



Dance movement therapy group intervention in stress treatment: A randomized controlled trial (RCT)

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ABSTRACT

This randomized controlled trial compares the effect of a dance movement therapy (DMT) group intervention on stress management improvement and stress reduction with a wait-listed control group (WG). 162 self-selected clients suffering from stress were randomly assigned to a WG or a DMT intervention that received 10 group therapy sessions. Stress management [Stressverarbeitungsfragebogen/SVF 120], psychopathology and overall distress (Brief Symptom Inventory/BSI) were evaluated at baseline (t1: pre-test), immediately after completion of the ten sessions DMT group intervention (t2: post-test), and 6 months after the DMT treatment (t3: follow-up test). Analysis of variance was calculated to evaluate the between-group (time \times condition) and within-group (time) effect of the DMT intervention. Negative stress management strategies decreased significantly in the short-term at t2 ($p < .005$) and long-term at t3 ($p < .05$). Positive Strategy Distraction improved significantly in the short-term ($p < .10$), as well as Relaxation ($p < .10$). Significant short-term improvements were observed in the BSI psychological distress scales Obsessive-Compulsive ($p < .05$), Interpersonal Sensitivity ($p < .10$), Depression ($p < .05$), Anxiety ($p < .005$), Phobic Anxiety ($p < .01$), Psychoticism ($p < .05$), and in Positive Symptom Distress ($p < .02$). Significant long-term improvement in psychological distress through DMT existed in Interpersonal Sensitivity ($p < .05$), Depression ($p < .000$), Phobic Anxiety ($p < .05$), Paranoid Thinking ($p < .005$), Psychoticism ($p < .05$), and Global Severity Index ($p < .01$). Results indicate that DMT group treatment is more effective to improve stress management and reduce psychological distress than non-treatment. DMT effects last over time.

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Introduction

Dance movement therapy's impact on stress management and stress reduction has not been addressed specifically by research. A randomised controlled trial (RCT) evaluated this question. Dance movement therapy (DMT) is defined as a form of creative body-oriented psychotherapy that uses movement, dance, and verbal intervention (BTD, 2011) to further the emotional, cognitive, physical and social integration of the individual (ADTA, 2011). A nationwide research project, conducted in Germany, examined if DMT group participants would obtain better stress management strategies and show less psychological distress symptoms compared to the wait-listed control group who did not receive treatment.

Stress and stress reduction research in dance and dance movement therapy

Various cultures have used dance as a form to reduce stress and promote well-being and higher tolerance against stress. Dance

enables a person to cognitively process and overcome frightening events, feel one's physical self, analyse problems, find constructive solutions for everyday life, and improve one's body image and self-esteem (Hanna, 2006). It stimulates the vestibular system, creates a more alert state of consciousness, and positively impacts the fitness and strength of the cardiovascular system (Hanna, 1988).

One DMT research project on stress evaluated indices of stress between nonverbal patterns in 26 parent-child dyads ($N = 52$) and parental stress (Birklein & Sossin, 2006). Children of stressed parents demonstrated more mismatch between their safety/danger and comfort/discomfort affects and their parents exhibited less animated (neutral) abrupt movements and discordance compared to parent-child dyads of parents with low stress ratings.

DMT serves as a holistic model of psychological stress adjustment in cancer treatment and addresses comprehensive psychological needs (Cohen & Walco, 1999; Rainbow, 2005). Results of a DMT intervention on cancer patients demonstrated that Perceived Stress Scale Scores were significantly lower after DMT with a medium effect size (Rainbow, 2005). In another randomized DMT study with fibromyalgia patients, movement pain and life energy improved significantly in the DMT treatment group compared to the wait-listed control group (Bojner Horwitz, Theorell, & Anderberg, 2003).

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A study on the effect of dance and yoga on psychological and neuroendocrine responses in college students revealed that African dance ($n=21$) and Hatha Yoga ($n=18$) showed significant reductions in the Perceived Stress Scale, negative affect, and time \times treatment interactions compared to the control group ($n=31$) who received biology lessons. The perceived stress and negative affect (also defined as emotion-focused coping, Lazarus & Folkman, 1984) decreased in both interventions although cortisol level increased in African dance participants and decreased in Hatha Yoga participants (West, Otte, Geher, Johnson, & Mohr, 2004). However, findings of a study on emotional and hormonal responses to tango dancing demonstrated that short-term positive psychobiological reactions after tango dancing were obtained (Quiroga Murcia, Bongard, & Kreutz, 2009). A study on T'ai Chi and aerobics interventions showed the improvement of emotion-oriented, but not on problem-oriented coping skills (Bond, Lyle, Tappe, Seehafer, & D'Zurilla, 2002).

