

Impact of dance therapy on quality of life among patients with mental illness

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Abstract

Background: Literally mentally ill patients are impotent and not precise in expressing their quality of life. In order to rectify the practical complexity of assessing the quality of life, modified brief psychiatric rating scale was adopted in this study to select mentally ill patients with mild level of psychiatric symptoms. **Aim:** This article focus on the impact of dance therapy on quality of life among patients with mental illness. **Methods:** Quasi experimental research design was selected for the present study. Purposive sampling technique was used to recruit 30 subjects, out of which 20 subjects in experimental group and 10 in control group. Pre test was conducted by using modified quality of life assessment scale in experimental and control group. Dance therapy was given by adopting alternative steps which involves both extremities. Each session was carried out for 20 minutes per day for 15 days. Control group received standard methods of care. Post test was conducted by using the same assessment tools. **Results:** The estimated paired 't' test value showed statistical significance $t=8.73$ in experimental group. Unpaired 't' test value depicted marginal statistical significance $t=2.78$.

Keywords: Dance therapy, Quality of life, Mental illness, Schizophrenia, Depression and Alcohol Dependence.

INTRODUCTION

Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life [1]. According to the World Health Organization (WHO), quality of life is defined as "the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals [2].

Dance therapy or dance movement therapy (DMT) is defined as the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual. It may be of value for people with developmental, medical, social, physical or psychological impairments. Dance therapy can be practiced in mental health rehabilitation units, nursing homes, day care centres and incorporated into disease prevention and health promotion programmes [3].

The evidence shows that dance movement therapy may have an effect on reducing psychiatric symptoms and improve well-

being. Overall, dance movement therapy was an effective treatment technique for mental illnesses [4].

MATERIALS AND METHODS

After obtaining informed assent, mentally ill patients who were clinically diagnosed with schizophrenia, depression and alcohol dependence & fulfilled the inclusion criteria were enrolled in the study at Government Head Quarters Hospital, Erode. Subjects who suffered from mania, epilepsy and mental retardation were excluded from the research work.

Quasi experimental research design was selected for the present study. Purposive sampling technique was used to recruit 30 subjects, out of which 20 subjects in experimental group and 10 in control group. In order to rectify the practical complexity of assessing the quality of life, modified brief psychiatric rating scale was adopted in this study to select mentally ill patients with mild level of psychiatric symptoms.

Demographic data like age, gender, past history of hospitalization, family history of mental illness, taking medication

and duration of illness were collected from the subjects and condensed. Pre test was conducted by using modified quality of life assessment scale in experimental and control group. Dance therapy was given by adopting alternative steps which involves both extremities. Each session was carried out for 20 minutes per day for 15 days. Control group received standard methods of care. Post test was conducted by using the same assessment tools. Statistical methods adopted were mean, standard deviation, paired 't' test, Un paired 't' test and chi square test with Yates correction.

RESULTS

In post test 85% of the subjects had pretty good level of quality of life in experimental group, whereas control group showed 60% of the subjects had pretty bad level of quality of life (table1).

Comparison of mean of pretest quality of life scores in

Table 1: Frequency and percentage distribution of level of quality of life among patients with mental illness

Level of quality of life	Experimental group				Control group			
	Pre test		Post test		Pre test		Post test	
	F	%	F	%	F	%	F	%
Very well	-	-	3	15%	-	-	-	-
Pretty good	-	-	17	85%	-	-	-	-
Good & bad	7	35%	-	-	4	40%	4	40%
Pretty bad	13	65%	-	-	6	60%	6	60%

Table 2: Mean, standard deviation, paired 't' test & un paired 't' test value on quality of life in course of pre and post test scores in experimental and control group

Variable	Group	Mean & SD	Significance paired 't' test		Significance un paired 't' test	
			Experimental group Pre - Posttest	Control Group Pre - Posttest	Experimental and Control group Posttest	
Quality of life	Experimental - Pretest	12 SD=1.6	t=8.73 P < 0.001	t = 1.40 P > 0.14	Mean = 22	Mean=20.5
	Experimental - Posttest	22 SD=1.7			t=2.78 P < 0.04	
	Control - Pretest	20.5 SD=1.0				
	Control - Posttest	20.5 SD=1.0				
N = 30 (n1=20, n2=10)						

DISCUSSION

This study signifies that dance therapy is effective in improving the quality of life among patients with mental illness. Conferring to another study, dance movement therapy improved wellbeing, mood and affect, quality of life, body image and interpersonal competence and reduced the symptoms of anxiety and depression [5].

experimental group showed 12 and posttest showed 22. Likewise, comparison of mean of pretest quality of life scores in control group showed 20.5 and the estimated posttest also portrayed the same value. The estimated paired 't' test value showed statistical significance t=8.73 in experimental group, whereas control group delineated statistical non significance t = 1.40. Estimated un paired 't' test value depicted marginal statistical significance t=2.78, when compared with the mean of control group (Mean=20.5) experimental group mean score was high (Mean = 22) which indicates that quality of life has been enhanced in the experimental group (Table-2).

No significant association was observed between posttest quality of life scores for age, gender, past history of hospitalization, family history of mental illness, taking medication and duration of illness in both experimental & control group.

Conflict of Interest

None declared

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