

Effectiveness of Dance Movement Therapy on Hostility among Adolescents in Selected Schools of Ludhiana, Punjab.

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Abstract: The present study has been undertaken to investigate the effectiveness of Dance Movement Therapy on Hostility among Adolescents. The main objective of the study was to assess the effectiveness of Dance Movement Therapy on various levels of hostility among adolescents in selected schools of Ludhiana, Punjab. The target population was adolescents between the age group of 13-19 years studying from 7th to 12th standards. The sample for present study was selected by using random sampling technique. Total sample of the study was 200, out of which 100 adolescent were in Experimental Group and 100 adolescents were in Control Group. Experimental group were subjected to Dance Movement Therapy and the Control group didn't have any treatment. The tool was derived and modified from Williamson life skills tool. There were two parts of the tool, Part 1: Socio-demographic Data and Part 2: Modified Hostility Questionnaire consisting of 40 items on a Likert scale. Try out was done on 10 adolescents in Wylie Memorial School, on the basis of results items in tool were modified. Pilot study was conducted in Sacred Heart Convent School, Ludhiana to find reliability of the tool. Then the content validity of the tool was done by various experts in the field of Mental Health Nursing. Once the tool was finalized, the study was conducted on 200 adolescents studying in B.C.M. Senior Secondary School, Ludhiana. Reliability of the tools was calculated on the basis of study results and tools were found reliable. The study revealed that Dance Movement Therapy has effect reducing Hostility among adolescents.

Index Terms: Hostility, Dance Movement Therapy, Adolescents.

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I. Introduction

Hostility is an affective dysregulation which includes a broad range of negative emotional experiences that may have a temperamental component **Clarkin & Posner (2005)**. Hostility arises from innate drives or occurs as a defense mechanism and is manifested either by constructive or destructive acts directed towards self or others. Difficulty modulating affect is a component of three of the nine DSM-IV-TR criteria: affective instability, chronic feelings of emptiness, and inappropriate intense anger. This proneness to distress is often characterized by hostility or dysfunctional anger **Gardner et al 1991; Levy, 2008; Mc Girr et al, 2007**. Examples of inappropriate anger include frequent displays of temper, constant anger, or recurrent physical fights whereas a high level of mood reactivity includes intense dysphoria, irritability, or anxiety and affective instability. **Catalano et al.,2002** in a review of positive youth development programs, reported that effective interventions generally are multiyear and are focused on teaching children skills, such as awareness of self and others, self-regulation, frustration tolerance, and life skills. **Davis TK., 2005** emphasized that School-based health centers in high schools provide a unique setting in which to deliver risk-reduction and resilience-building services to adolescents. In one of the researches, **Kerr and Schneider (2008)** concluded that "youth who cope inappropriately with their anger are at a risk for problematic interpersonal relationships and negative outcomes in terms of both mental and general health". If anger management or coping strategies are not developed by the child, these problems may continue within adulthood. School-based programs typically focus upon containing the most aggressive consequences of childhood violence. **Mytton et al. (2006)** surveyed school based violence prevention programs and found that anger management is an important subcomponent of these programs. However, such programs fail to offer support services to children who do not display violent tendencies. Focusing upon violent prevention is important but not adequate for dealing with anger in children. Violent individuals who act out hostility do not usually respond to verbal therapeutic approaches alone. The movements in physically oriented therapies are suggested by the psychotherapist such as Dance Movement Psychotherapy, Yoga, Martial Arts combined with Psychodynamic psychotherapy. This is based on the logic, that embodiment

has direct link to kinesthetic core of easily disturbed attachment experience.

