

Dance Movement Therapy Intervention on Anxiety Symptoms in Palliative and Hospice Carers in Nursing Department

Richard Yunxi Zuo & Lanye Wang

Abstract

This article demonstrates the effect of using Dance Movement Therapy (DMT) to alleviate stress symptoms in Palliative and Hospice carers. Twenty-five carers participated in the study, and ten of them underwent DMT. Researchers recorded the changes in these participants' movement patterns during three therapy sessions and analyzed the results using Laban's effort-shape system. By comparing the movement patterns before and after the therapy, the study shows a significant improvement in stress levels among palliative and hospice carers. However, further studies are needed to strengthen the evidence base.

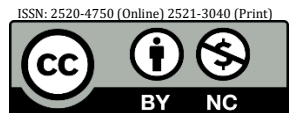


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1. Introduction and Introducing Dance Movement Therapy

Due to the increasing awareness of psychological health, people are gradually focusing on the current mental state of medical workers, including doctors, nurses, and care workers. In China, healthcare workers providing palliative and hospice care commonly encounter experiences with death, questioning of individuals' faiths, confronting impossible care situations, and experiencing secondary trauma (White et al., 2004; Rokach, 2005, 2017). Under these circumstances, healthcare workers providing palliative and hospice care are more likely to suffer from stress symptoms. According to Sadauskas and Benošytė's (2016) investigation, all the social workers who participated in the research expressed stress while offering palliative care to patients. To address this issue, our researchers conducted a simple Dance Movement Therapy intervention, which yielded positive results. This official report investigates the impact of Dance Movement Therapy (DMT) on the psychological stress experienced by care workers providing palliative and hospice care in a nursing department.

Dance Movement Therapy (DMT) has been regarded as an art therapy since the early 1950s (Berrol, 1990; Palo-Bengtsson & Ekman, 1997). In DMT, movements act as therapeutic tools to facilitate emotional, cognitive, physical, and social integration (ADTA 2013). Both DMT and Body Psychotherapy share the view that the overall state of the body, mind, and spirit can influence each other; conversely, altering physical movements of the body can also affect the mind and spirit. The tool used to analyze and assess DMT is based on Rudolf von Laban's Effort-Shape system (Laban 2011). This system requires researchers to observe participants' body movements and body language as evaluation criteria to assess the inner state of the participants. For the EFFORT aspect, it can be divided into four factors: Space, Weight, Time, and Flow, each of which reflects distinct inner intentions of people (Laban 2011; Stanton-Jones, 1992). All four factors have two ways to be accessed. Space can be described as either Direct or Indirect, representing whether the movement is straightforward and without hesitation or flexible, agile, and multi-focused. Weight is also described through two aspects: Light and Strong. A weak and relaxed movement is considered Light, while an unwavering and long-lasting movement is considered Strong. Time is divided into two features: Quick and Sustained, which are more correlated to people's decision-making. Quick movement indicates fast implementation of actions, while Sustained movement implies sluggish, motionless movements. As for the perspective of Flow, it can be described as either Free or Bound, used to define whether a movement is relieved or restricted.

Distinct movements can reflect different intentions of a person. For instance, when a person performs direct movements, it can indicate that the person is focused and less likely to be disturbed by others. Conversely, if a person performs indirect movements, he or she is more likely to transfer attention through multiple things. If a person exhibits lots of strong movements during the therapy, he or she can be regarded as a consistent person who is likely to resist other opinions and thoughts. On the other hand, a person with Light movements is perceived as more soft and relaxed. Furthermore, if a person tends to have Quick movements, he or she will more likely experience nervous and anxious feelings, while Sustained movements represent cheerful and leisurely feelings. In terms of mental state, a person with Free movements can be seen as fearless and bold under the current circumstances, while people with Bound movements show opposite characteristics, meaning they feel restrained and concerned.

Regarding another aspect of DMT—SHAPE, it can be defined as the relationship between actions and their immediate surroundings. It usually describes how the body encloses, spreads, rises, sinks, advances, or retreats (Shafir 2016). These actions are indicators of people's distinct

mental states. For instance, retreating, condensing, enclosing, binding, or moving backward can elicit fear. Strong, sudden, forward, or direct movements may elicit anger, whereas passive weight, bringing the arm to the upper part of the body (such as the chest, shoulders, or face), sinking or dropping the head can elicit sadness. On the other hand, happiness can be expressed through jumping, rising, spreading, and free, light, upward, or rhythmic movements (Shafir 2016)

2.Methodology

2.1 Experimental design

Volunteers were recruited from 25 palliative and hospice care workers employed in nursing apartments of a second-class hospital in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). These 25 care workers voluntarily participated in the study and were asked to complete the Self-rating Anxiety Scale (SAS) to assess their recent feelings. SAS is a professional mental state assessment tool designed by Zung et al. (1990).

