



The efficacy of dance movement therapy group on improvement of quality of life: A randomized controlled trial

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ABSTRACT

This study examines the treatment outcome of a ten weeks dance movement therapy intervention on quality of life (QOL). The multicentred study used a subject-design with pre-test, post-test, and six months follow-up test. 162 participants who suffered from stress were randomly assigned to the dance movement therapy treatment group (TG) ($n=97$) and the wait-listed control group (WG) (65). The World Health Organization Quality of Life Questionnaire 100 (WHOQOL-100) and Munich Life Dimension List were used in both groups at all three measurement points. Repeated measures ANOVA revealed that dance movement therapy participants in all QOL dimensions always more than the WG. In the short term, they significantly improved in the Psychological domain ($p > .001$, WHOQOL; $p > .01$, Munich Life Dimension List), Social relations/life ($p > .10$, WHOQOL; $p > .10$, Munich Life Dimension List), Global value ($p > .05$, WHOQOL), Physical health ($p > .05$, Munich Life Dimension List), and General life ($p > .10$, Munich Life Dimension List). In the long term, dance movement therapy significantly enhanced the psychological domain ($p > .05$, WHOQOL; $p > .05$, Munich Life Dimension List), Spirituality ($p > .10$, WHOQOL), and General life ($p > .05$, Munich Life Dimension List). Dance movement therapy is effective in the short- and long-term to improve QOL.

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Introduction

Dance movement therapy (DMT), also referred to as dance therapy, furthers the emotional, cognitive, physical and social integration of the individual according to the [American Dance Therapy Association \(2011\)](#). It is a form of creative body-oriented psychotherapy that uses movement and dance intervention in combination with verbal expression ([Berufsverband der TanztherapeutInnen Deutschlands, 2011](#)). Participants of DMT often report that they feel both emotionally and physically relaxed and more energetic. Does a randomized controlled trial, the 'gold standard' in evaluating healthcare intervention ([Schulz, Altman, & Moher, 2010](#)), support or disprove the hypothesis that DMT improves quality of life (QOL)? Increasing QOL reduces somatic and mental illnesses, social and sexual dysfunctions and working capacity ([Ventegodt, Omar, & Merrick, 2011](#)). This article aims to give an overview of DMT research regarding QOL improvement. A nation-wide research project, conducted in Germany, examined DMT treatment outcome with people suffering from stress

([Bräuninger, submitted for publication](#)). It was expected that DMT group participants would improve in all aspects concerning QOL, compared to a wait-listed control group (WG) who did not receive treatment. Results of this research project regarding QOL are presented and implications for further studies are discussed.

Quality of life research in dance and dance movement therapy

The term "quality of life" reveals a multitude of definitions and should not be confused with standard of living ([Skevington, 2002](#)). Assessing QOL depends very much on the culture ([Jafari, Ghanizadeh, Akhondzadeh, & Mohammadi, 2011](#); [WHOQOL Group, 1996](#)). The [WHOQOL Group \(1993\)](#) defines quality of life "(...) as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (p. 1) ([WHOQOL Group, 1993](#)). The overall goals in DMT are to improve QOL. Thus to evaluate QOL as treatment outcome in DMT seems relevant and crucial. As the field of DMT lacks randomized controlled trials on QOL, this article aims to expand knowledge in the profession.

Two, three-year projects evaluated DMT treatment outcome in cancer patients including QOL, amongst other variables. One study demonstrated, that DMT was an effective resource for oncology patients during and after treatment, which provided enhancement of QOL, adherence to treatment and, in remission stage, social

Abbreviations: DMT, dance movement therapy; QOL, quality of life; TG, treatment group (dance movement therapy); WG, wait-listed control group; WHOQOL-100, World Health Organization Quality of Life Questionnaire 100.

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recovery (Lacour, 2006). The second study presented significant results with regard to improvement in QOL, self-image, and reduction in anxiety and depression in the TG after treatment at the post-test compared to the pre-test before treatment (Mannheim & Weis, 2006). However, results of a review on randomized controlled trials on DMT for schizophrenic patients revealed almost no difference between TG and control group regarding QOL and other outcome. Though when negative symptoms were measured specifically in the post-test, TG did show significant improvement in mental state (Xia & Grant, 2010).

A randomly assigned TG demonstrated significant improvement in the QOL instrument FACT-B for breast cancer survivors (Sandel et al., 2005). These results were confirmed in a systematic review of studies that assigned a level of evidence (Bicego et al., 2009) as defined by the Centre for Evidenced Based Medicine (2009). Results of another study, a randomized controlled trial in patients with stable chronic heart failure (Belardinelli, Lacialprice, Ventrella, Volpe, & Faccenda, 2008), revealed that QOL rose in both interventions, dance and aerobic. However, the dance group improved significantly in emotional dimension measures and compliance compared to the aerobic exercise group. A randomized controlled trial (Hackney & Earhart, 2009) and a literature review (Earhart, 2009) on the benefits of dance on Parkinson disease patients suggested that dance improved QOL in Parkinson disease. Mind-body therapies were evaluated in two other projects after a one week course intervention: results demonstrated a significant improvement in health-related QOL in the pre-, post-test within group comparison, respectively in comparing the study group to a control group (Fernros, Furhoff, & Wändell, 2005, 2009).

