

Moving On: a dance/movement therapy approach to the treatment of anxiety

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Abstract

This article describes a pilot study to test the potential of a dance/movement therapy program as a treatment for anxiety. The program was developed by the author, drawing from the approaches of Kierr (1995) and Bourne (2000), and incorporating elements from psychodynamic, developmental, self psychology and cognitive-behavioural approaches. Ten self-selected adults joined a community based dance/movement therapy program for a ten week series of sessions. Assessment tools included a client interview, Zung SAS questionnaire, movement analysis using the Samuels and Chaiklin Movement Observation Scale, and Client Feedback Form. Eight out of the ten clients experienced a reduction in anxiety, and those with no depression showed a higher level of improvement. This study provides support for further investigation into the use of dance/movement therapy interventions to treat anxiety. Further research into the treatment of anxiety and depression is recommended, especially into the combination of verbal and dance/movement therapy within a multidisciplinary treatment approach.

Keywords: dance/movement therapy, anxiety, treatment, depression, dance therapy.

Introduction

An investigation into the treatment of anxiety disorders reveals that until recently, variations of cognitive-behaviour therapy (CBT) were most commonly practised and investigated in scholarly research about treatment (Manassis, Mendlowitz, Scapillato, Avery, Fiskensbaum, Friere, Monga and Owens, 2002; Rapee, Wignall, Hudson, and Schniering 2000; McClellan and Werry 2003). Bourne's (2005) psychophysical model presents a multidisciplinary treatment approach in which CBT is a part of a broader program

that treats the whole person, including the physical self.

Research in the field of neurobiology in relation to the psychotherapeutic treatment of anxiety (Wehrenberg and Prinz, 2007) also supports an integrated treatment approach that includes relaxation, lifestyle change and thought management, and presents the use of physical activities as 'better sources of physical relaxation than sitting still' (p.140).

In the area of creative arts therapies, music therapy has often been used to treat anxiety by way of promoting relaxation, as well as energising or providing focus to the client (Kemper and Danhauer, 2005; Hospital Home Health, 2002; Chlan, 1998; Brunges and Avigne, 2003, and Smith, Casey, and Johnson 2001).

Music performance is used to create and achieve goals, and expressive music and movement are used to focus, motivate and build self-confidence in the client (Unkefer, 1990). Art therapy and drama

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therapy are both documented as suitable for the treatment of anxiety, with the former suited to addressing early childhood issues (Borgmann, 2002; Halprin, 2003; Simon, 2005; Hagood, 2000; Malchiodi, 1998; Ganim and Fox, 1999, and Meekums, 2000), and the latter for addressing both historical and present-day issues (Smith, 2000; Moreno, 2000).

Dance/movement therapy has been used to treat various forms of anxiety with success and has demonstrated its suitability as a treatment for anxiety disorders as a stand-alone therapy (Erwin-Grabner, Goodill, Hill and Neida, 1999 and Kierr, S. 1995).

However, since there are only two published studies, one of which investigates treatment for test anxiety, it is clear that a larger number and variety of studies is needed to provide a more thorough investigation into the efficacy of dance/movement therapy in the treatment of anxiety disorders.

Methodology of the dance/movement therapy program

The program described in this paper combines elements of both Kierr's (1995) and Bourne's (2005) treatment approaches. While Bourne (2005) outlines a 'comprehensive approach to recovery' (p. 53) that addresses seven levels of 'contributing causes' (p. 53) for anxiety: the physical, emotional, behavioural, mental, interpersonal, whole self and existential-spiritual, Kierr (1995) describes anxiety disorders as 'an illness with somatic as well as emotional symptoms that often has multiple causes' (p. 130). Her approach combines verbal and non-verbal interventions and 'always tries to see each person as an integration of behaviour, thought, feeling and physiology' (p. 130). In both approaches, a person's physiological

or physical symptoms are treated alongside cognitions and behaviours. The result is a more whole-person approach.

The aim of the present study was to use movement and dance as a way to highlight physiological, emotional and behavioural responses to situations or persons that cause anxiety; for example, a participant may freeze when asked to lead in the circle dance. By building awareness of such responses through verbal reflection, discussion or drawing, the dmt group leader can help participants work towards understanding in order to find healthier ways of being.

The program

'The Anxiety: Moving On program' was designed by the author for adults in the community who suffer from anxiety and who struggle with excessive worry. The major project for the Graduate Diploma in Dance Therapy at Sydney's Wesley Institute, the program was run by the author, under the supervision of Wesley's Dance Therapy Department Head, in a community hall.

