



Research Article

Dance/Movement Therapy and emotional well-being for adults with Intellectual Disabilities



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ABSTRACT

The connection between mind and body is activated through Dance/Movement Therapy (D/MT). This connection promotes the integration of emotional, cognitive and physical dimensions of a person. This study focused on emotional well-being, understood as a dimension within the construct of quality of life. The improvement of emotional well-being was examined in adults with Intellectual Disabilities (ID) who participated in an intervention program of 26 sessions in D/MT.

The intervention group comprised 22 adults with ID ($n = 22$; 47.27 ± 11.67 years) (12 male). The control group were 20 adults with ID ($n = 20$; 48.15 ± 12.46 years) (12 male). The Koppitz human figure drawing test was applied to evaluate the emotional indicators before and after the program. The results indicated statistically significant improvements in the emotional well-being in the intervention group after the D/MT program ($p = 0.007$) in comparison to the control group ($p = 0.560$).

D/MT can be an appropriate approach when working with adults with ID to provide them with support, and to increase quality of life specifically emotional well-being.

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Introduction

Dance has been present throughout our history, both in spiritual and religious practices as well as in recreational and social ones (González & Macciuci, 2013; Nanni, 2005). It is an instrument of expression and communication that can transmit emotions, feelings, thoughts and experiences (Ballesta, Vizcaino, & Mesas, 2011). When dance is applied to therapeutic objectives, the therapist is physically and emotionally present during the sessions, and establishes communication through sensorimotor channels and nonverbal expression (Wengrower & Chaiklin, 2008). For these reasons, dance is considered as a facilitating approach for the capacity of movement and expression, where creativity is present; and it also has the ability to represent or externalize individual's feelings (Martín, 2009). All these factors regarding dance promote wellness and health as well as the participation and involvement with others and the environment (Dunphy & Scott, 2003).

From Positive Psychology perspective, dance can provide benefits to people's Quality of Life (QoL) (Bermell, 2003; Hervás, 2009;

Vera, 2006). In recent decades, the concept of QoL has evolved and spreaded with increasing interest within people with Intellectual Disability (ID). It is a favorable environment to raise a new conceptual framework that allows for the evaluation and improvement of the individual welfare, and provides a common language for its standardization and integration (Schalock, Garder, & Bradley, 2006). QoL is a multidimensional concept composed by eight dimensions. It links with different individual areas and integrates a subjective perspective of the person based on individual life experiences (perceptions and values) and an objective perspective linked to common human experiences. The eight QoL dimensions are: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion and rights. These dimensions represent the breadth and complexity of QoL construct and are considered as a set of factors that make up personal well-being (Schalock & Verdugo, 2003; Schalock et al., 2006).

World report on disability (OMS, 2011) highlights the lack of empirical data and objective evidence in relation to existing programs for people with disabilities. Conclusions of the report (Recommendation 9: strengthen and support research on disability), stated the need of increasing research related to people with disabilities in order to facilitate general understanding, but, above

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all, to encourage QoL. This project aims to be a contribution to the welfare of people with ID, as the Decalogue of adapted sport established (*Decálogo de actividad física*, 2003). We must also take into account the social difficulties that may present the population with ID such as social stigma (Ditchman et al., 2013). These difficulties can influence the person's self-esteem (Paterson, McKenzie, & Lindsay, 2012), among others. Likewise, dance can contribute to the self-esteem improvement (Pérez-Testor, 2010).

Specifically, in this study we have focused on how the Dance/Movement Therapy (D/MT) affects the emotional dimension of well-being in adults with ID. This dimension has been one of the most interesting research topics in the field of psychology as it focuses on the individual perceptions, in its globality, in itself. Within the emotional well-being dimension we can find elements such as the self-concept (identity, self-worth, self-esteem), happiness, good humor, satisfaction, body awareness and safety (Schalock et al., 2006).

Dance/Movement therapy in people with intellectual disability

D/MT is defined as “a specialty in psychotherapy that uses the body and nonverbal expressions as a process to promote emotional, cognitive and physical integration of the individual” (Panhofer, 2005, p. 50). It gives a therapeutic use to movement, as a process that seeks the emotional integration of the individual influencing its emotional well-being (Frieder & Eckstein, 1981). Movement is a way of expression of conscious and unconscious thought that gives us information of internal emotional states (Fischman, 2001; Levy, 1988). It focuses on the mind-body connection encompassing the individual's whole health (González & Macciuci, 2013; Nanni, 2005; Vella & Torres, 2012). Body movement represents a reflection of internal emotions, and the registry of individual movement modifications is understood as changes related to a psychological dimension that promotes personal well-being (Fischman, 2001).

