Theater for, by and with fibromyalgia patients – Evaluation of emotional expression using video interpretation

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Abstract

The healing function of theater is reflected in all human cultures. Today, therapists and scientists work with psychodrama and drama therapy, often describing theater as the art form closest to life itself. In a unique cooperation between professional actors and a dance movement therapist/pain researcher, patients with fibromyalgia have first been trained in body and voice expression and thereafter acted out a drama onstage together with professional actors. A video interpretation technique was used to help patients interpret their own emotional expressions towards other actors and evaluate their perceived pain and self-rated health. The results of this feasibility study show that the variation of emotional expression from video interpretation is dependent upon whether or not the patient acts with an actor. The intensity of emotional expression increases significantly when acting together with a professional actor. The results also show an increase in self-rated health and a decrease in pain after 3 months of using this theater-based technique. A correlation between strong emotional expression and decreased pain was also observed. However, when patients did not actively participate in a theater play, their self-estimated pain was not significantly decreased.

In this study, the cross-fertilization of culture/expressive arts and health care is presented as a new resource for pain treatment. In particular there may be a link between intense emotional expressions when acting with professional actors and decreased perceptions of pain. The paper also discusses the potential therapeutic value of working with professional actors in the treatment of other pain patients. Hopefully, this theater-related method can contribute to developing collaboration between actors and creative art therapists and stimulate controlled studies of evidence-based science.

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Introduction

The idea that theater has a healing effect has been discussed by numerous researchers and it has been used in all epochs and cultures (Bates, 1988; Emunah, 1994; Snow, 1996, 2003). The healing powers that have been discussed can be the result of, among other factors, the theater's similarity with real life (Snow, 2003). In drama therapy (Jones, 1996) and psychodrama (Kedem-Tahar & Kellermann, 1996; Moreno, 1987) different forms of improvisation are used as a part of therapy, and the therapy group itself, which is comprised of patients, acts as an audience for the performance. Recent developments, however, have moved towards a therapeutic theater in which the patients perform in front of a general public. The patient groups have included people with different psychiatric diagnoses, traumatized war veterans, individuals with post-traumatic stress syndrome, people with mental handicaps, and the elderly (Emunah, 1994; Emunah & Johnson, 1983; Moneta & Rousseau, 2008). Being able to perform in front of an audience in this context can further confirm the patients’ new images of themselves, which are reinforced within the play (Snow, 2003). It is, however, important to bear in mind that when theater is used with a therapeutic purpose and when a play is performed in front of the general public, the patients’ resultant experiences need to be followed up (Landy, 1986, 1993).

What has not been widely discussed in literature is how professional actors, with their unique knowledge, can help patients who have difficulty with expressing their emotions to get their voices heard. Actors have access to knowledge and techniques that can be used by patients to strengthen their emotional expression, with the help of both voice and body, and thereby influence their pain and their abilities to set boundaries for unpleasant movement patterns (Kut et al., 2007). In this population group, where long-term pain is common, the decrease in body awareness is a risk factor for developing limitless movement patterns (Bojner Horwitz, Theorell, & Anderberg, 2003).
Fibromyalgia is a disorder that affects mostly middle-aged women and that causes pain throughout the entire body (Wolfe et al., 1990). Oversensitivity to pain is another factor that characterizes these patients (Kosek, Ekholm, & Hanson, 1996). Numerous studies have discussed how perturbations in the patients' pain management system may develop through, among other factors, an imbalance in the body's stress axes (Cofford, Engleberg, & Demitrack, 1996; Cofford, 1998; Griep, Boersma, & Lentjes, 1998). Strong negative life experiences (Anderberg, 1999; Anderberg, Marteinsdottir, Theorell, & von Knorring, 2000; Katon, Sullivan, & Walker, 2001) can affect the body's pain management through, among other things, repeated early stimulation of stress hormones and the overwhelming of the body's ability to recover.

Many researchers have recently uncovered a link between the sympathetic nervous system and the stress reaction, especially in fibromyalgia patients. A "sympathetic hyperactivity" in the sympathetic portion of the autonomic nervous system as well as perturbation in the HPA-axis (Griep et al., 1998; Cofford et al., 1994; Van Houdenhove, Egle, & Luyten, 2005; Van Houdenhove & Luyton, 2006) has been put forward as an explanation for both difficulties in pain relief and pain oversensitivity in fibromyalgia patients (Martinez-Lavin, 2007). This perturbation in the stress axes has its origin in disturbances of certain neurotransmitters (catecholamines). Unexpressed strong negative life experiences, daily stress hassles, and emotions that affect the body's memory, that remain as unresolved problems, with muscular tension as a result, have been discussed as one of the causes of this hyperactivity (Anderberg, 1999), and is in this study used as a hypotheses to explain the patients pain perception.