Interested people responded to a community-based marketing and advertising campaign and were interviewed by phone to assess their suitability. After attending a 30-minute introductory session, ten people signed up for the program and agreed to participate in the project. The core group comprised nine women and one man, aged between 39 to 60+.

Some participants reported being treated for an anxiety disorder in the past or were currently receiving treatment, while others reported feeling that anxiety was preventing them from living a satisfying life. Several group members also self-identified as suffering from depression or having previously suffered from depression.

Across the group, typical previous experiences of treatment included verbal psychotherapy and short-term therapy (i.e. organisational techniques), meditation, breathing and relaxation techniques, yoga and Pilates.

Setting the agenda

The goal of this dance/movement therapy-based program was to equip participants with the skills and experiences to become more self-reliant and to be able to assert themselves effectively in the company of others. Wehrenberg and Prinz (2007) note that over time, anxiety symptoms shape a client's personality and interaction styles. Relationships are interrupted, communication becomes increasingly difficult and the client develops specific and inflexible patterns of interaction at work and at play and, ultimately, an altered view of the world.

The author has found that in addition to the physical symptoms and difficulty in communicating with others, people who suffer with anxiety typically have an incomplete sense of self and as a result, poor self-esteem.

Specific aims were therefore to reduce levels of anxiety in everyday life, by addressing anxiety symptoms, improving communication skills and increasing self-esteem. Guided and improvisatory dance and movement activities, drawing, drama exercises, breathing and relaxation practice, and verbal discussion were used. To assist participants to feel confident and safe, the session structure was repeated each week.

After each person verbally shared an experience or achievement that had occurred since the last session as they sat in a circle, the group stood for breathing and postural alignment exercises. A lively aerobic warm-up, also set in a circle,

encouraged all participants to move the whole body and engage specific body parts. The warm-up was designed to increase blood flow to the brain, help release any pent-up energy, use up adrenalin and rid the body of cortisol (Wehrenberg and Prinz, 2007). Then participants travelled around the room, venturing out of the safety of the circle, finding their own individual ways of moving.

Participants' awareness of their own responses was encouraged from the first week, and they used writing and drawing to express their responses before sharing them with another or the whole group.

The remainder of the 90 minute sessions incorporated activities based on Rudolf Laban's concepts of Space, Weight, Time and Flow (Bartenieff and Lewis, 1980), a framework that incorporates the full range of expressive human movement; the Bartenieff Fundamentals an extension of Laban's work that emphasises internal body connectivity, (Hackney, 1998), movement and drama-style exercises to explore aspects of interpersonal relationship, a group discussion of emerging themes and issues, and a breathing/relaxation/visualisation.

To close, each participant was asked to identify a positive element of the session or their involvement in it, and to share this with the group. The purpose of this activity was to replace typical negative thinking patterns (Bourne 2005) with positive ones.

Treatment model

Four strategies were used to gather information about the effectiveness of the program:

1. An initial telephone interview between program leader and participant gathered

A vignette**Warming Up – One step at a time**

Early in the program, a short folk tune is used for the warm-up. Four walking steps and a repeated chorus. The fear of failure hangs in the air. The fear of failing in the company of others. Clear instructions and a demonstration are essential. Repetition is welcomed.

One week later, the same warmup is used – a sense of achievement is possible for those who have learned and remembered the sequence. But now a variation is added. Scarves encourage rotation in the upper body and larger movements that take up more space. The scarves provide a strong visual focus and the steps are less important. Individuals are then invited to suggest a new step, their own ideas. In minutes a new dance develops – participants' own dance.

As the group leader becomes more of a facilitator, participants begin to show a little of their true selves.

general information about the client and established any issues that may affect their participation.

2. The Zung Self-Rating Anxiety Scale (SAS) (Zung, 1971), a verbal or written self-report measure, was used to determine each client's anxiety status before Week 1 and at Week 9.

3. An adapted version of the Samuels and Chaiklin Movement Observation Scale (Levy, 1988) was used to record visible movement patterns of each participant, as viewed in a videotape of parts of Sessions 1 and 9. The therapists' interpretation of this information provides insight into the client's physical experience and theorising about their psychological and emotional functioning (North, 2001; Bartenieff and Lewis, 1980). Bartenieff and Lewis describe the use of Labanalysis, upon which the Movement Observation Scale is based, as a tool 'for identifying the patient's

individual expression and interaction with others, and as a device that enables the therapist to observe the patient outside the confines of the therapist-patient immediate relationship' (1980, p. 150).

