



Specific dance movement therapy interventions—Which are successful? An intervention and correlation study



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ABSTRACT

This intervention study examined the correlation between specific DMT interventions and the improvement in quality of life, stress management, and stress reduction. Dance therapists ($N = 11$) completed 970 Intervention Checklist 1 (specific interventions at the individual level) and 120 Intervention Checklist 2 (specific interventions at the group level) reports during the course of 10 treatment sessions. The scores denoted by each therapist on the Intervention Checklists were compared with the scores of each client in the treatment group ($N = 97$) on standardized questionnaires. The successful therapists applied a self-selected approach and combined in-depth DMT approaches with specific interventions. These findings demonstrated the relationship between clients' improvement in quality of life, coping, reduction of stress and the use of psychodynamic-oriented DMT, the Chace approach, the combination of directive and non-directive leadership styles, and interpersonal closure. The clients who performed dance improvisation, spatial synchrony, synchrony in effort and who received focused treatment sessions exhibited improved daily life and decreased somatization symptoms. These results indicate that specific DMT interventions were associated with an improvement in well-being, whereas other DMT interventions should be used cautiously until further research demonstrates their effectiveness. Additional successful DMT interventions must be identified in future studies.

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Introduction

The purpose of this study was to assess therapists' use of dance movement therapy (DMT) interventions and to determine the association between these interventions and the significant outcome variables of quality of life (QOL), stress management, and stress reduction. The aim of this study was to provide therapists with specific successful DMT interventions and to raise awareness of interventions that may exert a negative impact on well-being.

The term 'intervention' is commonly used to refer to the application of DMT as a treatment modality. However, little is known regarding therapists' choices and which specific DMT interventions they apply during sessions. What do we actually mean when we talk about a "dance movement therapy intervention"? To date, no definition for "DMT intervention" has been established, and this is similar to the findings of Hodges and colleagues' (2011) in their search for a definition in psychology: "There is confusion about

what 'psychological intervention' means in the cancer review literature. A clearer definition is essential to summarize research findings" (Hodges et al., 2011, p. 470). As indicated by the conclusion of Hodges et al. (2011) rather than simply stating 'DMT intervention', the definition of specific DMT interventions would help to enable the formulation of more precise research questions, distinguish between successful and unsuccessful interventions and provide clearer guidelines for the use of these interventions.

The following section provides an overview of the practice-based evidence regarding DMT interventions, defines specific DMT interventions and reveals the association between specific DMT interventions and the improvement in QOL and the reduction of stress.

DMT intervention

The importance of assessing QOL in the health services has grown and broadened, as this measure integrates and validates the client's perception (Bowling, 2009). Thus, a client-centered perspective has become crucial. QOL is defined "(...) 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" (WHOQOL Group,

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1993). Stress, which “occurs when an individual perceives that the demands of an external situation are beyond his or her perceived ability to cope with them” (Lazarus, 1966, p. 9), can reduce QOL. To cope with stress and to improve one’s QOL, stress management and coping strategies are needed. Stress management “refers to the identification and analysis of problems related to stress, and the application of a variety of therapeutic tools to alter either the source of stress or the experience of stress” (Cotton, 1990, p. 4).

DMT appears to protect against the onset of dementia (Van de Winckel, Feys, & De Weerd, 2003) and to stabilize cognitive functions, memory recall (Dayanim, 2009) and language abilities in Alzheimer disease patients (Hokkanen et al., 2008). Furthermore, DMT improves body image and psychosocial functioning (Muller-Pinget, Carrard, Ybarra, & Golay, 2012), decreases psychological and body image distress among obese clients (Vaverniece, Majore-Dusele, Meekums, & Rasnacs, 2012), and increases stress management and self-awareness among clients with eating disorders (DuBose, 2001). DMT has been shown to be effective for the treatment of depression (Heimbeck & Hölter, 2011; Jeong et al., 2005; Koch, Morlinghaus, & Fuchs, 2007), schizophrenia (Röhrich & Priebe, 2006), psychosis (Margariti et al., 2012), fibromyalgia (Bojner Horwitz, Theorell, & Anderberg, 2003) and chronic fatigue syndrome (Blázquez, Guillamó, & Javierre, 2010). Brain trauma patients have exhibited positive improvements in cognitive performance, social interaction, and physical parameters after participating in DMT (Berrol, 2009; Berrol, Ooi, & Katz, 1997). Parkinson disease patients exhibit improved balance and coordination and a reduced frequency of falls and heart failure (Earhart, 2009; Hackney, Kantorovich, Levin, & Earhart, 2007; Kiepe, Stöckigt, & Keil, 2012). Hypertensive patients exhibit improvements in selected cardiovascular parameters and in estimated maximal oxygen consumption (Aweto, Owoeye, Akinbo, & Onabajo, 2012). QOL (Mannheim & Weis, 2006), stress management (Ho, 2005) and problem-solving skills (Selman, Williams, & Simms, 2012) improve in cancer patients with DMT. Children also appear to benefit from participating in DMT programs: these children exhibited reduced aggressive behavior and improved social skills (Hervey & Kornblum, 2006; Kornblum, 2002; Koshland, Wilson, & Wittaker, 2004). DMT exerts a positive effect on coping mechanisms among war-traumatized children (Bräuninger, 2009; Harris, 2007) and exerts an inhibitory effect on depression among university students (Akandere & Demir, 2011). DMT education programs raise the awareness of teachers to children’s mental health issues (Karkou, Fullarton, & Scarth, 2010), increase tolerance, empower women and improve empathy between Arab and Jewish teachers (Gordon-Giles, 2011). Some of these studies contain methodological limitations as the groups were not randomized. However, many studies fulfill the high methodological standards of randomized control trials (Akandere & Demir, 2011; Aweto et al., 2012; Bojner Horwitz et al., 2003; Bräuninger, 2012a, 2012b; Hackney et al., 2007; Hokkanen et al., 2008; Jeong et al., 2005; Pinniger, Thorsteinnsson, Brown, & McKinley, 2013; Röhrich & Priebe, 2006; Van de Winckel et al., 2003). The following section focuses on four DMT approaches and specific DMT interventions relevant to this study.

