

Dance/movement therapy in fibromyalgia patients: Changes in self-figure drawings and their relation to verbal self-rating scales

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Abstract

This study evaluates if verbally oriented scales are as effective as the visual instruments of self-figure drawing and video interpretation in detecting treatment responses after 6 months of dance/movement therapy in fibromyalgia patients.

The self-figure drawing and video interpretation technique captured treatment effects that were not seen on verbal scales. In the self-figure drawings, significant differences were seen in the variables “amount of body details” and “amount of paper use in percent” between the treatment group and controls after dance/movement therapy. The treatment group showed a significant increase in the “amount of body details” and “amount of paper use in percent” compared to controls. Specific parts of the verbally oriented ratings in CPRS, “bodily discomfort” and “compulsive act,” were positively correlated to “number of different colours.” The variable “pain and ache” in the CPRS indicated a negative correlation to the “amount of paper use in percent,” i.e. the more pain, the less paper used.

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The use of different assessment techniques may affect the treatment outcome and verbal instrumentation may not be the most appropriate in this patient group. Difficulties perceiving information through verbal/cognitive modalities as well as alexithymia are factors that are discussed.

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Many fibromyalgia patients (FMS) have difficulty thinking and talking about their emotions and processing feelings verbally—so-called alexithymic problems (Brosschot & Aarsse, 2001; Toskala, Kangasniemi, Vasarainen, & Nurmikko, 1993). Despite alexithymic characteristics, most of the evaluation techniques used with fibromyalgia patients are verbally oriented. In this study, self-figure drawings (Lev-Wiesel & Shvero, 2002; Miller, Atlas, & Arsenio, 1993) were used as a non-verbal instrument, together with other self-rating verbal scales, in fibromyalgia patients after treatment with dance/movement therapy. The Comprehensive Psychopathologic Rating Scale (CPRS) (Svanborg & Åsberg, 1994), Sense of Coherence (SOC) (Langius, 1995), Swedish Universities Scale of Personality (SSP) (Gustavsson et al., 2000), and Visual Analogue Scale of pain intensity (VAS) (Anderberg, 1999) were verbally oriented scales that were compared with the self-figure drawings. The objective was to compare changes in the self-figure drawings of individuals after dance/movement therapy (DMT) with controls and also to relate these findings to the other verbal self-rating scales. DMT treatment has earlier been evaluated and reported on this same sample group of FMS patients by measuring stress-related hormones and by letting the patients interpret their movement patterns from video viewing (Bojner Horwitz, 2004; Bojner Horwitz, Theorell, & Anderberg, 2003b). In that study the FMS patients interpreted their movement patterns as significantly improved after DMT; this contrasted with the non-significant change in the blood concentration of stress-related hormones. The body signals reflected by the video image may be similar to the self-figure drawing process in this study, as both represent non-verbal perception.

Self-figure drawing is a concept that so far has rarely been used in evaluating chronic pain patients. The technique has been used in analyzing paintings from patients in psychiatric settings (Collis, 1999; Hacking, Foreman, & Beltcher, 1996). We know that different kinds of variables in paintings made by psychiatric patients (i.e. color, space covered, and quality of line) differ from those of non-patients (Hacking et al., 1996). We also know that projective drawings such as “Draw-A-Person” (DAP) and the “Kinetic Family Drawing” (KFD) are methods that are significantly correlated with self-concept in children (Matto, 2002; Tharinger & Stark, 1990). Although research has shown that self-figure drawings can reveal parts of self-image and personality (Arnoff & McCormick, 1990), it is still a method that has not been used on fibromyalgia patients after dance/movement therapy or other therapies with these patients.

Fibromyalgia (FMS) is a common stress-related pain disorder. As much as 2–7% of the population suffers from the disorder today and 90% of the patients are women, which makes it one of the most common disorders among women (McCain, 1996; Wolfe et al., 1995). FMS patients suffer from both long-lasting generalized pain and several other physical and

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