To summarize, previous studies demonstrated that DMT and dance interventions significantly improved QOL in patients with cancer, Parkinson's disease and chronic heart failure. The research question of this study was: Can DMT increase QOL in people suffering from stress, when the TG is compared to a WG condition that receives no intervention?

Hypotheses

1. Quality of life improves in treatment group (TG) from pre-test at t1 to post-test at t2 (after the treatment) as an effect of DMT: Within-group (time).
2. Results of the third test at t3 (six months follow-up-test after t2) in the dance movement therapy intervention group are better than results at the pre-test t1: Within-group (time).
3. The results at t2 are better in the dance movement therapy intervention compared to the wait-listed control group: Between-group (time × condition).
4. The effects at t3, six months follow-up-test, on the dance movement therapy group remains or may fall slightly, but these results are in any case better compared to the wait-listed control group: Between-group (time × condition).

Method

Participants and procedure

The study was approved by the Ethics Committee of the University of Tübingen, Germany, and was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki. All participants signed informed consent form before participating in the study. Code sheets on questionnaires made it impossible to disclose participants' identity.

Seventeen dance therapists from Germany were recruited in two runs through announcements on the DMT newsletter of the German Dance Therapy Association (BTD) and a BTD annual

Table 1
Number of participants in each location.

| Location | Total, n | DMT TG, n | WG, n |
|--------------|----------|-----------|-------|
| Sindelfingen | 15 | 8 | 7 |
| Hamburg | 16 | 8 | 8 |
| Freiburg | 16 | 9 | 3 |
| Freiburg | | 4 | – |
| Schorndorf | 12 | 9 | 3 |
| Stuttgart | 10 | 10 | – |
| Tübingen | 17 | 10 | 7 |
| Neuss | 17 | 8 | 9 |
| Köln | 19 | 9 | 10 |
| Lübeck | 15 | 7 | 8 |
| Korbach | 8 | 8 | – |
| Leipzig | 17 | 7 | 10 |
| Total | 162 | 97 | 65 |

n: number of participants.

meeting. Included were dance therapists who completed their DMT training, worked in private practice, and had experience conducting DMT groups. All dance therapists accepted the methodological framework of the study. The DMT groups stopped after the 10-session intervention and did not continue during the six-month follow-up period. Exclusion criteria for therapists were incomplete training, lack of experience in leading groups and private practice, and non-agreement to randomization of participants. Six therapists dropped out before the study started due to organizational difficulties. Eleven dance therapists (ten women, one man) participated in the study in eleven different locations (see Table 1).

Dance movement therapists recruited participants on site mainly through a press release. One therapist recruited the TG within a large company through the internal information system; another gave a radio interview. Additionally, some therapists advertised in health centres and doctors' practices. Inclusion criteria were that participants suffer from stress, willing to participate in a 10-session DMT treatment group, and complete questionnaires at three different measure points. They had to agree to be randomly assigned to either a treatment or a wait-listed control group, and sign the informed consent form. Exclusion criteria were currently psychological, psychotherapeutic and/or medical treatment on an outpatient or inpatient basis, psychotherapy treatment carried out within the previous 12 months, diagnosis of psychiatric illness, serious physical disability or limitation, or absence of signed informed consent form. At post-test and follow-up test, all participants of TG and WG were asked if they had started other therapies (a positive answer would have resulted in exclusion of data).

Interested people were invited to take part in the study if they suffered from stress at workplace for example, before exams, in relationships, or due to loneliness, relocation, retirement, separation, divorce, or loss of a loved one. In the written information, it was mentioned that stressful events could affect quality of life; a study by the psychology department of the University of Tübingen, Germany would therefore validate if DMT could be an effective treatment to reduce stress and improve quality of life. As DMT would be related to movement, dance, and creativity, it would enhance psychotherapeutic insights into favourable stress patterns and be fun.

Interested participants spoke on the phone to the local dance movement therapist and learned about the conditions for their participation (inclusion and exclusion criteria, group therapy fees, refund of 1/5 of the fees upon completion of all three tests). In total, N = 162 people suffering from stress signed informed consent forms and were randomly assigned to 12 DMT treatment groups (n = 97) and nine wait-listed control groups (n = 65): In three cities the number of participants were too small for randomization.

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