II. Review of Literature

A survey conducted in 2008 among 346 American middle school students in several cities determined that 82.7% of respondents found bullying to be a problem of some degree, with 46.0% rating it a "medium", "bad", or "very bad" problem. It was found that 89% had witnessed an act of bullying and 49.1% said they had been the victim of a bully. Boys were significantly more likely than girls to say that a victim deserved to be bullied (11.1% vs. 1.3%, $p = 0.01$), whereas girls were significantly more likely than boys to fail to intervene because they did not know what to do (30.3% for girls vs. 11.1%, $p < 0.01$). There was no significant difference in this study between boys and girls in terms of being a bully: 43.6% admitted they had bullied another (46.2% boys, 41.1% girls, $p = 0.34$); however, girls were significantly more likely than boys to bully by excluding others and gossiping about them than by hitting, teasing, or threatening. Cyber-bullying, surveyed as a distinct entity, had affected 31.1% of respondents directly, with similar results from 2006 to 2007 surveys. Of those who found conventional bullying a "bad" or "very bad" problem at their schools, numbers fell from 17.3% in 2006-2007 vs. 11.3% in 2008 (**Pergolizzi F, 2011**). Therapeutic holding is a commonly used tool for the containment of hostile behavior in children. Although often effective, the intervention has inherent physical and emotional safety risks. Can a body-based therapy be used to limit these risks. Research was conducted incorporating dance movement therapy techniques (DMT) before and after therapeutic holding to investigate this question. Volunteer residential treatment center staff participated in a 4-hour DMT-based training workshop integrating the techniques with the intervention. Children participated via self-report. D/MT training increased adult awareness, sensitivity, perspective shifting ability, and confidence in the intervention while decreasing the necessity for physicality. Integrating D/MT therapy training with therapeutic holding decreased the threat of trauma to adult participants. Further research into the integration of D/MT techniques with safe holding procedures may prove helpful in the challenge of making restraints safer for both children and adults. (**Lundy H, Mc Guffin P., 2005**). This pilot study was undertaken to investigate whether music therapy is effective in promoting pro-social behaviors in hostile adolescent boys who have social, emotional, and learning difficulties. Fifteen subjects (aged 11-15 years), enrolled at a special residential school in New Zealand, were randomly assigned to music therapy treatment groups ($n = 6$, $n = 5$), and a waitlist control group ($n = 4$). Examination of demographic data identified differences between groups for diagnosis ($p = .044$), with Group 1 all having Attention Deficit Hyperactivity Disorder (ADHD), and for age ($p = .027$), with Group 2 having a mean age 1.38 years older. Measures included parent and teacher versions of the Developmental Behavior Checklist (DBC-P & DBC-T). While no definite treatment effects could be detected, results suggest that a music therapy program promoting autonomy and creativity may help adolescents to interact more appropriately with others in a residential villa setting, but might also lead to a temporary mild increase in disruptive behavior in the classroom. A more highly structured program and smaller group numbers may be advantageous for boys who have ADHD. (**Rickson DJ, Watkins WG, 2003**)

III. Objectives

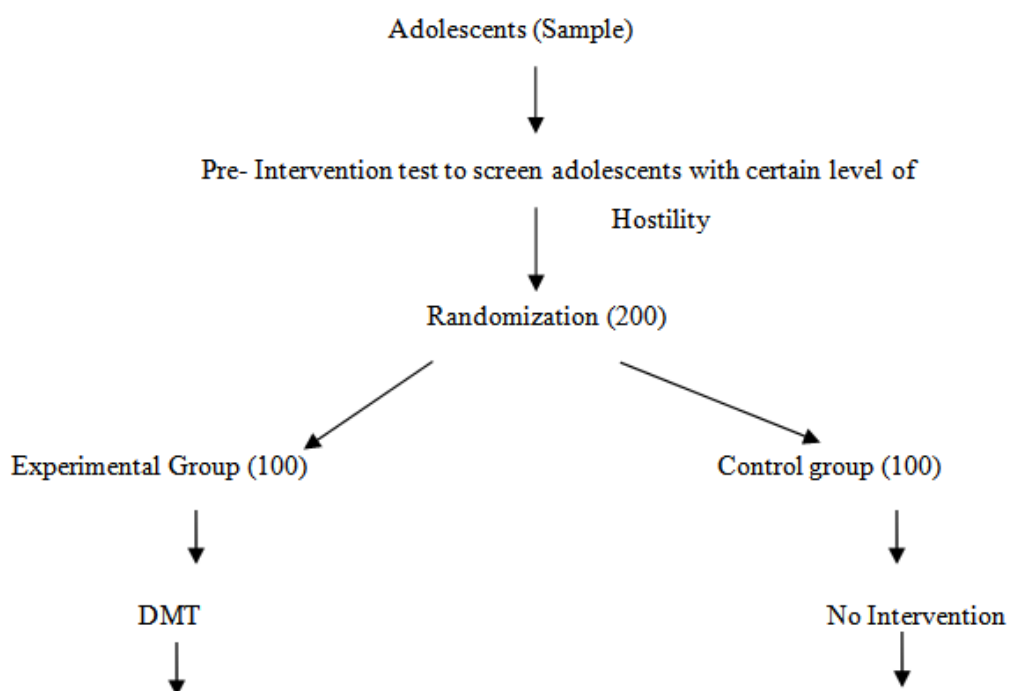
The main objectives of the study were:

- i. To assess the pre-intervention level of Hostility among adolescents.
- ii. To assess the post-intervention (Dance Movement Therapy) level of Hostility among Experimental and Control group respectively.
- iii. To ascertain the effectiveness of Dance Movement Therapy on hostility with selected variables such as Age, Gender, Last Academic Grades, Religion, Perception about Parents, Perception about Teachers, Preferences of visual Programs, Class, Socio- Economic Status and Type of Family among Experimental and Control groups.

IV. Methodology

The present study was conducted on 200 Adolescents aged 13-19 years old studying in classes from 7th till 12th in senior secondary schools, Ludhiana, Punjab. An experimental research design was used. Population was adolescents and sample was selected by random sampling technique. Independent variable was Dance Movement Therapy and dependent variable was Hostility. Written informed consent was taken from the adolescents and their parents after explanation of purpose of the study and assured to maintain their confidentiality. The study was conducted in selected Senior Secondary School affiliated to a particular School Education Board in Ludhiana, Punjab. Try out was conducted on 10 adolescents in Wylie Memorial School, Ludhiana, Pilot Study was conducted in Sacred Heart Convent School, Ludhiana and main study was conducted in BCM Senior Secondary School, Ludhiana. Pre- intervention questionnaires were filled by all adolescents from class 7th-XII, and screening was done to find out adolescents having hostility from moderate to most level. 200 adolescents were selected as sample and by random sampling the adolescents were categorized into

control group and experimental group. Dance Movement Therapy was applied to Experimental Group twice a week for four weeks. After completing 8 sessions of therapies on the experimental group. Post test was conducted after two weeks on Experimental group and Control group.



Post – Intervention Test to assess the effectiveness of Dance Movement Therapy among Experimental group & Control group.

V. Data Analysis, Results and Discussion

Data Analysis was conducted on the basis of five pre-set objectives. Results were based on inferential descriptive statistics.

Objective:1 Assessment of Pre- Test Hostility

| Criterion | Scale | Pre control n | % | Pre Experimental n | % |
|--------------------|-------|---------------|----|--------------------|----|
| Low Hostility | 0-10 | 0 | 0 | 0 | 0 |
| Moderate Hostility | 11-20 | 5 | 50 | 4 | 40 |
| More Hostility | 21-40 | 5 | 50 | 6 | 60 |

The study of first objective in the pre-test showed that in case of Hostility, 50 percent were moderate in the scale of 11–20 and 50

% were more hostile in the scale of 20 – 40. Similarly, 40% were moderate and 60% were more hostile in case of experimental group1, 50% were moderate and 50% were more hostile.

Objective: 2 Assessment of Post -Test Hostility

| Criterion | Scale | Post control n | % | Post Experimental 1 n | % |
|--------------------|-------|----------------|-----|-----------------------|-----|
| Low Hostility | 0-10 | 0 | 0 | 0 | 0 |
| Moderate Hostility | 11-20 | 10 | 100 | 10 | 100 |
| More Hostility | 21-40 | 0 | 0 | 0 | 0 |

The above table show that in case of post hostility for control group, all 100% were moderate in the scale of 11 – 20. Similarly, it was same i.e., 100% in case of experimental group1. Further study of experimental group 2 showed that 100% were moderate in the scale of 11 – 20. i.e., all were same in the study of hostility. Assessment of social competence showed that 20% were deficit and

80% were socially competent for the post control group. Experimental group 1, shows 30% were deficit and 70% were socially competent in the post study. The experimental group 2 describes that all 100% were socially competent. It shows that therapies did have effect on hostility and social competence.

Objective 4: Ascertain co relation of Hostility with Socio Demographic variables Table: FREQUENCY TABLE

The following table describes frequency and examines homogeneity of data between Control group and Experimental Group.

