

The relationship between Depression and Movement Fundamentals: 4 Phases Practice

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DEPRESSION AND THE 4 PHASES

Introduction

Maslow's Hierarchy of Needs

In 1943, Abraham Maslow wrote *A Theory of Human Motivation* and introduced a concept which would later be deemed Maslow's hierarchy of needs. In his writing, Maslow discussed the continuous demand every human possesses to satisfy personal needs. These needs are divided in five basic categories: physiological needs, the need for safety, the need for love or a sense of belonging, the need for esteem and the need for self-actualization. According to Maslow, these needs are satisfied in a hierarchical order — the primary category of needs must be gratified in order for a secondary category of needs to emerge and seek gratification. The motivation to satisfy the needs in the primary category outweigh the motivation to satisfy needs of another category (1943).

Out of the five categories, Maslow wrote physiological needs are often the primary demand, safety is often second, followed by the need for love or a sense of belonging, esteem, and lastly the need for self-actualization (1943). Physiological needs include any need that is required to maintain homeostasis within the body such as, the need for water as a result of feeling of dehydrated. Safety needs may range from a need for an undisrupted daily routine to having the doors locked at night – this will vary as the definition of safety varies among individuals. The category of love or a sense of belonging includes needs such as the need for physical affection or the desire to fit in to a social group. The esteem need is the drive to be respected, accepted and accomplished within society in order to build a sense of self-respect or esteem. The need for self-actualization is the need to explore and solidify one's individuality – a

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painter will paint, a sports fanatic will go to football games, a pianist will spend hours in a practice room — or a pianist might try their hand at painting for exploration (1943).

It is important to note that gratification of needs does not mean the need is fulfilled entirely — it means the need is at a level that induces a sense of satisfaction. In terms of satisfaction, Maslow argued that humans exist in a constant continuum, a state of content yet discontent within each category of needs (1943). External variables such as environmental conditions, socioeconomic status and social connections influence the amount of content or discontent an individual feels within each of the categories, as do internal variables such as mental health, physical health, and personality traits. Because the external and internal variables, as well as the satisfaction within each category, differ for each unique individual, the order in which the five categories are structured hierarchically for each individual can be altered.

Depression and Changes in the Hierarchy of Needs

Depression can cause vast alterations within the hierarchical order of the five categories of needs. This is understandable based on the knowledge of depression and depressive symptoms. For example, a depressed person may feel alone, like he or she does not belong — a discontent with the love or sense of belonging category of needs. This discontentment would increase the motivation to satisfy the need to belong, leading to a reordering of the hierarchy of needs. This reordering would most likely result in the placement of the love or sense of belonging category at the top, as the primary demand. Furthermore, studies have shown a link between self-actualization, depression, and reorganization.

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Within the hierarchy, the category of self-actualization works hand-in-hand with something called possible selves. As self-actualization refers to finding one's self through thinking processes and new experiences, possible selves refers to the representations or potentials one perceives they have or have had in their life – who they have been, who they are, and who they have the potential to be (Markus & Nurius, 1986; Wexler, 1974). Through self-actualization the potential for possible selves is revealed and vice versa – they work together. According to a study conducted in 2000 that analyzed the relationship between possible selves and depression in university students, those with depression reported having fewer possible selves compared to those without depression (Penland, Masten, Zelhart, Fournet & Callahan, 2000). If self-actualization can help in the development of possible selves, individuals with fewer perceived possible selves would be likely to have a lower amount of self-actualization. This discontentment within the self-actualization category of needs in depressed individuals would result in a rearrangement of the hierarchy of needs – increasing the motivation to satisfy the need for self-actualization resulting in the self-actualization category becoming the most prominent demand in depressed individuals.

Depression and Movement: The 4 Phases Practice

Depressive treatment therapies not only are unfitting for all types of personalities, but they also can induce terrible medicinal side effects (Zubala, MacIntyre, Gleeson, & Karkou, 2013) Art therapies, such as dance/movement therapy, provide a way of coping by promoting ideas such as self-actualization, esteem and belonging for those who find verbal expression difficult or who desire to avoid possible side effects from medicinal use (Odell-Miller, Hughes,

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& Westacott, 2006). Research in the field of dance/movement therapy is lacking, but studies have been conducted to exam the effectiveness of dance/movement therapy on depressive symptoms (Higgins, 2001). In 2005, a study was conducted in Korea analyzing the correlation between dance/movement therapy and depression in school-aged girls (Jeong et al., 2005). The study found a decrease in depressive symptoms for girls who attended dance/movement therapy as compared to girls with depressive symptoms that had not attended dance/movement therapy (2005). A similar study was conducted in 2007, focusing on depressed patients with ages ranging from 21 to 66 years of age (Koch, Morlinghaus, & Fuchs, 2007). Again, the result displayed a negative correlation between dance/movement therapy and depressive symptoms – the depressed patients who were involved in dance/movement therapy were the only patients to display a significant decrease in amount of depressive symptoms (2007).

