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DANCING THROUGH THE PAIN:
DANCE AS A PSYCHOTHERAPEUTIC OUTLET
COURTNEY DOUGLAS

HONORS PROJECT

Submitted to the Honors College
at Bowling Green State University in partial
fulfillment of the requirements for graduation with

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Abstract

Dance has become a popular sport and hobby in more recent years. Many schools now provide options for dance classes, and universities have created degrees in dance. Dance may provide a therapeutic factor as well. This study aimed to identify the age at which participants began to dance as an outlet for positive or negative emotions. This study also examined whether being a life-long dancer, as compared to someone who has recently started dancing, has effects on the general well-being and depression levels of the dancer. Results show that the average age participants found dance as a useful outlet for emotions and feelings was 13 years old. Significant relationships were found between the life-long dancer and quality of life and depression levels of the dancer, but the effect size was small. The study found that 80% of participants self-reported using dance for the mental health benefits it presents. Also, 65% of participants reported largely using dance as an outlet for emotions/feelings.

Dancing Through the Pain:

Dance as a Psychotherapeutic Outlet

Dance is often seen as a recreational activity used for basic health benefits or for children with extra energy. However, as research continues, a trend is starting to appear. Dance is being used as a therapeutic advancement and is becoming increasingly popular with time. This approach allows for the outcome of therapy without focusing on the communication aspect. For many, simple talk therapy is a difficult task, while movement therapy has the potential to impact those people in another manner. According to the American Dance Therapy Association, dance therapy is defined as “the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual” (ADTA, 2016). An article from the *American Journal of Dance Therapy* states that “dance therapy is based on modern techniques and moving without limitations... and the details of the dancing are up to the patient” (Panagiotopoulou, 2011).

This study will examine the average age in which dance transforms from a recreational activity to therapeutic process. With the knowledge of when this transformation occurs, future researchers will be able to better inform dance therapy and at what age it is best to be used. According to an article in *The Arts in Psychotherapy*, dance/movement therapy was found to be more impactful when used with adults and adolescents rather than children (Ritter & Low 1996). The adolescent and adult populations could potentially experience great benefit from a therapy of this type. According to a study from 2011, dance therapy resulted in a significant decrease in depressive symptoms as compared to a control group among male and female college students (Akandere & Demir, 2011). Another study found that dance therapy had a significant impact on the quality of life of the treatment group as compared to the control group (Bräuninger, 2012).

As dance/movement therapy becomes more popular, it is being used to treat a wider variety of illnesses. A study from 2012 found evidence that dance therapy is effective in treating depression, breast cancer, and fibromyalgia (Kiepe, Stockigt & Keil. P.411). A new concept was introduced 2012 when a study was conducted to find a correlation between dance therapy with teenagers and positive body image. The sample size was small but the overall result showed that there is potential for a very positive effect of dance therapy on body image (Grogan, Williams, Kilgariff, Bunce, Heyland, Padilla, Davies. p. 273). Another correlation has been found between dance/movement therapy and Autism Spectrum Disorder. Participants used mirroring with a dance/movement therapist. The researchers' were addressing the participants' well-being, body awareness, empathy, social skills, etc. The results showed that the treatment group significantly improved in these categories.

It is hypothesized that the average age the change occurs will be around age 13. This study also aims to examine associations between length of time spent dancing and depressive symptoms and quality of life. It is hypothesized that there will be a significant, negative association between time spent dancing and depressive symptoms and a significant, positive association between time spent dancing and quality of life.

Method

Participants

Participants in this study included 41 Bowling Green State University Students. All participants were volunteers. The survey was administered to students enrolled in DANC classes, as well as members of Bowling Green State University's University Dance Alliance. There were no incentives given for completing the survey. The sample was recruited by an email which was sent to all member of University Dance Alliance, and all students enrolled in DANC

classes. All participants provided consent to participate in this study. The participants were 100% female. Of these students, 40 (97.6%) were undergraduate students, and 1 (2.4%) was a graduate student. Of the 41 participants, 36 (87.8%) identified as White/Non-Latino, 2 (4.9%) as Hispanic or Latino, 2 (4.9%) as Black or African American, and 1 (2.4) as Hawaiian or other Pacific Islander. The study was approved by the Institutional Review Board at Bowling Green State University.

Measures

Demographics. Participants self-reported demographic information that consisted of gender, ethnicity, and college status.

Depressive Symptoms. The Beck Depression Inventory (BDI; Beck, Steer, Brown, 1996) is a self-report measure of depressive symptoms based on the last two weeks. The questionnaire consists of 21 items; however, the suicidal ideation item was removed for the purpose of this study. Higher scores on the BDI indicate more severe depressive symptoms.

