pierce, 2014), maltreatment (Betty, 2013), and abuse (Goodill, 1987). Additionally, children with psychiatric disorders, including depression (Jeong et al., 2005), conduct disorder (Erfer & Ziv, 2006), attention deficit hyperactivity disorder (Grönlund, Renck, & Weibull, 2005), and autism (Hartshorn et al., 2001), positively benefit from DMT. Among 16 year old adolescent females, 12 weeks of DMT increased plasma serotonin and decreased dopamine levels, while improving somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychotic symptoms (Jeong et al., 2005). Some hypothesize that the cohesion and sense of safety evoked during a DMT session allows participants to more effectively meet treatment goals (Erfer & Ziv, 2006). Research regarding DMT and its effects on children are promising, but more research is necessary to understand the impact of this modality in both inpatient and outpatient pediatric psychiatry settings.

A dance/movement therapy session

DMT has been integrated into the multidisciplinary treatment plan for inpatient adolescents receiving psychiatric services within a large Children's Hospital. A group DMT session typically lasts between 60 and 75 min, following the structure developed by Marian Chace. This structure includes a trajectory of warm-up, exploration, and closure. During warm-up, the therapist assesses the group for movement expression, interpersonal dynamics, and

group themes, such as anger or anxiety. The therapist uses the information collected during the warm-up to tailor the exploration phase for the current group of participants.

The needs and motivational levels of adolescents within a DMT session vary among therapy groups. Therefore, during the exploration phase it is important to maintain a balance between participation and sense of safety. To encourage movement expression and provide an outlet for emotions, the dance/movement therapist may use props such as body socks, stretch bands, ribbons, or scarves. The dance/movement therapist assists participants in tracking and validating their experiences and emotions throughout the session, in order to elicit a feeling of safety within the group. The sense of safety that develops encourages individuals to take personal risks in sharing movement and emotions.

Although movement often expresses what words cannot, verbalizing experiences is an important integrative exercise that deepens an individual's awareness of body, emotions, and experiences. During closure, the dance/movement therapist asks individuals to share observations about themselves or the group and validates the adolescents' experiences. Oftentimes patients report a change in mood, during which time the dance/movement therapist asks how this shift in mood occurred and how individuals may apply the techniques used in the DMT group to their everyday lives.

Objectives

The objective of this retrospective research was to examine whether DMT embedded within larger psychiatric therapeutic programs elicited immediate mood changes in adolescents with a variety of psychiatric illnesses. Additionally, we wanted to examine whether DMT was particularly useful for any specific patient population. This research examined the relationship between reported mood changes and patient characteristics – age, gender, ethnicity, primary psychiatric diagnoses, insurance status, psychiatric medications, length of stay, and treatment unit – for adolescent patients with psychiatric diagnoses who participated in group DMT sessions at a large Children's Hospital.

Method

This study received institutional approval from the Colorado Multiple Institutional Review Board as a retrospective, de-identified chart review study. Initial data were collected as part of program evaluation.

Participants

Participants consisted of 402 patients (ages 13–21 years) from the following three units in a large Children's Hospital: Adolescent Day Treatment (ADT), Adolescent Inpatient Psychiatric Unit (APU), and the Eating Disorders Unit (EDU). ADT is a day treatment program for adolescents 13–18 years old that do not require 24-h care, but need rigorous evaluation and treatment. Conversely, APU is an inpatient program for adolescents 13–18 years old with severe psychiatric symptoms, who may be harmful to themselves or others. Finally, the EDU offers inpatient and partial hospitalization for 9–21-year old patients with any form of eating disorder. The number of patients included in this study from the ADT, APU, and EDU are 139, 169, and 94, respectively.

As seen in Table 1, the Eating Disorders Unit had a significantly higher percentage of female patients, who were more likely to be Caucasian and non-Hispanic, than the other two units. Additionally, the length of stay for patients in the EDU was longer than for the other units, and this unit had the longest DMT session of

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