4. An evaluation form was used to gain feedback from participants on all aspects of the program. The client feedback then confirmed or negated the theories drawn from the analysis of observations and Zung SAS results, although the therapist was aware that clients may not have integrated the knowledge the body has acquired by the end of such a short program.

Results and Findings**Results**

Results supported the hypothesis that dance movement therapy can assist participants with the skills and experiences to become more self-reliant and be able to assert themselves effectively in the company of others through

- improved communication skills;
- increased self-esteem;
- reduced levels of anxiety in everyday life.

Studies by Kierr (1995), Bourne (2005) and Wehrenberg and Prinz (2007) support the hypothesis that addressing specific symptoms or patterns associated with anxiety can lead to an overall reduction in anxiety levels.

Measuring levels of anxiety**Zung SAS Index**

The Zung SAS questionnaire is a verbal or written self-report measure that reveals the thoughts and feeling states, and physical symptoms associated with anxiety that a person is experiencing. While the questionnaire results are designed to be analysed as a whole, adding together all 20 responses (the Zung SAS Index), each

question points either to the physical symptoms of anxiety or to the cognitions and feelings that evoke or are associated with anxiety.

Figure 1 illustrates the variation in overall anxiety levels, as measured by clients' written responses, shown by the Index Rating of 0 to 80, for the participants (A-K) of the program. Most experienced a reduction in anxiety levels between the first and last sessions.

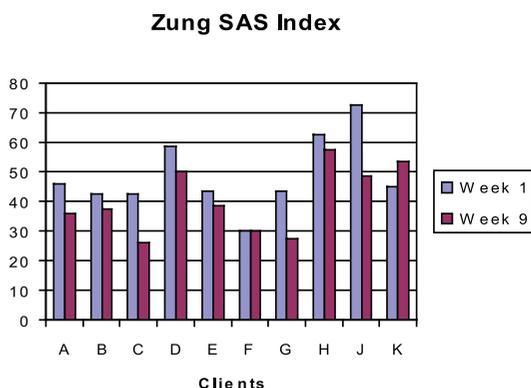


Figure 1: Overall anxiety levels

Since the program was designed to address both the physical and cognitive aspects of anxiety, the Zung SAS findings were broken down to identify changes in these specific areas.

The scores of questions 1 to 5 were added together to provide a view of the presence and/or level of intensity of anxiety-related feeling or cognitive states (Figure 2), as measured by clients' written responses. A reduction here indicates individuals are experiencing fewer or less intense feelings and thoughts that can serve to maintain the anxiety.

The sum of questions 6 to 20 indicated the presence or level of intensity of anxiety-related physical (body-based) symptoms (Figure 3), also measured by clients' written responses. A reduction here indicates the

client is experiencing fewer or less intense anxiety related physical symptoms.

The author was interested to know if by adopting a body-focused treatment program, clients may see greater improvement in their physical symptoms. After nine weeks, this proved not to be the case for the clients in this group. In fact, there was a greater overall reduction in the anxiety related feeling and cognitive states.

Zung SAS Index - Feeling States

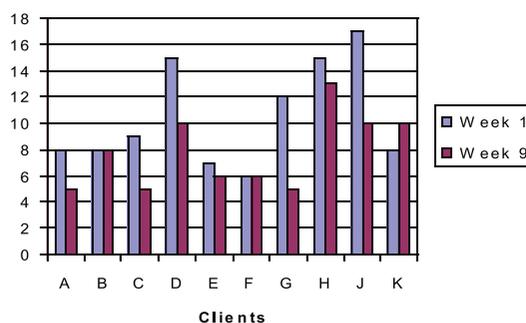


Figure 2: Feeling and cognitive states

Zung SAS Index - Bodily Responses

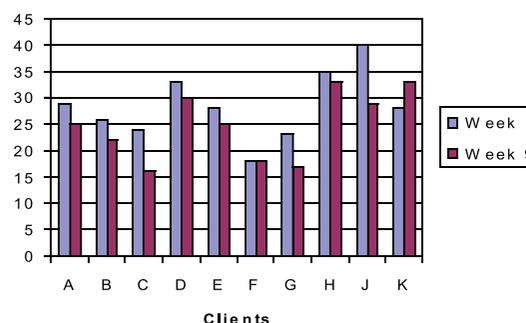


Figure 3: Physical symptoms

Measuring self esteem and communication skills:

Videotaped sessions and the Movement Observation Scale

Self esteem and communication skills were measured using an adapted version of the Samuels and Chaiklin Movement Observation Scale and interpretations were based on the premises of dance/movement

therapy theory in which a person's physical and expressive responses are deemed to be reflective of their state of mind (Goodill, 2005).

