

## OVERCOMING DEPRESSION WITH DANCE MOVEMENT THERAPY: A CASE REPORT

Romina Tavormina<sup>1</sup> & Maurilio Giuseppe Maria Tavormina<sup>2</sup>

<sup>1</sup>Centre of Psychology and Psychotherapy, Naples, Italy

<sup>2</sup>Mental Health Department, Naples, Italy

### SUMMARY

*In our society that sets high standards of perfection to be ok and wins, the depressed is commonly considered as an outsider, a marginalized person unable to be in line with standards and rhythms fast and competitive of the time we live. So the social stigma against people who suffer from mood disorders is a very powerful factor that negatively affects the healing of patient. He is often isolated from the others for the fear of being judged "fool, crazy or dangerous" or discriminated and emarginated for his mental health problem. For this reason, a cornerstone of depression rehabilitation is the bringing out of the patient from his isolation, the reintegration of user in the social context with the increase and the improvement in the quality of interpersonal relationships in the family and in the external context. So in this way is possible an increase in the tone of mood and a reduction of the symptoms of depression. The method used in our project is the dance movement therapy. In particular, dancing the "Bachata" and later more spontaneous dance becomes a rehabilitation tool to express emotions through the body and to open to the world, on the territory, overcoming the fear of being judged by others, the prejudice and the social stigma about mental illness. This work presents the results of a case report of a depressed patient treated with dance movement therapy.*

**Key words:** depression - dance movement therapy - dance-group - psychosocial rehabilitation

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### INTRODUCTION

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems: it causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

The DSM-5 outlines the following criterion to make a diagnosis of depression.

The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.

- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. The World Health Organization in recent years has estimated that the main source of deficit and disability in 2010 would have been depression. Forecasts it gave depression the second place for costs for 2020 (just overcoming heart disease). In industrial societies depression and anxiety are a public health problem. In the US of 50 million mentally disturbed, only a quarter is undergoing treatment.

As for depression, only 10 out of 100 go to the psychiatrist. The other 90 don't go beyond the family doctor, and as only a small part of them can afford to be treated, the majority remains helpless, suffers silently and remains isolated. One of the strongest reasons for isolation is the negative injury and the stigma to those who suffer from mood disorder.

These data confirm the strong need for treatment of depression to avoid a further increase in the disease.

Depression, even the most severe cases, can be treated. It is among the most treatable of mental disorders. The earlier that treatment can begin, the more

effective it is. Between 80 percent and 90 percent of people with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms (<https://www.psychiatry.org/patients-families/depression/what-is-depression>).

Depression is usually treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Another effective tool in the treatment of depression is psychosocial rehabilitation. Different studies/researches have shown that people also treated with psychosocial rehabilitation have reached better results than those who were treated only with medications and psychotherapy.

The fundamental aim of rehabilitation in the field of mood disorders is to overcome shame and injury to the illness, to enhance the positive aspects of the patient and to integrate the latter into society by returning to do the common things that everyone does in everyday life.

There are different methods and techniques used in this field: one of the most effective is Art-therapy. Art therapy, as the name suggests, involves creating art as a therapeutic tool to help facilitate emotional growth, and promote both mental and physical healing and recovery. It is often used in combination with other forms of medical or mental health treatment. Art therapy can be beneficial for a wide variety of individuals, including patients dealing with mental health issues, such as schizophrenia or anorexia nervosa, as well as those battling serious medical issues, like cancer or chronic illness. It can also help those recovering from trauma or addiction, working through grief, or coping with a disability. It is very powerful also in the treatment of depression. One of the form of Art-therapy well known in the treatment of depression is Dance Movement Therapy.

Dance Movement Therapy (DMT) is the therapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual, based on the empirically supported premise that the body, mind and spirit are interconnected. A study from the journal *The Arts in Psychotherapy* (2007) found out that dance therapy had a positive effect on participants experiencing symptoms of depression. Most people understand that dancing can be good for their health: it improves cardiovascular endurance, muscle tone, balance, and coordination. Dance can also boost a person's mood, improve his or her body image, and provide an opportunity for fun that may lower overall stress and anxiety. While these elements are certainly beneficial, dance movement therapy takes therapeutic dance to another level.

