EFFECTS OF DANCE/MOVEMENT THERAPY: A META-ANALYSIS

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The expansion of the field of dance/movement therapy (DMT) since the founding of the American Dance Therapy Association (ADTA) by Marian Chace has led to an increasing interest in DMT research (Rossberg-Gempton & Poole, 1992). The ADTA has defined DMT as the, "use of movement as a process which furthers physical and emotional integration of an individual" (Sandel, 1975, p. 439). Research on the effects of DMT, however, has primarily consisted of qualitative and exploratory clinical reports.

The present study addresses methodological problems that have affected the DMT literature and evaluates quantitative studies of DMT using meta-analytic techniques. Meta-analysis is a statistical technique used to summarize a collection of related studies. Such analyses have often been used to assess the effectiveness of psychotherapy for specific disorders by averaging effects across similar studies (e.g., Smith & Glass, 1977). Effect sizes assessing the magnitude of a relationship or change are calculated for each intervention study. These effect sizes are then standardized and averaged across studies to produce a summary statistic that reflects the average change associated with the intervention. The purpose of the present study was to calculate standardized effect sizes for case-control studies of dance/movement therapy and to produce summary statistics reflecting the average change associated with DMT compared to controls. The study also examined the effectiveness of DMT in different samples (e.g., children, psychiatric patients, elderly) and for varying diagnoses (anxiety disorders, schizophrenia, developmental disabilities) using meta-analysis.

Review of the Literature

Dance has been used therapeutically for thousands of years. Traditionally, dance was linked to healing and was used to influence fertility, birth, sickness and death (Molinaro, Kleinfeld & Lebed, 1986). DMT is based on the theoretical interdependence between movement and emotion (Bernstein, 1975; Navarre, 1982; Reich, 1949; Rossberg-Gempton & Poole, 1992). Psychological and physical improvements have been attributed to DMT and can be categorized into five areas: resocialization and integration within a larger group system; nonverbal creative expression for emotional expression; total self- and body-awareness and enhanced self-esteem; muscular coordination, broader movement capabilities and tension release; and enjoyment through relaxation. In general, a holistic integration of emotional, spiritual and cognitive selves with the environment is the goal of DMT (Payne West, 1984; Rossberg-Gempton & Poole, 1992).

Literature on DMT has explored its efficacy for different age groups in residential and out-patient settings and for various diagnoses. The majority of existing research is based on case studies. The number of quantitative studies is limited and many have methodological shortcomings that are described below. Nonetheless, review of the case literature and quantitative studies suggests that DMT has a positive impact on a variety of developmental and psychiatric disabilities.

For the present study, Psychlit, Medline and Dissertation Abstracts were searched and all published

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studies evaluating the use of DMT on children, non-disordered participants, adult psychiatric patients, handicapped individuals, the elderly and patients with neuropsychological deficits were reviewed (\(N = 65\)). Dissertations were included when available. Of these, 23 (35%) studies included control groups and reported statistics required for meta-analysis. The qualitative portion of the review refers to all published studies of the populations identified above. Meta-analyses include only the 23 studies that met entry criteria (having a control group, statistics available for effect size calculation).

**Non-Disordered Subjects**

DMT appears to have therapeutic value for the healthy person. A number of quantitative studies have reported change in psychological variables such as depression, anxiety, erotized affection, body attitude, self acceptance, integration of movement, and anxiety for subjects without psychiatric diagnoses (Dosamantes, 1990; Dosamantes-Alperson & Merrill, 1980; Kuettel, 1982; Leste & Rust, 1990). Similarly, Kuettel (1982) found traditional psychotherapy groups to be more effective when preceded by a DMT group, and reported increased group cohesion, participation, self-confidence and task maintenance in the groups receiving DMT. The effects of DMT alone and in conjunction with other therapies for healthy individuals deserve further study.

**Children**

Children are the most frequent participants in DMT research. Qualitative studies report substantial improvement related to DMT for a variety of childhood disorders. In a study on motor skills of children with learning disabilities, for example, Couper (1981) described improvement post-DMT. Similarly, in their research on a small number of psychotic children, Gunning and Holmes (1973) reported improvements in motor performance, but did not report statistics. Gunning and Holmes chose healthy children as their controls rather than psychotic children, confounding the subjects' illness or health with the effects of DMT. An additional interesting descriptive study endorsed DMT for abused children who misjudge their kinespheres, or personal space (Goodill, 1987). Goodill found that DMT can help these children "exercise control over that space, [and] regain a sense of control and ownership of their own bodies" (p. 60). A variety of other case study analyses have been published reporting improvement on an array of dependent variables for children undergoing DMT (Bender & Boas, 1941; Dublineau, 1982; Gibson, 1980; Schmais, 1977; Wisecup, 1981).

In general, quantitative studies of DMT-related change in children have been poorly designed and reported. Many studies do not include adequate control groups (Gunning & Holmes, 1973; Krebs, 1979; Wislochi, 1981) and some do not report inferential statistics related to change (Archambeau & Syzmaniski, 1977; Wislochi, 1981). Kavaler (1974) studied the effects of DMT on motor performance, body-awareness and self-concept in mentally retarded children, but found no statistically significant improvement. In contrast, Boswell (1993) found a significant increase in balance skill for mentally retarded children \((p < .01)\). Wislochi (1981) assessed changes in attention, participation and relaxation in a group of children with varying psychological and physical disturbances during a DMT intervention without performing statistical analyses. The present author analyzed the reported raw data and found changes to be significant \((p < .0001)\). DMT has helped children with visual impairments learn concepts of spatial movement through physical and tactile activity (Krebs, 1979). Creative dance for these children "emphasizes the body as a form of expression, and movement of the body as the medium of expression" (Duel, 1979, p. 133). Similarly, Chin (1988) found significant improvement in muscle control and balance \((p < .0005)\) and spatial awareness \((p < .05)\) after DMT in handicapped children. Although autistic children reportedly benefit from DMT (Archambeau & Syzmaniski, 1977; Kalish, 1974) no statistical evidence supports these findings.

Most of the studies assessing the efficacy of DMT in children examine dependent variables related to movement and spatial awareness in the developmentally disabled. DMT appears to have a modest positive effect on children with such disabilities. The effect of DMT for psychiatric disorders in children or for non-disabled children remains unexplored.

**Adult Psychiatric Patients**

Research on the use of DMT in residential settings suggests that it encourages involvement by providing an inclusive activity that increases each member's
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