

OVERCOMING THE SOCIAL STIGMA ON MOOD DISORDERS WITH DANCING

Romina Tavormina¹ & Maurilio Giuseppe Maria Tavormina²

¹Naples, Italy

²Mental Health Department, Naples, Italy

SUMMARY

In our society, 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 mood disorder rehabilitation is the bringing out of the patient from his isolation, the reintegration of the 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. The method used in our project is the dance-therapy one. In particular dancing the "Bachata" 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, and of the prejudice and the social stigma about mental illness. The strength and cohesion of the rehabilitation group has given to the patients the opportunity to believe in their own abilities, to accept themselves with their difficulties and to improve the relationship with their body in relation to each other.

Key words: *dance-group - dance-therapy - mood disorder - social stigma - psychosocial rehabilitation*

* * * * *

INTRODUCTION

Mood disorder is defined as the wide class of psychopathological disorders and symptoms that are related to alterations or anomalies of the individual mood which can be the cause of persistent or repeated dysfunctions, severe discomfort or disadvantage in the environmental conditions of human life with repercussions of varying magnitude in interrelational and/or work life. Although mood disorders are an old-age disease, results of recent years argues that there has been and there will be an increase in these disorders, so it is important to implement information campaigns, awareness, and care for the problem.

The World Health Organization in recent years has estimated that the main source of deficit and disability in 2010 would be depression. In its Forecast it gave depression the second place for costs for 2020 (just ahead of 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 remain helpless, suffer 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. In a modern society that sets high standards of perfection to be seen as normal and win both in work and relationships, the depressed is commonly considered as an outsider, a marginalized person unable to be in line with standards and rhythms in the

fast and competitive times in which we live. It is common opinion, often supported by bad media information, that the mood disorder sufferer is impulsive, dangerous, incapable to build affective relationships and to work. The situation of increased heterogeneity in the job market, the precariousness of job constraints and the intensified economic competition increase the risk of worsening inequality and discrimination.

Contrary to this socially widespread opinion, the Association ADEB (Associação de Apoio dos Doentes Depressivos and Bipolares -Lisboa (<https://disturbobipolare.jimdo.com/tematiche-del-vivere/stigma/>)) has launched a nationwide campaign entitled "We must inform, learn and hire ..." to raise awareness and to inform not only the community in general but especially businesses about the professional skills of people with Bipolar and Unipolar pathologies. This is because this part of the population should market their own capabilities, which can and should be used. It becomes necessary to highlight how suffering from mood disorders does not mean being crazy people to be marginalized but people like the others who have so many positive aspects and skills beyond mental illness.

The fundamental aim of rehabilitation in the field of mood disorders is to overcome shame and injury caused by 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.

The work tool we used to achieve these goals and presented in the following project with mood-minded patients is the dance. "Dance and go on" is a project of Psychosocial Rehabilitation on the road. The purpose of this is the transition from the protected, reassuring and

incentive environment of the Day Centre UOSM of Torre del Greco (Naples), Department of Mental Health (DSM) ASL NA 3 SUD, where every week patients take part to the dance group "Dance that you go", to the external social context where the patient is confronted with 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 and 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 mood disorders, to come out of isolation which characterizes their condition, recovering interpersonal relationships through the Caribbean dance.

OBJECTIVES

The project "Dance and go on" for mood disorders patients has got the following objectives:

- to stimulate positive socializing behaviors of the patient and to discourage isolation;
- to promote the integration of users in the social context with performances of "Bachata";
- to have a prompt and effective action on 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

The methodology used for this project is dance therapy.

Dance movement therapy 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.

At the beginning of the project the dance prevalently used was the "Bachata" for these reasons: the simplicity of the steps and because it is a dance well-known and very diffused in the society, which are characteristics that promotes the integration of the patient in the social context. In particular the "Bachata" was chosen for its structural characteristics: 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.

At the beginning of the project it 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 which is 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 we have 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, P, 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.

Areas evaluated in this test are four:

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

Operating Modes

- Weekly meeting to the Day Centre of MHD 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 Day Centre.
- Monthly interviews with patients and administration of the VADO every six months.

RESULTS ACHIEVED

In 2009, the 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. It presented a brief choreography of Bachata.

In June 2015, the group 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 Department of Mental Health and in external contexts. Patients received compliments and congratulations, they felt appreciated for their work. Patients created their facebook accounts to communicate with each other even outside of the Day Centre. They formed a group to share photos and videos of performances made.

In September 2015, for the first-time patients made some Caribbean lessons with 2 teachers of the "Cuban Academy 2" in Torre del Greco (Naples), in the city where they live.