N = 200

| Variables | | F Control | FExpmtl | Chi Square | df |
|---------------------------------------|-------------------------|-----------|---------|------------|----|
| Age (Years) | 13 – 16 | 70 | 78 | 1.6632 | 1 |
| | 17 -19 | 30 | 22 | | |
| Gender | Male | 63 | 69 | 0.9779 | 1 |
| | Female | 37 | 31 | | |
| Last Academic Grades | ≥ 75% | 45 | 51 | 0.7423 | 2 |
| | 50 – 75 | 52 | 46 | | |
| | ≤ 50 % | 3 | 3 | | |
| Religion | Hindu | 72 | 73 | 0.0265 | 2 |
| | Sikh | 26 | 25 | | |
| | Christian | 0 | 0 | | |
| | Muslim | 2 | 2 | | |
| Perception about Parents | Very Strict | 4 | 2 | 1.9554 | 3 |
| | Strict | 19 | 25 | | |
| | Friendly | 58 | 58 | | |
| Perception about Teachers | Very friendly | 19 | 15 | | |
| | Strict | 50 | 48 | 0.7772 | 1 |
| | Lenient | 50 | 52 | | |
| Preferences of visual programs | Violent | 46 | 40 | 0.7344 | 1 |
| | Non violent | 54 | 60 | | |
| Class | 7th - 8 th | 29 | 30 | 0.9041 | 2 |
| | 9th - 10th | 36 | 41 | | |
| | 11th - 12 th | 35 | 29 | | |
| Socio Economic status | Upper class | 15 | 11 | 0.7073 | 1 |
| | Middle class | 85 | 89 | | |
| | Lower class | 0 | 0 | | |
| Type of Family | Nuclear | 62 | 68 | 0.7912 | 1 |
| | Joint | 38 | 32 | | |

Above shows that there are more number of students in the age group 13 –16, both in the Control Group (70), as well as in the Experimental Group (78) as compared to other age group of 17 – 19, in both the groups. Simultaneously, it is found that the data is homogeneous because when Chi square test is applied, the calculated value of chi square 1.6632 at 1, df is less than the table value (3.84) at 5% level of significance at 1 df (p =0.05). In gender, it is found that there are 63 males and 37 females in the Control group and in the Experimental group 1, there are 69 male and 31 female in Experimental Group 1. So there is more percentage of males as compared to the females in both the Experimental groups. When homogeneity is tested with the help of Chi square test, the data is found to be homogeneous as the chi square value at 1, df is only 0.9779, much below the table value (3.84) at 5% level of significance. According to Last Academic Grades show that 97% subjects (45% and 52) are having 50% or above grade and only 3% are having grade up to or below 50% in the control group. In the Experimental 1, also there are 97% subjects (51 and 46%) in grade 50% and above and only 3% in the grade 50% and below. Since the chi square value calculated 0.7423 at 2, df is below the table value (5.99), hence data is homogenous and appropriate for analysis. There are 72 Hindus, 26 Sikh and 2 Muslims in the Control Group and 73 Hindus, 25 Sikhs and 2 Muslims in the Experimental Group 1. There is more concentration of Hindus in the study, as per data, both in the Control and Experimental group. Chi square test shows that data is homogeneous as the calculated value 0.0265 at 2 df is below the table value (5.99). It shows that data is appropriate for analysis. The data reveals that 58% parents are friendly both in the Control and Experimental group 1. Only 19% in the control group and 25% in the Experimental group 1, are strict. On the other hand 19% in the control and 15% in the Experimental group 1 are Very friendly. There are very less