To conclude, studies on dance and DMT demonstrated that interventions reduced stress and improved psychological parameters, such as emotional states, life energy, and negative affect. Hence, DMT fosters emotion-oriented stress and coping strategies. Furthermore, DMT might influence cognitive stress reactions as DMT raises awareness of senses, feelings, images, thoughts and cognition, similar to cognitive stress strategies of cognitive behavioral therapy (Meichenbaum, 1991). The effect of DMT on problem-focused coping, which includes cognitive and behavioral strategies used to manage a stressful situation (Lazarus & Folkman, 1984), still remains to be verified. The research question arises whether DMT intervention has a long-term effect on stress reduction, and emotion-oriented and problem-oriented stress management strategies, as follow-up studies on the persistence of treatment effect over time are rare (Bojner Horwitz et al., 2003).

Research question

Does DMT group intervention improve stress management and reduce stress in the treatment group in the short and long-term in comparison to a wait-listed control group condition that receives no intervention?

Hypotheses

1. Short-term results at t2 are better in the DMT intervention group compared to the wait-listed control group: Between-group effect (time \times condition).
2. Short-term results at t2 on the DMT intervention group are better than the DMT group's results at the first test t1 (pre-test): Within-group effect (time).
3. Long-term effects at t3 (6 months follow-up-test) on the DMT intervention group remain or fall slightly, but the results are, in any case, better compared to the wait-listed control group: Between-group effect (time \times condition).
4. Long-term results at t3 on the DMT intervention group are better than the DMT group's results at the first test t1: Within-group effect (time).

Method

Participants, therapists, and procedure

The author recruited seventeen dance therapists from Germany via announcements at the DMT newsletter of the national dance therapy association BTD and a BTD annual meeting. Requirements for dance movement therapists were that they had finished their DMT training and were experienced in conducting DMT groups.

Table 1
Number of participants in each location.

Group	Location	Total, n	DMT TG, n	WG, n
a	Sindelfingen	15	8	7
b	Hamburg	16	8	8
c1	Freiburg	16	9	3
c2	Freiburg		4	–
e	Schorndorf	12	9	3
d	Stuttgart	10	10	–
i	Tübingen	17	10	7
n	Neuss	17	8	9
k	Köln	19	9	10
l	Lübeck	15	7	8
u	Korbach	8	8	–
r	Leipzig	17	7	10
Total		162	97	65

From Bräuninger (2012, p. 297).

n : number of participants.

Six dropped out before the onset of the study due to organizational difficulties. Eleven dance therapists (ten women, one man) with different DMT approaches participated in the study in eleven different locations (see Table 1). All therapists worked in private practice, which in Germany requires an additional certificate as health psychotherapist.

All dance therapists recruited participants suffering from stress on site through a press release. Some therapists put up posters in health centres and doctors' practices. One therapist recruited participants within a large company, another following a radio interview. Self-selected interested participants learned during the first telephone contact about conditions for participation (randomization, wait-list control condition, three investigation dates, course fees, refund of 1/5 of the fees upon completion of all three tests). Therapists informed participants about the exclusion criteria (not in psychological, psychotherapeutic and/or medical treatment within previous 12 months or at present; absence of written consent at onset of DMT group; psychiatric illness; serious physical disability or limitation). In nine cities, randomization into treatment and wait-listed control group was possible. In three cities the response rate was too low and allowed only the set up of three treatment groups without randomization. In total, $N=162$ persons suffering from stress signed consent forms. Twelve DMT groups ($n=97$) and nine wait-listed control groups ($n=65$) were recruited.

DMT intervention: the independent variable

The DMT intervention consisted of a 90 min DMT group intervention, once a week, for 10 sessions over an approximate time span of 3 months. No specific DMT approach or defined interventions were required from therapists. They rather chose interventions and structured the sessions according to their approaches, methods, and techniques and in response to the groups' needs. In order to capture therapists' chosen interventions, therapists had to fill out two intervention checklists after each of the ten sessions. Therapists filled out intervention checklist 1 (ICL1) per client after each session, in order to document their individual interventions per participant per session, for example if they introduced dance techniques, synchronicity in rhythm, space, efforts, or if they supported the client to use metaphors. Intervention checklist 2 (ICL2) measured interventions per group, which checked for the leading styles of therapists, their chosen DMT approaches and differences and similarities in group themes and development (Bräuninger, 2006a, 2006b). ICL2 further detected treatment modalities and self-expectancy of therapists as well as modes of clients (Bräuninger, 2006c). A correlational analysis between dance movement therapy interventions and results from the standardized questionnaires on QOL and stress treatment was conducted to capture mostly

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