

# Dance/Movement Therapy in Cancer Care

## Clinical Approaches and Research Evidence

Sherry W. Goodill, Ph.D., BC-DMT, NCC, LPC

Clinical Professor and Chair

Department of Creative Arts Therapies

College of Nursing and Health Professions

Drexel University, Philadelphia

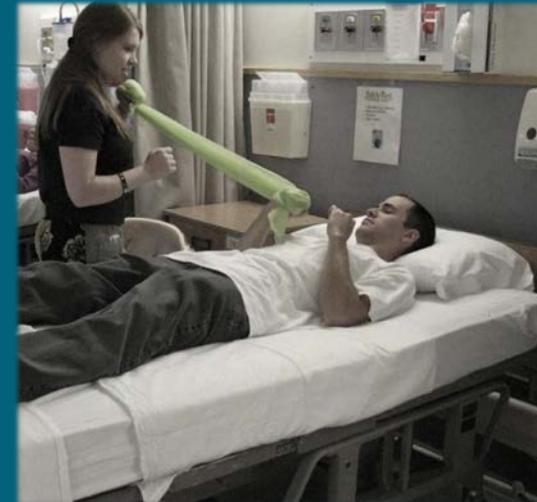
Contact: [sg35@drexel.edu](mailto:sg35@drexel.edu)



No conflicts of interests to disclose.

# About DMT

- A mind/body integrated mental/behavioral health and creative arts therapy specialty discipline.
- “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (ADTA, 2017)
- Combines health benefits of dance, movement, emotional expression, social support and creative activity (including imagery/metaphor) in a single intervention approach.
- An embodied therapy in which the bidirectional nature of mind/body relationship is employed.



# Common components of DMT and definitions of CIH

- ◉ Whole Person focus (social, mental, physical, spiritual)
- ◉ A therapy that is a discipline (education/training, standards)
- ◉ Evidence-informed
- ◉ Patient Centered: Involves the patient in the care
- ◉ Optimal Health/Wellness focus (vs. disease management)
- ◉ Combines with conventional care
- ◉ Importance of relationship between patient and provider(s)

(Rosenthal & Lisi, 2014)

# DMT Credentialing

- Master's level entry, with regulation of graduate education by the ADTA
- Code of Ethics and Standards of Practice, rev. 2016.
- US credentials regulated and conferred by the DMTCB
  - R-DMT (Registered Dance/Movement Therapist)
  - BC-DMT (Board Certified Dance/Movement Therapist)

# Typical treatment goals (QOL)

Stress management

Pain management

Reduction of anxiety

Fatigue/Vitality

Body/self awareness, and  
adjustment to changes

Body image and body esteem

Recognition of need for support

Social support

Self-efficacy

Improved self care

Resilience

Installation of hope

Meaning-making

# Utilization in the cancer care domain

- Hospital Settings

  - Procedural support

  - In-hospital groups

  - Psych-med liaison

- Community Settings

  - Post-treatment

  - Caregivers and family members

  - Homogenous and mixed diagnosis groups

  - Survivorship programming

## Pediatrics

- Major pediatric hospitals

- At least 12 active programs

- Andréa Rizzo Foundation funding

177 credentialed members of the ADTA report specialties in either palliative care or medical DMT.



# DMT is an “embodied, enactive method”

- Embodiment
- Patients learn to translate sensory and affective cues into cognitions, verbalizations and new behaviors.
- Active & participatory
  - behavioral engagement is already a part of the therapy;
  - a way to engage in therapy that is potentially closer to how everyday life is experienced

(Koch & Fischman, 2011, p. 58).

# Improvisation: clinical method and treatment goal

- Freedom within structure, usually in an interactive format.
- Requires and integrates: cognitive and motor functions, intra-and interpersonal spheres.
- *Movement improvisation is an ongoing process of change and brings people into contact with healthy parts of themselves.*
  - Builds skills for adaptation to change
  - Facilitates a “here and now” orientation
  - Practice for approaching the unknown
  - Finding the balance between yielding to the moment, to what has just happened, and shaping the next moment.
  - When matched to the individual’s threshold for ambiguity, the experience is subjectively positive.

# Research and publications

- 13+ studies to date (globally; peer-reviewed & doctoral dissertations)
  - 4 RCTs (three with adults; and one in pediatrics, on CATs)
  - One Cochrane review
  - Mixed method studies
  - Qualitative studies
  - Controlled trials and
  - Pre-experimental designs, case studies and case reports

# Example studies

Sandel, et al.,  
2005  
(breast cancer)

Brauninger,  
2012  
(stress)

Shim, et al.,  
2017  
(chronic pain)

Koch et al.,  
2015  
(meta-analysis)

Cochrane Review (Bradt, Shim, & Goodill, 2015)  
*Challenges and Recommendations*

# Selected references

- Bradt, J., Shim, M., & Goodill S.W. (2015) Dance/movement therapy for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews 2015, Issue 1*. Art. No.: CD007103. DOI: 10.1002/14651858.CD007103.pub3.
- Bräuninger, I. (2012). Dance/movement therapy group intervention in stress treatment: A randomized controlled trial (RCT). *The Arts in Psychotherapy*, 39, 443– 450.
- Koch, SC & Fischman, D. (2011) Embodied enactive dance/movement therapy. *Am J of Dance Therapy*, 33(1), 57-72.
- Koch, S., Kunz, T., Lykou, S., & Cruz, R. (2015) Effects of dance movement therapy and dance on health -related psychological outcomes: A meta-analysis. *The Arts in Psychotherapy* 41, 46–64.
- Madden, JR, Mowry, P, Gao D, Cullen PM, & Forman N. (2010) Creative arts therapy improves quality of life for pediatric brain tumor patients receiving outpatient chemotherapy. *Journal of Ped. Oncology Nursing*, 27. 133- 145. DOI: 10.1177/1043454209355452
- Rosenthal, B. & Lisi, A. (2014) A qualitative analysis of various definitions of integrative medicine and health. *Topics in Integrative Health Care* , vol. 5(4) ID: 5.4004 .
- Sandel, S. L., Judge, J. O., Landry, N., Faria, L. Ouellette., R., & Majczak, M. (2005). Dance and movement program improves quality-of-life measures in breast cancer survivors. *Cancer Nursing*, 28 (4), 301-309.
- Shim, M., Johnson, R.B., Gasson, S., Goodill, S., Jermyn, R., & Bradt, J. (2017) A model of dance/movement therapy for resilience-building in people Living with chronic pain. *European Journal of Integrative Medicine*, 9. 27-40.