Jane Hawley, the professor of dance and movement at Luther College, developed a paradigm termed Movement Fundamentals. The paradigm seeks to apply to all aspects of life, permitting students to discover who they are though movement and education of the body in an environment that is omnipresent and undoubtedly accepting. It is meant to be empowering – a confidence building experience of self-acceptance, self-actualization and growth (Hawley, 2001). Within Movement Fundamentals, there is a practice called “The 4 Phases”. This practice can be done anywhere for any allotted amount of time, in a group or as an individual, and consists of reciprocal documentation and movement.

In Phase 1, students “align” their bodies – both physically and mentally. It acts as a assort of warm-up, discovering “what is important” and “what is needed” to complete the task at hand or function in the given environment. It allows for individualization in community, and

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recognition of whether or not the, “environment is safe and supportive” (Hawley, 2010). In Phase 2, students focus on refinement – noticing where thoughts seem to travel, what movement the body tends to do, and whether or not these things are self-driven or if they are driven by the “highly practiced ways of adapting to... society” (2010). This allows individuals to recognize what makes them unique and, in this practice, that uniqueness is not only accepted but deemed as an attribute that can aid contributions to the community as a whole (2010). In Phase 3, students artistically express their experiences with the world through dance and movement. This phase leads students to the understanding of intention, and whether their intention is “supportive or constructive to the community and the environment” (2010). In Phase 4, students witness the movement of fellow students, allowing for recognition of the other – emphasizing varying stories, feelings and contributions to the whole. All of which ultimately work to cultivate a sense of the community (2010).

Hypothesis

Although Movement Fundamentals: 4 Phases Practice is not a dance/movement therapy by definition, I would hypothesize it would result in a decrease in depressive symptoms in young to middle-aged adults, as did the dance/movement therapies that have been studied previously. I would also hypothesize that the 4 Phase Practice would increase feelings of self-actualization and esteem, as well as induce a more optimistic outlook on life in both depressed and non-depressed people due to its explorative nature.

Method

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Participants

This study will consist of 50 participants between the ages of 18 and 50 with no past experience in Movement Fundamentals or the 4 Phases Practice. No past experience is required, in order to control for any possible biases participants may have had about the practice before the induction of the study. Preferably, the participants will have varying backgrounds in dance and movement (outside of Movement Fundamentals) to increase external validity in results, making results more accessible to a vast population. The age constraint of 18 to 50 is used based on results from prior studies that have indicated a relationship between dance/movement therapies and a significant decrease in depressive symptoms in young to mild-aged adults (Koch, Morlinghaus, & Fuchs, 2007). The age constraint is also necessary based on the test inventories being administered in the study.

Materials

Levels of depression will be measured using the Beck Depression Inventory (BDI). For this study, participants who are considered depressed do not have to be clinically diagnosed with depression. However, their results on the BDI must suggest that they are in fact mildly to severely depressed (Meites, Lovallo, & Pishkin, 1980). The reason why clinical diagnosis is not required for participation is because there are often people who are depressed but do not seek medical attention. The inclusion of non-clinically diagnosed participants allows for a wider range of participant volunteers in comparison to requiring a clinical diagnosis. The Quality of Life Inventory (QOLI) will be administered as a means to measure the participant's outlook on life and satisfaction within life. Results of this test would correspond to the part of my hypothesis

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which states participation in the 4 Phases Practice will result in a more optimistic or positive outlook on life. The Basic Psychological Needs Scale (BPNS) will be administered in order to assess the hierarchy of needs. It will measure the participant's satisfaction with need demands in different domains of their life – relating to satisfaction with autonomy, esteem, and self-actualization. If my hypothesis is supported, results on the BPNS should show an increase in satisfaction following participation in the 4 Phases Practice. Each participant will also be required to bring some sort of notebook or journal to every session with a writing utensil. This journal will be used during the documentation segments of the 4 Phases Practice.

Procedure

The length of the study will be a seven-week dance “course” instructed by means of collaboration between Jane Hawley and I, occurring during the summer. The course will consist of the 4 Phases Practice and will be 60 minutes in length. During these 60 minutes, each phase will be allotted ten minutes, allowing for five minutes of documentation to occur between each phase. Documentation will consist of drawing and journaling ones thoughts, feelings and/or answers to questions that were prompted at the start of the session. The course will be held every Monday, Wednesday, and Friday during those seven weeks. An informational email about the course will be sent out to the student body with contact information for those interested in volunteering in the study. Those that are interested in the study but have prior experience with Movement Fundamentals may receive the email and they will be encouraged to forward it to friends, family and hometown dance studios or organizations. Informational flyers will also be

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distributed around campus and surrounding areas to ensure a wide population of participants is reached.