Various changes in participants' movement from the initial observation in Session 1 to the final observation in Session 9 were recorded as follows: Movement range for most clients was observed to have been extended and movement qualities shifted from 'direct' to a greater use of 'indirect' movement for example. These changes led to a greater variety of participants' responses.

Movement was also generally seen to shift from a restricted use of personal space to a greater use. For example, one client demonstrated a greater range of movement qualities and connections between body parts and with the ground. This could indicate a change in her sense of self and a greater readiness to connect with others. It is also suggestive of a release from anxiety-based tension in the body. Another client displayed greater stability and confidence performing in front of others.

Client feedback

Changes

Some clients commented in their feedback form on their ability to use breathing techniques learned in the program as a method for anxiety regulation. Others commented specifically on an increase in confidence in general and in the presence of others. For example, one client stated: 'My self-confidence has increased to accept who I am and allow others to see and hear me. I feel more able to move forward.'

Challenges

Being seen and heard in front of other people was the most frequently listed of the clients' most important challenges and

therefore it is significant that much of the learning occurred in the group context, for example, in group warm-ups and feedback.

Other therapeutic aspects of the program

The facilitator

Clients reported that the facilitator played an important role in the creation of a supportive environment. The leadership qualities that were considered most helpful were named by clients as compassion, kindness, empathy and a sense of personal experience, encouragement, patience and willingness to listen, friendly and open, gentle and not confronting, calm control, keeping to the point and supportive.

These comments confirm the expectation, based on prior research, that building a safe environment would be one of the key tasks to creating an effective therapeutic environment (Kierr 1995, p. 121; Stanton-Jones, 1992, p. 92).

The value of the group

Over the weeks, the group experience itself seemed as important as the activities that were offered, and at Week 5, one client said that 'she finally felt part of the group'. In her feedback, she said that the group had evolved into a supportive community. Another said that the group gave her strength and that she looked forward to her weekly 'fix'.

These comments indicate that the length of the program and the issues of cessation and referral for ongoing support need to be considered when designing the program.

Implications of findings

The results of this study indicate that a nine-week dance/movement therapy program can assist in reduction of anxiety levels in community-based adults.

In a group of this size, there was limited time to verbally deal with any personal

issues that arose in the course of the dance/movement therapy. The results indicate that a verbal therapy program would complement dance/movement therapy and that the combination would likely produce a more satisfactory outcome for the client.

Since the group became so important to participants, the length of the program is a vital area to be considered and a short program may in fact prove counter-productive.

In this case, the program was conducted as a pilot study within an educational framework, and participants understood the limitations of the study.

However, in a professional setting, either the program should be longer or in the absence of funding, it should be offered in a setting where ongoing support or treatment is available.

Conclusion and Recommendations

'The Anxiety: Moving On program' was designed as a pilot study to test the potential for the use of a nine-week dance/movement therapy program to reduce anxiety in adults within the community. After investigation of the literature on current trends in the treatment of anxiety, especially the use of creative arts therapies to treat anxiety or reduce anxiety levels, a design was created, participants recruited and the program implemented.

Of the ten group members, eight experienced a reduction in their anxiety levels, one remained the same and one, who was diagnosed with a chronic illness in Week 8, rated higher at the end of the program than at the beginning. Clients who experienced most improvement were those who did not also report suffering or having previously suffered from depression.

What emerged during the program was the importance of the role of facilitator, and the group itself in creating a safe enough environment in which to open up to the possibility of change.

Regardless of the length of the program, it is recommended that as the program draws to a close, the facilitator make known to participants other services or programs that are available, for ongoing support.

Areas for further research

It would be valuable to investigate the effectiveness of this program when linked with weekly individual verbal therapy sessions, since there was limited time for individuals to process their experiences verbally. Such an approach could be compared with a group of clients receiving individual verbal therapy over a set number of weeks and with a group attending a weekly dance/movement therapy group program.

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