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

In December 2015, during the International Congress against Mental Health Stigma "Nobody is Perfect", patients made another choreography of Bachata in collaboration with two teachers of the "Cuban Academy 2". Then, in the same congress, for the first time a patient of the group "Dance that you go" 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 through dancing.

In May 2016, patients took part in a congress of dance-therapy organized at the University of Naples "Suor Orsola Benincasa", in which they presented a performance of dance-therapy. At the end of the conference they 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)) patients had the opportunity to present a choreography in which they represented how dance can help people to improve mood and overcome depression.

In November 2016, during the congress "The Art of Changing" patients 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 link people, to spread joy and to prevent depression and support the fight against depression.

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

The results achieved from 2009 to 2016 with the rehabilitative activities of dance-therapy have been verified and confirmed by the administration of the test VADO, by the clinical evaluation of the patients in their medical records.

Evaluation of the results with test VADO

It emerged, compared with the beginning of the project, that there was an increase in scores on the scale FPS mainly due to an improvement in the area of Personal and Social Relationships. The majority of patients in this area is increased from a level of marked dysfunction to an evidently better one. Below are shown the scores reported on the scale FPS from the beginning of the project to date from 9 patients, 3 males and 6 females. You notice an increase in all from the starting score (Figure 1).

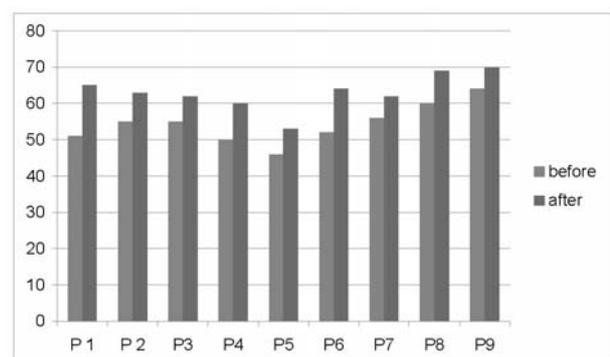


Figure 1. P1 to P9 (Patients)

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)

Patient 1 (SAM female cc. 355/99 diagnosis: Delusional and Mood Disorder). Overall Rating on FPS from 51 to 65.

Patient 2 (GA male cc. 211/99 diagnosis: Neurotic Depression, Personality Disorder, Obsessive Compulsive Disorder). Overall Rating on FPS from 55 to 63.

Patient 3 (GF female cc. 3094/10 diagnosis: Major Depression Disorder, Obsessive Compulsive Disorder). Overall Rating on FPS from 55 to 62

Patient 4 (NG male cc. 3097/10 diagnosis: Major Depression Disorder, Borderline Personality Disorder). Overall Rating on FPS from 50 to 60.

Patient 5 (DDA male cc. 1962/05 diagnosis: Schizophrenia Mood Disorder). Overall Rating on FPS from 46 to 53.

Patient 6 (EA female cc. 3003 diagnosis: Bipolar Disorder). Overall Rating on FPS from 52 to 64.

Patient 7 (D'AC female cc. 2193/06 diagnosis: Mood Disorder). Overall Rating on FPS from 56 to 62.

Patient 9 (NG female cc. 3409/14 diagnosis: Neurotic Depression). Overall Rating on FPS from 64 to 70.

The improvement in the Personal and Social Relations Area helps us understand how dance is a powerful and effective tool to combat stigma against mood disorders.

Future Goals

Given the positive results seen in these years is planned in the future to:

- go to do other performances in the social context
- to participate with dance therapy choreography in other events such as “Dance Therapy Week” and the “Depression Day” on October 2017.

CONCLUSIONS

Dancing a socially accepted dance such as the “Bachata” has facilitated the patients to feel accepted by himself as well as doing something shared and accepted by society. In this way, the user creates a point of similarity and contact with the other “normal” despite his pathology that until that moment has made him feel like an outsider. Also, seeing a depressive person dance a solar and jovial dance helps the latter not only to raise the tone of mood but to rediscover moments of joviality. Above all it's important for the overcoming of stigma to show to society that 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, and always disruptive in spite of what they are doing. This shows that doing jovial things (the paradox prescription of the symptom) in association to the psycho-pharmacological therapy helps to overcome the symptom better and as well as reducing the social stigma.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

Both Authors contributed equally to the concept, development and drafting of the project.