People in treatment with a qualified dance therapist have the right to confidentiality and dance therapists provide a safe space for people to express themselves. Movement becomes more than exercise, it becomes a

language. People in treatment communicate conscious and unconscious feelings through dance. Dance therapists help people work on issues through the use of a "movement vocabulary" that is centered around physical expression instead of words. Dance movement therapists assess body language, non-verbal behaviors and emotional expressions. Treatment interventions are tailored to address the needs of certain populations.

There are different studies that shows the utility of dance movement therapy in treatment of depression, one of this is the project of Psychosocial Rehabilitation and DMT "Dance that you go". The work tool used to achieve the goals of that project with mood-minded patients is the dance.

"Dance That You Go" is a group of psychosocial rehabilitation that operates since 2009 in the Day Centre UOSM of Torre del Greco, Mental Health Department ASL NA 3 SUD (Tavormina et al. 2015).

Its aim is to help psychiatric patients especially with depression to come out of isolation which characterizes their condition, recovering interpersonal relationships through the Caribbean dance. In particular, the "Bachata" was chosen and used for its structural characteristics and for the simplicity of the steps. It is a dance that promotes immediately the encounter with the other and it activates non-verbal body communication. It facilitates the expression of emotions through the body. Dancing with the other, the patient not only recovers the relational dimension but also he rediscovers the contact with his body and the ability to sense and communicate emotions. After several years of rehabilitative activity and consequently to the evaluation of the good results achieved in the Day Centre, the activities were brought on the territory.

From this idea was born "Dance and go on": a project of Psychosocial Rehabilitation on the road. The purpose of this next step is the transition from the protected, reassuring and incentive environment of the Day Centre to the external social context where the patient is compared with the competitive social life. The patient uses the instrument of dance, as a stimulus and resource for getting to know and to deal with others in the outside world to the psychiatric context. The purpose is not to become successful dancers but to engage the audience with their artistic expression of emotions, dancing and overcoming the fear of being criticized for their pathology. The aim is to help psychiatric patients, especially with depression, to come out of isolation which characterizes their condition, recovering interpersonal relationships through the Caribbean dance.

At the beginning of the project has been crucial for the patients to have a structured dance to reduce the shame of exposing themselves to the public. Furthermore, it was very reassuring for patients to reproduce in the social context a dance well known, as danced for years inside the Day Centre of Mental Health Department. To reproduce the same dance but in a different context has created a sense of continuity between the

inside (Mental Health Department) and the outside (social external context) where for the first time people see the patient in a new way as a normal dancer and not as mentally ill.

In a second moment it was used popular dance of Neapolitan tradition. Subsequently patients, when they were more secure of themselves, have learned to dance more spontaneously in a less structured way, dancing freely with unknown people. The project has been monitored with the administration of the VADO (Morosini et al. 1998), a test of psycho-social rehabilitation and with clinical interview to evaluate the patient's satisfaction and mood tone progression, and the compliance to pharmacological therapy.

In this paper it will be described a case report of a psychiatric patient with depression who has attended the project from the beginning to today.

## PRESENTATION OF CASE REPORT

A.M. is being treated at the Mental Health Department of Torre del Greco since 1999, diagnosed with Delusional Psychosis and depression. She is 50 years old and she lives alone from two years since her mother's death. She has a relationship with another patient of the Day Centre that often goes to her house for a few days. She regularly attends the activities of the Day Center, in particular she attends the project "Dance that you go" from the beginning and in these years has reached great results. As every patient in the day center of the mental health department, she was administrated the test VADO, a test of psycho-social rehabilitation and clinical interview to evaluate patient's motivation to participate at the activities of the Day Centre and to develop an individual therapeutic project with specific rehabilitation goals.

The word VADO stands for Evaluation Activity Definition Objectives. The test consists of several valuation tabs used for the definition of the objectives of rehabilitation.

In our study we used two evaluation forms of VADO:

- Scale of Personal Functioning – FPS;
- Form of Rehabilitation Areas – AR.

The AR module of VADO consists of 28 items that explore areas of personal and social functioning of the patient:

- Care of appearance and hygiene (item 1-7);
- Socially useful activities (item 8-10);
- Personal and social relationships (items 11-16);
- Compliance with the rules of coexistence (items 17-21);
- Battery Life in instrumental activities (items 22-28).

The scoring is done on the basis of the presence or absence of problems with respect to the capacity or ability expressed by the item:

- 0 - No problems;
- 1 - Presence of a problem (intervention performed);
- 2 - Presence of a problem (intervention project carried out);
- 3 - Intervention in progress;
- 4 - Intervention concluded, problem in all or in part solved;
- 5 - NV Area not assessable or not applicable.

