

“DANCE AND GO ON”: A PROJECT OF PSYCHOSOCIAL REHABILITATION ON THE ROAD

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SUMMARY

The project "Dance and go on" was created with the intention of bringing out of the Day Centre of the Department of Mental Health of Torre del Greco, the dance group "Dance That you go" active since 2009. Dancing Bachata becomes a rehabilitation tool to express emotions through the body and to open to the outside, on the territory (local society), overcoming the fear of being judged by others, the prejudice and the social stigma about mental illness. The rehabilitation activities of the dancing group allowed patients to improve their care of self, self-esteem, confidence in their capacities and an increase in their social relations. 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 with each other.

Key words: dance-group - psychiatric patients - mental illness - psychosocial rehabilitation - social stigma - reintegration

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BACKGROUND

In our society, the social stigma against mental illness is a very powerful factor that negatively affects the healing of the psychiatric patient. A cornerstone of psychiatric rehabilitation is to bring out the patient from his isolation. In fact the aim of the project of psychosocial rehabilitation “Dance and go on” is the reintegration of users in the social context, with the increase and the improvement in the quality of interpersonal relationships.

INTRODUCTION

The WHO (2001) defines psychosocial rehabilitation as a process of facilitating the optimal level of functioning of individuals who have an injury or a disability caused by mental illness. According to Anthony (1989) the purpose of rehabilitation is to ensure that people with a psychiatric disability can re-appropriate the physical, psychological and emotional need to live, learn and work, with minimal help from health workers. According to the model of Spivak (1987) in fact the responsibility of the operators is to create a supportive relationship in which the patient is accepted with his limitations. It is also necessary:

- not to confirm the negative expectations of the patient over its want to collaborate;
- to stimulate positive socializing behaviors of the patient and discourage isolation;
- to focus on the resources of the patient and bring to life successful stories.

The formulation of specific and concrete objectives becomes a therapeutic instrument in itself (Ciompi 1980). Therefore it is important:

- to promote autonomy and to support and encourage the patient even when he shows resistance ;

- to improve "healthy parts";
- to promote concrete actions;
- to develop structured programs in a stable and predictable human environment;
- to give priority to the social skills needed to live in the territory.

All these principles, in particular the enhancement of healthy parts and the development of socialization also in contexts outside of the Day Centre were key elements for our project.

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

It was meant to help psychiatric patients to come out of the 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 as a consequence of the evaluation of the good results achieved in the Day Centre, we have decided to bring the activities onto the territory (local society). From this idea we have created "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 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 beyond 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.

OBJECTIVES

The project "Dance and go on" has the following objectives:

- To demonstrate to the surrounding territory (local society) the rehabilitative experience of the dance group.
- To promote the integration of users in the social context with performances of Bachata.
- To have a prompt and effective action of psychological well-being with the improvement of mood.
- To increase their skills and artistic expression.
- To increase self-esteem.
- To stimulate the care of oneself and one's body.
- To cause the overcoming of inhibitions and social phobias.
- To combat stigma.

METHODS

1. To improve the artistic performance of the dance group.
2. To prepare the group to perform in the territory.
3. To contact the local agencies (dance schools, sports and cultural clubs, public and private agencies, territorial Day Centres).
4. To promote networking with public and private agencies for the organization of events.
5. To disseminate and publicize the rehabilitation activity of the dance group.
6. To do the Diagnostic Evaluation of psychic difficulties, strengths, motivations of users and to monitor the project with the administration of the VADO (Morosini et al. 1998), a test of psycho-social rehabilitation.

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.
- NV - Area not assessable or not applicable.

The scale of Personal Functioning (FPS) 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:

- 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.

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

- Mild, no apparent difficulty, known only to those who know the person well;
- Obvious 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 survival, apparent to all.

Operating Modes

- Weekly meeting to the Day Centre on Tuesday afternoon from 5:00 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 in the 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 in the City of Torre del Greco (Naples) performing on a stage in the center of the city. It presented a brief choreography of "Bachata". Citizens became involved in the performance and appreciated the work done by users and their courage to perform in public. The patients were very happy because they felt appreciated and accepted in spite of their mental health problems. So they overcame the fear of the judgment of others related to the social stigma of psychiatric illness. They strengthened their self-confidence and self-esteem.
- In 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. This experience has increased their self-confidence, self-esteem and increased desire to participate in other events. It has increased the need to come out of isolation and suffering, caused by psychological problems, and the desire to open up to the outside world. There was an improve-

ment in the mood and a greater compliance with drug therapy.