All GBA carers took the SAS test under supervision and within the same time period to ensure the quality of the collected questionnaires. The SAS scale comprises 20 questions that assess daily psychological status, psychomotor disturbances, somatic disorders, and anxiety disorders. Each question is rated on a frequency scale of 1 to 4, indicating "a little of the time," "some of the time," "usually," or "most of the time" (Hao Xu Dong, 2020). Questions 5, 9, 13, 17, and 19 are negatively worded, with scores reversed on a 4-to-1 scale. The raw scores for each question were aggregated and multiplied by 1.25, and then rounded to integer numbers.

A score of 50 is the boundary for determining anxiety. Participants who scored below 50 were considered to have normal levels of anxiety. Scores between 50 and 59 indicated mild anxiety, while scores between 60 and 69 indicated moderate anxiety. Scores above 69 were classified as severe anxiety. The participants included five males and 25 females, ranging in age from their mid-20s to mid-45s, with an average SAS rating above 49. Ten of them scored above 50, indicating mild anxiety. Four participants scored above 60, indicating moderate anxiety. To address the psychological stress among Care Workers, ten of those who scored above 50 underwent DMT.

2.2Therapy Sessions

The DMT sessions were arranged in a total of two sessions, each lasting 60 minutes, with a format that included dance experiences, sharing, and communication. The purpose of the first activity was to build and integrate the team, allowing the team members to get acquainted with each other, open their hearts, promote physical activity, foster openness, and recognize the connection between emotions and the body. The additional activity aimed to inspire and motivate team members to enrich their own action library based on the team's motivation, encouraging them to explore various ways to express emotions. This process further opened the possibilities for physical activity and helped team members gain a deeper understanding and acceptance of their emotions through their own actions, ultimately achieving the goal of releasing pressure.

Each session was divided into three main themes: (a) warming up, (b) releasing the body, and (c) action intervention. During the warming-up phase, participants were asked to introduce themselves using body language, and share their name, the current weather, and their feelings. In the second part, participants listened to different styles of music, such as jazz, absolute music, piano music, and rock, and were encouraged to express their feelings through body movements in response to the rhythms. The final part of the session gradually led participants

to move freely in the space, guiding them to adjust their breath and observe the entire process. Eventually, they were directed to find a safe and comfortable place to sit, where they could draw or write down their inner awareness and feelings. Throughout the sessions, researchers recorded the form and state of each participant and measured the physical movements and inner emotional changes of the team members from multiple dimensions using Laban's Effort-Shape system. These dimensions included Space, Weight, Time, Flow, and the Shape of the movements (such as changes in vertical dimension, lengthening or shortening, changes in horizontal dimension, widening or narrowing, drumming, or deflating)

2.3 Results:

(1) The results of the ten people movement in DMT in the first theme are shown in Table 1.

Table 1: The results of the ten people movement in DMT in the first theme.

Participants	Shape	Weight	Space	Flow	Time
A male	Small/extension/narrow/deflate	Light	Indirect	Bound	Quick
B female	Small/shorten/narrow/deflate	Light	Indirect	Bound	Quick
C male	Small/shorten/narrow/deflate	Light	Indirect	Bound	Quick
D female	Large/shorten/narrow/deflate	Light	Indirect	Bound	Quick
E female	Large/shorten/narrow/deflate	Light	Indirect	Bound	Quick
F female	Small/shorten/narrow/deflate	Light	Indirect	Bound	Quick
G female	Small/extension/narrow/deflate	Light	Indirect	Bound	Quick
H female	Small/shorten/narrow/deflate	Light	Indirect	Bound	Quick
I female	Small/extension/narrow/deflate	Strong	Direct	Free	Sustained
J female	Small/extension/narrow/deflate	Strong	Indirect	Bound	Quick

The data in Table 1 indicates that during the first theme of DMT, 70% of the participants displayed small, shortened, narrowed, and deflated movements, suggesting that they were relatively nervous and stressed during the initial phase of the therapy, reflecting their anxious inner state. Additionally, eight out of ten participants showed light movements, indicating that most of them exhibited softness and inconsistency in their emotions and thoughts. Regarding the Space aspect, only one person demonstrated direct movement, while the remaining participants seemed unfocused on their personal feelings and likely to be influenced by their surroundings. Similar patterns were observed in the perspective of Flow and Time, as most of the participants exhibited restricted, constrained, and quick movements, symbolizing inner tension, closure, and a tendency to become worried and intense.