People with ID have difficulties in symbolic capacity, limitations of their own body and physical space limitations (González & Macciuci, 2013). Concretely, intellectual disability (ID) is diagnosed taking into account intellectual and adaptive functioning and is a disorder that appears during the developmental period, according to *Diagnostic Statistical Manual of Mental Disorders* (DSM-5) (APA, 2013). People with ID can present a significant limitation in the following areas: intellectual development and adaptive behaviour including conceptual, social, and adaptive skills (APA, 2013; Schalock et al., 2006), besides body and movement limitations.

Therefore, as highlighted by Levy (1988), it can be helpful to focus on improving their body image, coordination, motor skills, physical domain, emotions, confidence and awareness, and communication skills. In order to improve this communication, Borja and Solís (2012) proposed the development of a program for people with ID focused on music and dance, where one of the main elements would be the work on the body schema, apart from the body language exploration and expansion.

In D/MT programs with groups of people with ID, we should consider the limitations on cognitive and communication skills of the group, as these limitations will determine the program characteristics and the type of assessment needed in order to assess their emotional status (Paredes, 2010).

It is currently possible to find some studies using D/MT in adults with ID (Arthur, 2003; Barnet-López, Pérez-Testor, Arbonés-García, & Guerra-Balic, 2015a; Koch, Kunz, Lykou, & Cruz, 2014; Ritter & Low, 1996). These studies are mainly focused on the evaluation of cognitive functioning, academic learning, social inclusion or planning for social support networks services (Arthur, 2003), stressing then the need for further research within the emotional well-being dimension.

Contributions of dance and dance/movement therapy to emotional well-being

D/MT benefits one's emotions and own physical knowledge (Barnet-López et al., 2015b; Levy, 1988). Programs where body movement, music and nonverbal language are present, allow us to connect with our internal emotional world, knowledge and body image favouring individual or group physical and mental conditions (Blanco & Jiménez, 2005).

D/MT is based on physical and mental integration as a prerequisite to improve individual overall health (Stanton-Jones, 1992). In that sense, being in touch with our own feelings implies being also in touch with our body and mental images that are linked to these feelings. From those feelings, free movement emerges, creating a synergy between therapeutic and artistic work (Hämäläinen, 2007). Indeed, in a study with teenagers with ID, particularly with Down syndrome, an improvement was observed after a single session of dance regarding their own bodies knowledge and their emotional development, especially in improving self-esteem and reducing anxiety (Pérez et al., 2009; Pérez-Testor, 2010).

Fischman (2005) found that programs where body work is present help to improve empathy and relational skills, as well as affect satisfaction and emotional well-being. Another study showed the improvement of self-concept, self-esteem and social skills in people with ID who had been involved in sessions where music, theatre or dance were present (Lloret, 2009). Thus, we believe that body language work, considered as a way of expression and communication can facilitate the channelling of different emotions, helping to improve people's welfare (Ruano, 2003).

Mora, Salazar and Valverde (2001) worked with people with disabilities through a program focused on music and dance. These authors concluded that challenging behaviors were reduced, and stressed the need to expand research in this area. Other work studied adults with ID, who performed sessions of dance and movement and achieved significant results regarding increased self-esteem, joy, expression, security, body awareness and communication skills, as well as a decrease in depression (Hoban, 2000).

Bermell (2003) presented a program focused on the contributions of dance concerning emotional well-being dimension, believing that it provides personal security. In addition, he stated that self-image was related to a strengthened individual control, mainly through movement proposals, highlighting the coordination work of body schema and balance.

Barnet, Pérez-Testor and Guerra (2013) conducted a research with adults with ID, where participants underwent the Human Figure Drawing (HFD) test, before and after a D/MT session. The results obtained by comparing both drawings allowed quantifying body knowledge improvement, linked to self-concept improvement (Barnet et al., 2013), but unfortunately in this study emotional aspects were not evaluated.

Objectives

The main objective of this study is to assess the changes on emotional well-being of adults with ID through HFD, after 26 D/MT sessions. Intervention and Control groups are compared.

Method

Participants

Participants were adults with ID, including Down Syndrome, recruited from a Foundation in Girona (Spain) through convenience sampling. Participants were randomly distributed into the Intervention Group (IG) – 30 adults with ID, or the Control Group (CG)

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