The scale of Personal Functioning (FPS) instead provides a synthetic numerical value expressed on a scale between 0 and 100 that indicates the level of personal and social functioning of the patient. The determination of the level, with intervals of 10 points for the various bands, depends on the degree of dysfunction in four groups below:

- 1 - Socially useful activities (including work and school);
- 2 - Personal and social relationships (including relationships with family members);
- 3 - Care of the appearance and hygiene;
- 4 - Disturbing and aggressive behaviors.

The evaluation of dysfunction in the areas is from mild to very serious:

- Mild, no apparent difficulty, known only to those who know the person well;
- Evident but unmarked, difficulty easily identifiable by anyone, but that does not affect the function of the person;
- Marked, obvious difficulties impair social functioning in that area, but the person can still do something even poorly and irregularly;
- Serious, difficulty that makes the person incapable of performing any role in that area, or she does take a negative role, but without compromising the chances of survival;
- Very serious, such as to determine a danger for the survival, apparent to all.

The VADO was administrated at the beginning of the project and then every six months to monitorate the rehabilitation process.

## OBJECTIVES

From results to the first VADO and after several talks with the referring doctor of the case report and in collaboration with the operators that follow A.M. in this therapeutic path, they have established the following goals for the patient:

### *Global objective*

To promote personal growth through a therapeutic route of psycho-social rehabilitation in group;

### **General objective**

To achieve improvements in the AREA Personal and social relationships and Care of the self;

### **Specific objectives:**

- to stimulate positive socializing behaviors of patient and to discourage isolation;
- to learn to share times and spaces with others;
- to establish friendships with other patients of the DC;
- to promote the integration of user in the social context with performances of "Bachata";
- to express her discomfort by moderating aggressive tones;
- to have a prompt and effective action to psychological well-being with the improvement of mood;
- to focus on the resources of the patient improving "healthy parts";
- to increase self-esteem;
- to stimulate the care of oneself and one's body;
- to cause the overcoming of inhibitions and social phobias;
- to fight against stigma.

## **METHODS**

To achieve these goals, the patient was included in different activities of the day centre in particular in the project "Dance that you go". Now we will illustrate the modality of the participation to the project and the result gained in these years.

The methodology used for this project is the dance therapy, principles of psychosocial rehabilitation and techniques of psychology with group.

### **Operating Modes**

- Weekly meeting to the Day Centre on Tuesday afternoon from 4:00 p.m to 6:00 p.m to prepare and train the dance group for performances outside.
- In the vicinity of an event there is a second weekly meeting to prepare the choreography.
- External exhibitions to the Centre.
- Monthly interviews with patients and administration of the VADO every six months

## **RESULTS ACHIEVED**

The great results obtained by the patient are due mostly to the activities of social integration in the territory dancing. These are the best results achieved in these years: in 2009, the patient together with the dance group took part in a sporting event of the City of Torre del Greco (Naples) performing on a stage in the center of the city. The group presented a brief choreography of Bachata. This was the first performance on the territory.

At the beginning the patient, influenced by mother's opinion, did not want to participate for fear of being called crazy by the public but later she overcame this fear with courage and so from that moment she always wanted to perform in public.

In June 2015, A.M. took part in an essay of Caribbean dances of the "Cuban Academy" at the theater "Rome" in Portici (Naples). Through a video it presented the work done by the group over the years both in the Day Centre of the Mental Health Department and in external contexts. The patient received compliments and congratulations, so she felt appreciated for her work

In September 2015, for the first-time patient, together with the dance group, made some Caribbean lessons with 2 teachers of the "Cuban Academy 2" in Torre del Greco (Naples), in the city where she lives.

In October 2015, in occasion of the "Depression Day", an international congress on mood disorders made in a scientific high school of Torre del Greco, patient had the opportunity to present a choreography of "Bachata", dancing in integration with the teachers of "Cuban Academy 2". After the exhibition, A.M. danced a bachata in group with students.

In December 2015, during the International Congress against Mental Health Stigma "Nobody is Perfect", A.M. made another choreography of Bachata in collaboration with two teachers of the "Cuban Academy 2". Then, in the same congress, for the first time the patient was one of the speakers of the congress. She talked about her experience and that of all the dance group of psychosocial rehabilitation. She has explained how she has overcome depression and the stigma toward her mental health problem dancing.