- Patients have enrolled in the social network Facebook to communicate with each other even outside of the Day Centre. They created a group to share photos and videos of the performances they had carried out.

The results achieved from 2009 to 2015 with the rehabilitative activities of the Caribbean dance have been verified and confirmed by the administration of the test VADO, by the clinical evaluation of the patient in the medical records and by positive recognition and appreciation of their family members in a self-administered questionnaire.

Evaluation questionnaire on rehabilitative activities of the Dance Group for family members

Questionnaire is in table 1.

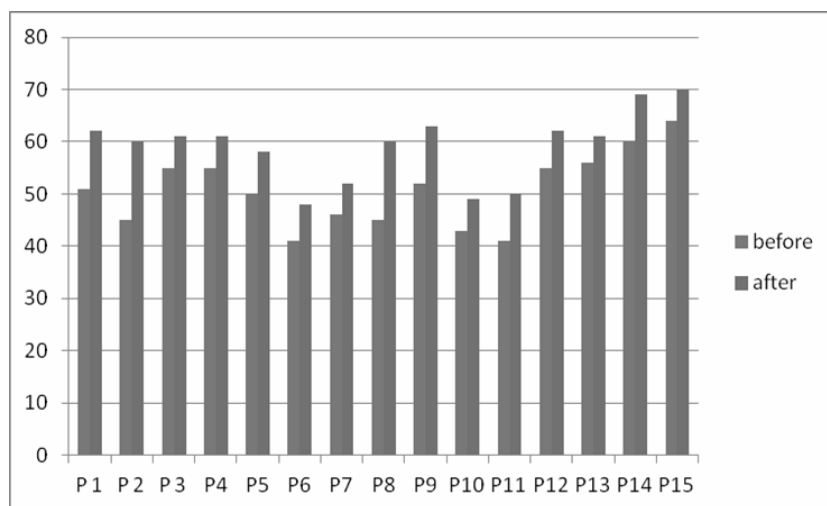
The evaluation of the questionnaire for family members for the 15 patients participating in the group was on the whole very positive, 13 out of 15 answered "Yes" and only 2 "No" to the question "Does he/she take medicine regularly and alone?". The answer to the others questions were always "Yes".

Table 1. Evaluation questionnaire

a) Since your familiar participates in the dance group of the Day Center have you noticed positive changes in his/her behavior?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Is he/she more confident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Is he/she more independent in everyday life?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Do you see him/her happy to participate in the dance group?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Does he/she take medicine regularly and alone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Has he/she a greater wellbeing, and care of his/her interests?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Have familiar and social relationships improved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h) Are you happy with the results achieved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Table 1. Evaluation of the results