Before taking any of the inventories or starting the course, the volunteers will be informed that all information gathered throughout the study will be kept confidential and that at any point they hold the right to withdraw themselves from the study without any consequences. They will also be informed that there will be no coercion used within the study. To signify their consent to participate, participants will be given a sheet of paper with a typed statement restating what was just mentioned and will be asked to sign and date the bottom of the page. Participants will then fill out a quick short answer questionnaire asking for any prior experience with Movement Fundamentals and/or the 4 Phases Practice (in which case they would not be allowed to continue with the study), age, and prior history with movement/dance.

Participants will then be administered the Beck Depression Inventory (BDI). Results from this test will be tabulated and the total percentage of “depressed” and non-depressed participants will be formulated. Because the basic premise of this study is to analyze the relationship between depression and the 4 Phases Practice, 65% of the participants need to display mild to severe depression in order to continue with the study. Participants will then be administered the Quality of Life Inventory (QOLI) and the Basic Psychological Needs Scale (BPNS) in random order. Random order is initiated to eliminate any practice effects participants may have gathered that would contaminate the results. After testing, participants will begin their first session of the 4 Phases Practices under the instruction of Jane Hawley, documenting their experience in personal journals between each phase. At the close of their last session of week one, participants will again take the BDI, QOLI, and BPNS. The Beck Depression Inventory will

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occur before both the Quality of Life Inventory and the Basic Psychological Needs Scale, however the QOLI and BPNS will again be administered in random order after the BDI has been completed. For each of the consecutive weeks, testing inventories will be administered at the close of each Friday session as just described. After the inventories have been completed for the final session, participants will receive a debriefing on the investigation and a basic outline of the study. They will also receive information on the inventories they completed throughout the research process. Contact information will be given to the participants in case any further questions or concerns arise after the close of the study.

Discussion

I hypothesize that participation in the 4 Phase Practice will induce a decrease in depressive symptoms in those who are mildly or severely depressed, as well as an increase in self-actualization and esteem while creating a more positive outlook on life in both non-depressed and depressed persons. If my hypotheses are supported through results gathered by the BDI, QOLI, and the BPNS, I could conclude that Movement Fundamentals: 4 Phases Practice, although it is not technically a dance/movement therapy practice, does in fact impact depression. I would expect to see a negative correlation between the two variables, meaning as time spent performing the 4 phases increases, the amount of depressive symptoms decreases. These results would coincide with the results of previously conducted studies on dance/movement therapy and its affect on depression symptoms, being most similar to the study conducted by Koch et al. in 2007. In their study, results showed a significant decrease in depressive symptoms of young to middle-aged adults after partaking in dance/movement therapy (2007).

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The results gathered through this research may not support my hypotheses. This could be due to high amounts of experimental error or the presence of no correlational relationship between the 4 Phases Practice and the other variables. It is possible that because the 4 Phases Practice is not a typical type of therapy, it will not decrease depressive symptoms as dance/movement therapies do. Similarly, just as some traditional options for depression treatment do not mesh with certain personality types, there is a possibility that the 4 Phases Practice will vary in its effect across the broad spectrum of personality types as well (Zubala et al., 2013). Experimental error could occur through inconsistencies such as, in course attendance, the administration and completion of the inventories and the learned practice effect. The learned practice effect refers to the idea that participants may learn how to answer the inventory in a way that would be deemed a favorable response for the research. This would skew results, suggesting a correlation that may not exist otherwise. All of these errors could tend to results that would not support my hypotheses.

One major limitation of this study is the gathering participants that will be a satisfactory representation of the population at large. My resources and ways of contacting people are relatively limited if I do not want to reveal too much of the study before the participants have arrived for their first session. Another limitation is the challenge in finding a significant number of mildly to severely depressed persons out of that random sample. However, I feel that the inclusion of those displaying depression like symptoms based off of their BDI scores will aid in combating this limitation.

If my hypotheses were supported at the end of this study, it would suggest that dance and movement alone could cause a decrease in depressive symptoms in comparison to a dance/

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movement therapy session. More specifically, the 4 Phases Practice itself would be correlated to a decrease in depressive symptoms. Because the 4 Phases Practice is something that is targeted to broad audience, meaning it is meant for both ‘dancers’ and non-dancers alike, support of my hypotheses would provide support for this claim – that this movement practice is, in fact, all-accessing, all-promoting. Support of a practice such as this would bring to the forefront a new window for depression treatment. Supporting evidence would also uphold that partaking in this practice has positive effects on self-actualization, esteem, and belongingness – all of which contribute to our interactions with society and our daily practice of life itself.

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