In May 2016, patient took part in a congress of dance-therapy organized at the University of Naples "Suor Orsola Benincasa", in which she presented a performance of dance-therapy together with all the dance group. At the end of the conference she danced together with students and other participants of the congress.

In October 2016, during "Depression DAY", organized in two different locations ("A. Nobel" Scientific High School in Torre del Greco (Naples) and in "Villa Bruno" in San Giorgio a Cremano (Naples) A.M. had the opportunity to present a choreography in which she represented how dance can help people to improve mood and overcome depression.

In November 2016, during the congress "The Art of Changing" A.M. together with the dance group performed in a popular dance with tambourines involving people to dance with them. The aim of this performance was to demonstrate how art and in particular dance can be a potent instrument to join people, to spread joy and to prevent and support fight against depression.

In October 2017, during The Week of Dance Movement Therapy APID, at the theatre of a church in Portici (Naples) Italy she involved the audience in a DMT performance with colored foulards.

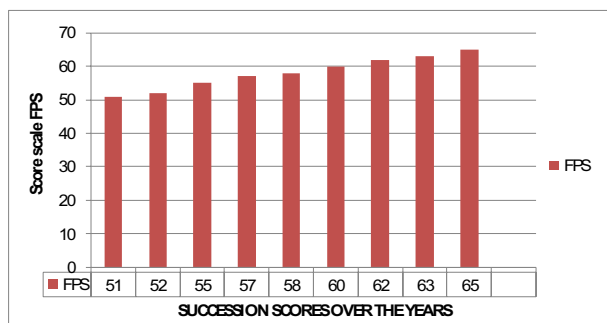
The great result, deriving from all these experiences of integration on the territory with dance, has been the positive effects that they have had on mood of patient. A.M. was very happy because she felt appreciated and accepted in spite of her mental health problems. So she has overcome the fear of the judgment of the other connected to the social stigma against psychiatric illness. She has strengthened the self-confidence and self-esteem. Furthermore, citizens have been involved from the performance and appreciated the work done by patient and the courage to perform in public.

The results achieved from 2009 to 2017 with the rehabilitative activities of the dance-therapy have been verified and confirmed by the administration of the test VADO, by the clinical evaluation of the patient in medical records.

### Evaluation of the results with test VADO

It emerged, compared with the beginning of the project, an increase in scores on the scale FPS from 51 to 65 mainly due to an improvement in the area Personal and Social Relationships. In this area patient is increased from a level of marked dysfunction to an evident one.

It is described below scores reported on the scale FPS from the beginning of the project to date (Figure 1).



NOTE: 0 to 70 scale scores FPS test VADO (from 41-50 marked difficulties in two main areas; from 51-60 marked difficulty in one main area; from 61-70 evident difficulties in one main area)

Figure 1. Scale FPS

### Future Goals

Given the positive results seen in these years it was thought to the future:

- to go to do other performances in the social context;
- to participate with dance therapy choreography to other events such as "Dance Therapy Week" and the "Depression Day" in the next months.

### CONCLUSIONS

In these years Dance Movement Therapy has helped the patient to face better depression in different ways. At first Dancing a socially accepted dance as the "Bachata" has facilitated the patient to feel accepted

by herself because she was doing something shared and accepted by society. In this way, A.M. has created a point of similarity and contact with the other "normal" despite his pathology that until that moment it made her feel like an outsider. Also, seeing a depressive person to dance a solar and jovial dance, helps the latter not only to raise the tone of mood but to rediscover moments of joviality. In a second moment when the patient felt more secure of herself was possible to dance in a more spontaneous and less structured way with unknown people.

Above all, it's important for the overcoming of stigma, to show to society as a depressive person can emerge from the black tunnel of depression making a joyful dance, like everyone else who does not have his mood pathology.

The paradox created in the common imagination by "seeing a depressive person, dancing with joy" helps to reduce the prejudice that depressed people are asocial, always disruptive in spite of what they are doing. This shows that doing jovial things in association to the psycho-pharmacological therapy helps to overcome the symptom better and before reducing the social stigma.

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### Contribution of individual authors:

Romina Tavormina planned and designed the study, wrote the first draft of the manuscript and carried out case report;

Maurilio Giuseppe Maria Tavormina supervised manuscript.

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Correspondence:

Romina Tavormina, MA  
Centre of Psychology and Psychotherapy  
4/F Leone Street - 80055, Portici, Naples, Italy  
E-mail: romina.tavormina@libero.it