PATIENT 1 (S.A.M female cc. 355/99 diagnosis: Delusional Disorder). Overall Rating on FPS from 51 to 62.
PATIENT 2 (S.A female cc. 36/98 diagnosis: Paranoid Schizophrenia Disorder). Overall Rating on FPS from 45 to 60.
PATIENT 3 (G.A. male cc. 211/99 diagnosis: Neurotic Depression, Personality Disorder, Obsessive Compulsive Disorder). Overall Rating on FPS from 55 to 61.
PATIENT 4 (G.F. female cc. 3094/10 diagnosis: Major Depression Disorder, Obsessive Compulsive Disorder). Overall Rating on FPS from 55 to 61.
PATIENT 5 (N.G. male cc. 3097/10 diagnosis: Major Depression Disorder, Borderline Personality Disorder). Overall Rating on FPS from 50 to 58.
PATIENT 6 (M.C. male cc. 1950/05 diagnosis: Paranoid Schizophrenia Disorder). Overall Rating on FPS from 41 to 48.
PATIENT 7 (D.D.A. male cc. 1962/05 diagnosis: Schizophrenia Mood Disorder). Overall Rating on FPS from 46 to 52.
PATIENT 8 (B.A. male cc. 3202/11 diagnosis: Schizophrenia Disorder, Mental Retardation). Overall Rating on FPS from 45 to 60.
PATIENT 9 (E.A. female cc. 3003 diagnosis: Bipolar Disorder). Overall Rating on FPS from 52 to 63.
PATIENT 10 (G.G. male cc. 2445/07 diagnosis: Mild Mental Retardation). Overall Rating on FPS from 44 to 49.
PATIENT 11 (V.R. male cc. 3404/13 diagnosis: Autism Disorder). Overall Rating on FPS from 50 to 61.
PATIENT 12 (C.F. male cc. 1140/02 diagnosis: Personality Disorder, Obsessive Compulsive Disorder): Overall Rating on FPS from 55 to 62.
PATIENT 13 (D'A.C. female cc. 2193/06 diagnosis: Mood Disorder). Overall Rating on FPS from 56 to 61.
PATIENT 14 (G.A. female cc. 3173/11 diagnosis: Neurotic Depression). Overall Rating on FPS from 60 to 69.
PATIENT 15 (N.G. female cc. 3409/14 diagnosis: Neurotic Depression). Overall Rating on FPS from 64 to 70.



Note: P1 to P15 (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

Figure 1. scores reported on the scale FPS from the beginning of the project to date from 15 patients

Evaluation of the results with VADO test

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 Personal and Social Relationships. The majority of patients in this area had increased from a level of marked dysfunction to an evidently better one. Below are described scores reported on the scale FPS from the beginning of the project to date from 15 patients, 8 males and 7 females. One notices an increase in all of the starting scores (Table 2, Figure 1).

Future Goals

Given the positive results seen in these years and the first positive results on the road it is planned in the future to:

- go to do performances in the social context contacting other local agencies (public and private ones);
- to facilitate the enrollment of all patients in the "Cuban Academy" and encourage participation in lessons with the teacher at the dance school to improve artistic performance and social integration;
- to organize performances on the territory integrating dancers of our group with those of the "Cuban Academy" to promote integration and overcome the stigma towards mental illness;
- to improve and enhance the image of the patients' selves as a body.

CONCLUSIONS

Dancing in social settings outside the Day Center was a great motivation for patients to emerge from social isolation, to overcome the fear of the judgment of strangers, and especially to integrate themselves in the territory (local society), facilitating interpersonal relationships.

Seeing the joy on the faces of patients when they perform in public and seeing rehabilitative results achieved is an incentive to continue our rehabilitation project. "Dance and go on" helps patients to overcome social stigma, to socialize, to have confidence in themselves and in taking care of themselves including a better compliance to therapy.

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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* 1987; 21:47-64.
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 psico-sociale*. 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. Liberman RP: *La riabilitazione psichiatrica*, Raffaello Cortina Editore, 1998.
18. Morosini P, Magliano L, Brambilla L: *Test VADO – Valutazione di Abilità, Definizione di Obiettivi*. Edizioni Erickson, 1998.
19. Puxeddu V: *Danzaterapia e Riabilitazione*, in AA.VV. *Le Arti Terapie in Italia*, Ed. Gutenberg Roma, 1995.
20. 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.
21. Saccorotti C: *Il processo creativo nel percorso verso l'autonomia, Atti del convegno "Il corpo e la gioia", Milano, 14-15-16 maggio 2000*.
22. Saccorotti C: *La complessità e l'autonomia del processo terapeutico, Danzamentoterapia. Modelli e pratiche nell'esperienza italiana*", Edizioni scientifiche Magi, Roma, 2004.
23. Saraceno B: *La fine dell'intrattenimento. Manuale di riabilitazione psichiatrica*. Milano: Etas Libri, 1995.
24. Scala A: *L'agire riabilitativo. Manuale di riabilitazione psicosociale*. Roma: Il Pensiero Scientifico Editore, 1998.
25. Spivak M: *Introduzione alla riabilitazione sociale, teoria, tecnologia e modelli d'intervento*. Riv Sper Fren; 1987; 111:52274.
26. World Health Organization: *International classification of functioning, disability and health (ICF)*. Geneva, World Health Organization, 2001.

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