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Student Research

The Impact of Dance Interventions on Mood and Depression in Older Adults

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Summary of Research Findings

Given the high prevalence of depression among older adults (Murrock & Graor, 2014), there is a pressing need for effective treatment options in this population. Since dance is an activity-based intervention that engages participants physically, cognitively, socially and emotionally, it may be particularly well suited for addressing a variety of health conditions, including depression (Haboush, Floyd, Caron, LaSota & Alvarez, 2006).

This eight article literature review examined the effects of a variety of dance interventions on mood and depression in older adults. The older adults included in these studies represented both community-dwelling individuals (Alpert et al., 2009; Haboush et al., 2006; Hui, Chui & Woo, 2009; Lewis, Annett, Davenport, Hall & Lovatt, 2014; Murrock & Graor, 2014; Pinniger, Brown, Thorsteinsson & McKinley, 2012) and skilled nursing/long-term care residents (Guzman-Garcia, Hughes, James & Rochester, 2013; Vankova et al., 2014). Some participants had diagnoses of depression prior to the intervention (Haboush et al., 2006; Murrock & Graor, 2014; Pinniger et al., 2012) while others did not (Hui et al., 2009; Lewis et al., 2014).

A few studies included participants with specific health conditions such as Parkinson's disease (Lewis et al., 2014) and dementia (Guzman-Garcia et al., 2013), and one study focused on underserved adults (Murrock & Graor, 2014). Three studies were conducted outside the United States and involved older adults residing in Australia (Pinniger et al., 2012), China (Hui et al., 2009), and the Czech Republic (Vankova et al., 2014).

The dance interventions provided were described as aerobic dance or dance-based exercise (Guzman-Garcia et al., 2013; Hui et al., 2009); ballroom

dance (Haboush et al., 2006; Vankova et al., 2014); jazz (Alpert et al., 2009); social dancing (Guzman-Garcia, et al., 2013); tango (Pinniger et al., 2012); dance therapy, therapeutic dance or dance movement therapy (Guzman-Garcia et al., 2013) and a dance combination (Lewis et al., 2014). One program simply stated it featured basic steps that were easy to learn (Murrock & Graor, 2014). While individual dance lessons were offered in one study (Haboush et al., 2006), all the others provided dance interventions in a group format.

Depression was assessed using a variety of measures including the Geriatric Depression Scale (Alpert et al., 2009; Haboush et al., 2006; Vankova et al., 2014), Hamilton Rating for Depression (Haboush et al., 2006), Center for Epidemiological Studies Depression Scale (Murrock & Graor, 2014), Profile of Mood States (Lewis et al., 2014), and other self-report measures (Hui et al., 2009; Pinniger et al., 2012). One study also evaluated the use of antidepressant medications (Vankova et al., 2014).

Results indicated that the dance interventions contributed to improved mood and decreased depression in participants (Guzman-Garcia et al., 2013; Hui et al., 2009; Lewis et al., 2014; Murrock & Graor, 2014; Pinniger et al., 2012; Vankova et al., 2014). Additional positive outcomes included improvements in balance (Alpert et al., 2009), physical functioning (Hui et al., 2009; Murrock & Graor, 2014), cognition (Guzman-Garcia et al., 2013), psychological stress (Pinniger et al., 2012), and socialization (Guzman-Garcia et al., 2013). In the studies involving nursing home residents, decreases in antidepressant use (Vankova et al., 2014) and problematic behaviors (Guzman-Garcia et al., 2013) were also documented. When participants were asked for feedback on the interventions,

they indicated they enjoyed dancing and looked forward to the sessions (Haboush et al., 2006).

Although two studies failed to yield statistically significant results regarding mood, they were both limited by small sample sizes (Alpert et al., 2009; Haboush et al., 2006). Therefore, the collective findings noted above provide support for the use of dance as a viable treatment option for improving mood and decreasing depression in older adults.

Knowledge Translation Plan

Recreation therapists should consider dance as a treatment modality when working with older adults either diagnosed with or at risk for depression since structured dance interventions have been linked to improved mood in this population (see Figure 1). A variety of evidence-based dance interventions can be considered for use including those that incorporate ballroom, tango, jazz and aerobic dance techniques. When deciding which type of dance program to adopt, it is suggested therapists select a style of dance that is of interest to their clients. Partnering with a qualified dance instructor is recommended (Haboush

et al., 2006; Hui et al., 2009; Lewis et al., 2014; Murrock & Graor, 2014; Pinniger et al., 2012) with the Certified Therapeutic Recreation Specialist (CTRS®) providing assistance to adapt dance steps and movements based on each client’s individual skills and needs.

Dance interventions should last approximately one hour and be of moderate intensity level for physical activity. Sessions should include a structured warm-up, followed by dance instruction, a break, and finally a cool down period (Lewis et al., 2014; Murrock & Graor, 2014; Pinniger et al., 2012; Vankova et al., 2014). According to the literature, dance programs should be offered once or twice a week for 10 to 15 weeks. Group size can vary and will be dependent on the clients involved, physical space limitations, and dance style requirements (e.g., partner vs. no partner). The use of preferred music or familiar dance steps during intervention sessions may aid in improving the mood of clients (Lewis et al., 2014). In addition to improving mood and reducing depression, dance interventions may also contribute to improvements in physical and cognitive functioning and provide a positive social outlet for participants.

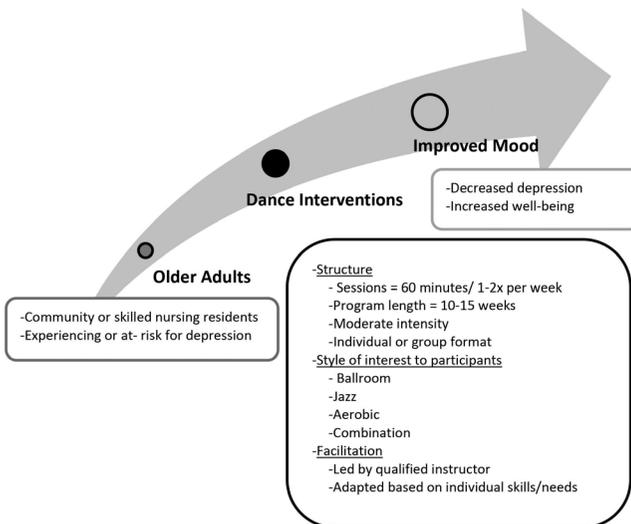


Figure 1. Illustration of Knowledge Translation Plan: Dance Interventions to Improve Mood and Depression in Older Adults

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