That some fibromyalgia patients have difficulty putting their feelings into words, named as alexithymia (Sifneos, 1973), is also something a number of researchers have found (Lumley, Asselin, & Norman, 1997; Sayar, Gulec, & Topbas, 2004; Sivik, 1993). In one study, 15% of the fibromyalgia patients were found to have alexithymia (Pedrosa et al., 2008). Especially the dimension of alexithymia that is associated with identifying feelings and to express anger seems to be associated with fibromyalgia (Gulec, Sayar, Topbas, Karkucak, & Ak, 2004; Sayar et al., 2004). During the last decades, alexithymia has been discussed in conjunction with overwhelming stress and muscular tension in the development of chronic pain (Feryal & Saatcioglu, 2006) as well as in conjunction to depression, ongoing pain, experimental pain and illness behaviour (Huber, Suman, Blasi, & Carli, 2009; Hughes, 2006; Thieme, Turk, & Flor, 2004; Van Houdenhove & Luyton, 2006).

At least for some of these patients, it may be that alexithymia has its source in patients' difficulties in identifying and expressing their emotions, especially anger, because of fear of separation or conflict (Gulec et al., 2004). They therefore use emotional avoidance strategies (Van Middendorp et al., 2008). It may be that it is better to be quiet than risk too big changes in your life. Prolonged fear causes stress reactions, which, in turn, cause muscular tension, which, over a prolonged period of time, can transform into pain (Anderberg et al., 2000; Broderick, Junghaenel, & Schwartz, 2005; Cofford et al., 1994; Egle, Ecker-Egle, Nickel, & van Houdenhove, 2004; Griep et al., 1998; Van Houdenhove et al., 2005; Van Middendorp et al., 2009).

Language and abstract thought is successively built up during the first years of life with the help of the mirroring of the infant's emotional expressions, nuances of movement, and vegetative reactions. Development moves from a sensational experience to an emotion and onwards to a thought/word. If the emotional reaction is not translated into an expression/word, it may instead remain in the body, with pain as a consequence (Bojnert Horwitz, 2004; Bojnert Horwitz, Theorell, & Anderberg, 2004; Kirsch & Bernardy, 2007). Nuances of gestures and emotional patterns of movement are lacking, with stiff, robotic body movements as a consequence. However, if the individual, with help in the form of discussion or artistic expression, can learn to express their emotions and set boundaries for their environment, a release of tension can occur, which in turn most likely may result in pain reduction.

Related to the patients' problem with identifying their own feelings, it may also be difficult to identify other people's feelings, which in turn increase the need of setting boundaries (Gulec et al., 2004; Sayar et al., 2004).

A new method of using theater as a form of therapy is the "theater-related method" (TRM) in which patients, in conjunction with professional actors, explore a text from an existing manuscript and dramatize it. Through engaging with the text, the patients act with a professional actor and through this get the opportunity to find an outlet for their emotional and physical expression. The actor collaborates with a dance therapist/pain researcher and guides the patients through new possibilities of expression through both voice and body. The patients also get feedback through seeing themselves on video and examining their emotional expressions on film in order to get an objective perspective of themselves. The TRM consists of a closed group of patients whose dramatizations take place in a theater in Stockholm.

To work with emotionally charged texts and to try to discover which emotional expressions belong where, especially with which gestures, vocal expressions, and movements, can perhaps open up a locked emotional space and relieve the pressure on the body's memory and the autonomic nervous system, which can reduce pain in fibromyalgia patients. To do this, using professional actors in a theater-related method with the purpose of helping patients access their emotional expression has not been used with fibromyalgia patients.

This feasibility study presents a new artistic form of treatment for patients with fibromyalgia which involves the cooperation of dance therapist/pain researchers and professional actors. The primary purpose is to explore the outcome after fibromyalgia patients' participation in a theater-related method (TRM). The study explores fibromyalgia patients' perceived health and pain as well as validates whether patients' own emotional expression correlates with general health and pain, measured with video interpretation. The study also explores whether theatrical play, when the patients are passively watching a play in the theater, differ from actively participating in the described TRM, in terms of the patients' perceived health and pain.

Methods

Participants

Seven female patients with a mean age of 53 years and with mean pain duration for 11 years diagnosed with fibromyalgia were recruited to the Riddargård Clinique in Stockholm from general practitioners. Doctors specializing in fibromyalgia have been diagnosed the patients who all met the diagnostic criteria for fibromyalgia according to norms established by the American College of Rheumatology (ACR) in 1990:

1. Experiences of general pain (lasting more than 3 months) including pain from all four body quadrants: left and right sides and upper and lower body halves as well as axial pain such as pain from the cervical, thoracic or lumbar areas of the back.
2. Palpation pain in 11 of 18 "tender points" at specific bilateral locations on the body.

Data were collected over a period of 6 months, that is, after the first 3 months, comprising twelve treatments (2 h per session) – and then again at follow-up, 3 months post-treatment – that is, at the end of the 6 months period.
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