Four specific DMT approaches

Four DMT approaches are presented. The first is the *Chace* approach, named after the dance therapy pioneer Marian Chace (1896–1970). Interventions such as body action, symbolism, kinesthetic empathy and rhythmic group activity promote expression and communication. The emotional repertoire of clients’ movements is empathically mirrored to establish empathic connections and to promote empathic reflection (Levy, 2005; Sandel, 1993). Mirroring is a specific DMT intervention that was derived

from the Chace approach that is widely used across different DMT approaches. Further investigation of its efficacy is required (McGarry & Russo, 2011; Willke, 2007). The “Chacian Circle”, another intervention typically used in the Chace approach, places the participants in the group and the therapist in equivalent democratic positions, which enhances therapeutic relationships through movement. Warm-up, process and closure comprise the structure of these sessions (Bräuninger, 2006a; Chaiklin & Schmais, 1986; Sandel, 1993).

Second, the *Psychodynamic Oriented Dance Therapy* approach is characterized by in-depth psychological concepts and theories. For example, shared beliefs that conflict during DMT sessions represent conflicts in past experiences which can be addressed in DMT. This approach is based on body-mind activity that integrates movement improvisation and a psychodynamic analysis of movement experiences and relationships in the group (Vermes & Incze, 2013). Dance improvisation is a specific intervention used throughout different DMT approaches. When applied to psychodynamic-oriented DMT, dance improvisation expresses unconscious feelings and states comparable to psychoanalytic free association, and active imagination contains concrete and symbolic meaning (Bräuninger, 2006a).

Third, *Authentic Movement* is a form of dance meditation derived from “movement in depth” by dance therapy pioneer Mary Whitehouse (1911–1979) and further developed by Janet Adler and Joan Chodorow (Levy, 2005). The mover explores the unconscious through movement and inner listening in a non-hierarchical and completely self-directed manner. The witness observes the process of the mover non-judgmentally and attentively (Bräuninger, 2006a; Haze, 1993; Whitehouse, 1986).

Fourth, *Integrative Dance Therapy* is an approach applied by some therapists in German-speaking countries that is based on theories from “Integrative Therapie” (Petzold, 1988). Integrative Dance Therapy integrates the concepts of Chace, Whitehouse, and Lilian Espenak (1905–1988) and emphasizes the practical work of dance therapy pioneer Trudi Schoop (1903–1999). The lived body concept [Leibkonzept], dance improvisation and dance compositions are important components of Integrative Dance Therapy (Willke, 2007). All four approaches share the notion that nonverbal transference and counter-transference phenomena are present (Bräuninger, 2006a).

Specific dance movement therapy interventions

Specific DMT interventions refer to the techniques and therapeutic actions applied to the individual and to the group within a session. These interventions include dance techniques, DMT techniques, focusing, imaginative techniques, leadership styles, meditative dance methods, non-DMT techniques, regression, relaxation techniques, and session structuring.

Dance techniques

DMT is rooted in dance, dance techniques (Capello, 2007; Cruz, 2012; Stromsted, 2009), and improvisation (Meekums, 2002; Wengrower, 2009). These roots are the essential sources of DMT practice. Composition, choreography (Bräuninger, 2009; Stromsted, 2009; Willke, 2007) and stage presentation are important dance techniques that are relevant to DMT (Allegranti, 2009; Victoria, 2012).

DMT techniques (expression, metaphors, synchrony)

The use of expression, metaphors and synchrony are essential techniques that are inseparable from DMT. “When art expression and felt experience truly meet, or when an individual’s art fully reflects some important part of her psyche and story, she herself is moved and changed by it” (Halprin, 2003, p. 94). Using expression has been emphasized, for example, in DMT for youth

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