(2) The results of the ten people in DMT in the second theme are shown in Table 2.

Table 2: The results of the ten people in DMT in the second theme.

Participants	Shape	Weight	Space	Flow	Time
A male	Large/extension/Widen/deflate	Light	Indirect	Free	Quick
B female	Large/extension/Widen/drum	Light	Direct	Free	Sustained
C male	Small/shorten/narrow/deflate	Strong	Indirect	Bound	Quick
D female	Large/extension/Widen/deflate	Strong	Direct	Free	Sustained
E female	Small/extension/narrow/deflate	Strong	Indirect	Free	Sustained
F female	Large/extension/Widen/drum	Light	Direct	Free	Sustained
G female	Small/extension/Widen/deflate	Strong	Indirect	Free	Sustained
H female	Large/extension/narrow/deflate	Light	Indirect	Free	Sustained
I female	Large/extension/Widen/drum	Strong	Direct	Free	Sustained
J female	Large/extension/Widen/deflate	Strong	Indirect	Free	Quick

(3) The results of the ten people in DMT in the third theme are shown in Table 3.

Table 3: The results of the ten people in DMT in the third theme

Participants	Shape	Weight	Space	Flow	Time
A male	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
B female	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
C male	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
D female	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
E female	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
F female	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
G female	Large/extension/Widen/drum	Strong	Strong	Free	Sustained
H female	Large/extension/Widen/drum	Light	Strong	Bound	Sustained
I female	Large/extension/Widen/drum	Strong	Direct	Free	Sustained
J female	Large/extension/Widen/drum	Strong	Indirect	Bound	Sustained

Upon comparing the comes about from Table 2 and Table 3, it is clear that there are critical changes within the participants' developments.

The analysis of movement changes between Tables 2 and 3 reveals a gradual transformation in the participants' movement shapes. Initially, the movements were characterized by being small, short, narrow, and inflated, indicating feelings of anxiety. However, through the DMT process, these anxious feelings gradually dissipated and were replaced with confidence, joy, cheerfulness, and a more open-hearted acceptance of their emotions. Subsequently, their movements became more pronounced, large, extended, widened, and drummed.

The observed changes within the participants' developments propose that they got to be more centered on their current state of development amid the DMT session. They illustrated commitment to their choices, and their movements showed up solid, coordinate, free, and supported. These signs indicate that after engaging in the DMT session, the members felt more freed, at ease, and loose. In outline, the change in development shapes watched in Table 3 outlines the positive affect of DMT on the participants' emotional state. The therapy seems to assist them to release their anxious feelings and become more confident and open outlook towards their emotions and movement expressions.

3.Conclusions

The report demonstrates that the application of Dance Movement Therapy has appeared promising comes about in diminishing mental pressure among carers providing palliative and end-of-life care. By analyzing development designs utilizing Laban's effort-shape system, the treatment was found to be related with diminished levels of stress and anxiety in healthcare workers These discoveries propose that incorporating and empowering the utilize of DMT within the mental treatment of health care workers could be a valuable approach. However, it is fundamental to acknowledge certain limitations within the report, essentially stemming from the little test measure utilized within the think about. With a constrained number of members, the information may not be completely agent of a bigger population of healthcare specialists in comparative settings. As a result, the discoveries may not be effectively generalizable to a broader setting. To strengthen the reliability and validity of the results, further research with a larger and more diverse sample is warranted. Future studies should also consider implementing longer-term follow-up assessments to examine the sustainability of the positive effects observed in this study. Additionally, the inclusion of control groups in the research design could provide better insight into the specific impact of DMT compared to other interventions or no intervention at all. Despite these limitations, the report provides valuable insights into the potential benefits of Dance Movement Therapy for healthcare workers, particularly those facing the challenges of palliative and end-of-life care. This highlights the significance of addressing psychological stress in this profession and highlights the need for continued research to build on these initial findings.

In conclusion, while the report demonstrates the potential advantages of DMT in reducing psychological stress in health care workers, it is important to recognize the limitations and call for further investigation to strengthen the evidence base for the use of DMT in psychological treatment.

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