number of parents 4% and 2% are very strict. The data is homogenous as it also satisfies the chi square test where the calculated value 1.9554 at 3 df is less than the table value (7.81). There is equal number of strict and lenient teachers both in the Control and Experimental group. This data also satisfies the chi square test as the calculated value 0.77721 at 1 df is less than the table value (3.84). It is homogeneous and appropriate for analysis. It is also found that more persons (54 and 60 %) prefer Non- violent visual programs as compared to the violent programs (46 and 40 %). Thus 'Preference of Visual Programs' is also fit for analysis the chi square calculated value 0.7344 at 1 df is less than the table value (3.84). It is homogenous. There are 29, 36 and 35 students in the respective classes in the Control Group and 30, 41 and 29 subjects in the Experimental group. The data is homogeneous as the chi square value is only 0.9041 at 2 df, less than the table value. (5.99). In terms of class, the percentage of students in control and experimental group 1 29% & 30% between 7th-8th class. There are 36% & 41% between 9th -10th class. Between X-X11 class there are 35% & 29% students. The data shows that 85% and 89% students are from middle Class. There are 15 and 11 % students are from the upper class. The data is homogeneous and is fit for analysis as the chi square calculated value is 0.7073 for 1 df (0.7073<3.84.)It is also found that 62 and 68 % families belong to the nuclear type and only 38 and 32% belong to the joint type. There are more of nuclear families both in the Control and Experimental groups. Chi square test tells that data is homogeneous and appropriate for analysis.

Objective 3: To find the effectiveness of Dance Movement Therapy on Hostility among Experimental and Control group.

The following table shows the Effectiveness of Dance Movement Therapy on Hostility

| | N | Control Mean | Std dev | Experimental Mean | Std.de v | t value |
|-----------|-----|-----------------|---------|----------------------|-------------|----------|
| Pre test | 100 | 22.02 | 1.96 | 22.62 | 2.05 | 1.1087 |
| Post test | 100 | 21.52 | 2.07 | 17.87 | 2.09 | 12.4081* |
| | | t=1.754 | | t=16.1645* | | |

The above table shows the effectiveness of the Dance Movement Therapy on hostility. It is found that as compared with the Control group and Experimental group 1, there is significant difference in mean values of the post-test Control group and post-test Experimental group 1. This fact is indicated by the t-test where the calculated value is 12.4081, much above the t-value for a large sample which is 1.96 only. So the difference is significant. It shows that Dance Movement therapy is Effective. This fact is also indicated by the comparative study of pre and post-test experimental study where it is found that t-test calculated value is 16.1645, again a significant difference in the mean values, as compared to the t- value 1.96.(16.1645>1.96) It also shows that Dance Movement Therapy is effective in the control of hostility

Post control study of hostility explains that no particular variable was associated as the test values for all the variables which were calculated were less than the table values for the calculated degrees of freedom Thus there was no significant difference and no association. Study of post experimental group 1 for the purpose of hostility it was found that the variable age is associated as the t=3.9598 and the other variable class was also associated as the t= 7.4053. No other variable was associated. In this study the ANOVA and t- test were applied for determining the association and significance of the difference.

VI. Discussion

This study's purpose was to determine the effectiveness of Dance Movement Therapy and Music Therapy on Hostility and Social Competence Deficits among adolescents studying in selected schools of Ludhiana, Punjab. The findings from data analysis indicate that Dance Movement Therapy and Music Therapy during interventions are effective means of reducing hostility and enhancing social competence among adolescents. In Experimental Group 1, in which DMT was intervened, It was found that as compared with the Control Group and Experimental Group 1, there is significant difference in mean values of the post-test control group and post-test Experimental Group 1. This fact is indicated by the t- test where the calculated value is 12.4081, much above the t-value for a large sample which is 1.96 only. A similar study by **Diana Brooks & Arlyne Stark 1989** showed the influence of dance/movement therapy on affect. Results showed that the dance/movement therapy session has significant effect on the participants' affect. Depression and anxiety were effected more than hostility. In another study showing the same results that **Dance/Movement Therapy (DMT) program (Kornblum, 2002)** in decreasing incidences of aggression and increasing levels of empathy among children ages 8-12 years enrolled at an approved private school for children with emotional and behavioral problems. "Dance/movement therapy (DMT) is effective in helping youth deal with highly charged social issues

and emotional complexities; assisting in the treatment and 117 prevention of conflict, peer violence, and abuse” (American Dance Therapy Association, 2008, DMT Fact sheet, p. 5). The comparative study of pre and post- test experimental study shows that t-test calculated value is 3.3606, which shows a significant difference in the mean values, as compared to the t- value 1.96

VII. Conclusion

The present study was done with sample of 200 adolescents. Therefore similar study could be done on large sample and general draws can be made. The results from the study clearly show that dance therapy has significant effect on reducing hostility to some extent.

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