References

1. Adorasio A: *La danza e il movimento. L'immaginazione attiva*, a cura di F. De Luca Comandini e R. Mercurio, Vivarium, Milano, 2002
2. Anthony W, Cohen M, Farkas M: *Psychiatric Rehabilitation*. Editore: Boston Univ Center for (1990-08)
3. Ba G: *Strumenti e tecniche di riabilitazione psichiatrica e psicosociale*. Milano, Franco Angeli editore, 2002.
4. Basurto C: *Esperienze di danzaterapia nel Servizio Psichiatrico di Diagnosi e Cura*, pubblicato nel libro: *Se la cura è una danza: la metodologia espressivo relazionale nella danzaterapia*, di V. Bellia, Franco Angeli ed, 2007
5. Carozza P: *Centri diurni e approccio ai processi cronici in psichiatria. Il Metodo Spivak e nuovi modelli di terapia*. Franco Angeli editore, 2000
6. Carozza P: *La riabilitazione psichiatrica nei centri diurni. Aspetti clinici e organizzativi*. Franco Angeli editore, 2003.
7. Carozza P: *Principi di riabilitazione psichiatrica. Per un sistema di servizi orientato alla guarigione*. Franco Angeli editore, 2006.
8. Ciompi L, Dauwalder HP, Agué C: *Un programma di ricerca sulla riabilitazione del malato psichiatrico*. *Psicoterapia e scienze umane* 21: 47-64, 1987.
9. Cerruto E: *A Ritmo di Cuore, la danza terapeutica*, Xenia Edizioni, 1994
10. Cerruto E: *Danzaterapia: una danza nella pelle*, La Salute Olistica, marzo, 2002
11. De Vera d'Aragona P: *Una Danza per la Psicosi*, Riza Psicosomatica, N.48, 1985
12. De Vera d'Aragona P: *Curarsi Danzando: il Movimento come Psicoterapia*, Riza Scienze, n.13., 1986
13. De Vera d'Aragona P: *Vinci la Depressione*, Riza Psicosomatica, N.143, 1992
14. Di Berardino C: *La conoscenza di sé e la conduzione dei gruppi riabilitativi. Procedure di riabilitazione psicosociale*. Milano: Franco Angeli editore, 2012.
15. Garcia ME, Plevin M: *Gli aspetti non verbali della relazione: il contributo della Danza Movimento Terapia. Seminari del sabato. Ordine degli Psicologi del Lazio, Roma, 4 giugno 2004*
16. Garcia ME, Plevin M, Macagno P: *Movimento Creativo e Danza, metodo Garcia/Plevin*, Gremese Editore, Roma, 2006
17. Groenlund E, Renck B, Vaboe, N G: *How depressed teenage girls can be helped by dance movement therapy. In Presentation on the 2nd International Research Colloquium in Dance Therapy, Feb. 10-11, 2006*.
18. Koch SB, Morlinghaus K, Fuchs T: *The joy dance Specific effects of a single dance intervention on psychiatric patients with depression. The Arts in Psychotherapy* 2007;34 : 340-349

19. Liberman RP: *La riabilitazione psichiatrica*, Raffaello Cortina Editore, 1998.
20. Morosini P, Magliano L, Brambilla L: *Test VADO - Valutazione di Abilità, Definizione di Obiettivi*. Edizioni Erickson, 1998
21. Puxeddu V: *Danzaterapia e Riabilitazione*, in AA.VV. *Le Arti Terapie in Italia*, Ed. Gutenberg Roma, 1995,
22. Sacco N: *L'arte del movimento. Educazione e terapia attraverso la danza Musicoterapia e danzaterapia a cura di Maria Favorini*. Franco Angeli ed. Milano. 2004
23. Saccorotti C: *Il processo creativo nel percorso verso l'autonomia*, Atti del convegno "Il corpo e la gioia", Milano, 14-15-16 maggio 2000
24. Saccorotti C: *La complessità e l'autonomia del processo terapeutico, Danzamovimentoterapia. Modelli e pratiche nell'esperienza italiana*", Edizioni scientifiche Magi, Roma, 2004
25. Saraceno B: *La fine dell'intrattenimento. Manuale di riabilitazione psichiatrica*. Milano: Etas Libri, 1995.
26. Scala A: *L'agire riabilitativo. Manuale di riabilitazione psicosociale*. Roma: Il Pensiero Scientifico Editore, 1998
27. Spivak M: *Introduzione alla riabilitazione sociale, teoria, tecnologia e modelli d'intervento*. Riv Sper Fren. (1987) 111:52274
28. World Health Organization *International classification of functioning, disability and health (ICF)*. Geneva, World Health Organization. (2001)

Correspondence:

Romina Tavormina, psychologist
4/F Leone Street -80055, Portici, Naples, Italy
E-mail: romina.tavormina@libero.it