Quality of Life. Michael Frisch's Quality of Life Inventory (Frisch, 1992) is a measure of life satisfaction rating that addresses the importance and satisfaction rating across Respondents rate the level of importance of and satisfaction in that examines a variety of categories, including self, personal fulfillment, relationships, and surroundings.

Dance Background. Participants were asked a series of questions related to their dance background and motives. Subjects were asked to report the number of years spent dancing and how many hours a week are spent dancing. Participants were also asked to complete four Likert scale questions designed to measure the extent to which dance is used for physical health benefits, mental health benefits, to create or maintain friendships, and as an outlet for emotions and feelings. The participants who answered 7 or above were taken into consideration and

researchers concluded that they largely use dance for that factor. Participants were also asked to answer at what age dance became therapeutic as opposed to a recreational activity.

Research Design and Procedure

The current study was a cross-sectional study in which participants completed a computer administered survey via the internet. Prior to starting the survey, participants were required to read and agree to the terms provided in the informed consent document. After providing consent, participants began the survey. Subjects then completed the demographic questions, Beck's Depression Inventory, Frisch's Quality of Life Inventory, and a variety of questions pertaining to his/her dance background. After completing the survey, participants were provided with a debriefing document that included information on how to contact the researchers or the Bowling Green State University Counseling Center, should such resources be desired.

Results

The findings of this study supported the hypothesis that the average age for dance to be used as an emotional outlet is 13 years of age. Descriptive statistics were initially calculated. Approximately one-third (36.6%; $n=15$) of participants endorsed that dance was an outlet for emotions/feelings. Among these participants, the mean age in which dance was used as an outlet for emotions/feelings was 13.07 ($SD=2.12$). Pearson correlations were calculated to examine associations between time spent dancing and depressive symptoms and quality of life. A significant relationship was found between time spent dancing (in years) and quality of life ($r=.01, p<.05$) and depressive symptoms ($r=.07, p<.05$). There was also a significant relationship between hours per week spent dancing and depressive symptoms ($r=.04, p<.05$) and quality of life ($r=.24, p<.05$).

Frequency statistics were calculated to examine the percentage of participants who endorsed being motivated to dance for different reasons. One in 5 (20%) of participants indicated that they dance for physical health reasons. Most participants (80%) reported that they dance for mental health reasons. Almost half (41%) of participants self-reported that they use dance for maintaining friendships/relationships, and over half (65%) of participants reported largely using dance as an outlet for emotions/feelings.

Discussion

The purpose of this study was to identify the average age in which dance is used as an outlet for emotions and feelings, in order to find an ideal age to begin using dance/movement therapy with adolescents. The researcher hypothesized that the average age for when this process begins would be 13, and the data supported this by finding an average age of 13.07. The second hypothesis was that there would be a significant correlation between the length of time spent dancing (in years) and the depressive symptoms and quality of life. This hypothesis was supported by the data. A significant correlation was found; however, the effect size was small.

With the results of one of the final questions on the survey, many inferences can be drawn. Of the 41 participants, 80% self-reported that they largely use dance for the mental health benefits that coincide. Also of the 41 participants, 65% reported that they largely use dance as an outlet for emotions/feelings. These findings suggest that there is more to dance than just the physical side, and we see that throughout the college population.

With the results of this study, one could argue that dance/movement may be an important option to consider in terms of therapy for adolescents and young adults. Many patients are intimidated by talk therapy, and this may be an excellent option for them. As stated in the introduction, Ritter and Low, 1996, found that dance/movement therapy has shown to be more

beneficial in adults and adolescents. Adding these results to prior research, we can infer that adolescence or at 13 years of age, patients may find greater benefit from dance/movement therapy than they did at an earlier age.

Limitations of this study include a small sample size, and incomplete data sets. Of the total number of responses, 49, only 41 data sets included ample responses. The study was also limited to college students currently enrolled in classes at Bowling Green State University. Because of this the age group was limited. The data collected for “life-long dancers” was only that of those under the age of 25. With a larger sample size and more variability in the age group, the correlations may have shown a greater effect. It is possible that if asking a younger age group, results may have differed and may have provided an insight into the adolescent’s viewpoint of dance as a psychotherapeutic outlet. Because the data was gathered with a survey, participants were asked to self-report and remember a specific time in the past which may have not been entirely accurate.

References

- Akandere, M., & Demir, B. (2011). The effect of dance over depression. *Collegium Antropologicum*, 35(3), 651-656.
- American Dance Therapy Association. (n.d.). Retrieved from <https://adta.org/>
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). BDI-II, Beck depression inventory: Manual. San Antonio, TX: Psychological.
- Bräuninger, I. (2012). The efficacy of dance movement therapy group on improvement of quality of life: A randomized controlled trial. *The Arts in Psychotherapy*, 39(4), 296-303. doi:10.1016/j.aip.2012.03.008
- Frisch, M. B. (1992). Use of the Quality of Life Inventory in Problem Assessment and Treatment Planning for Cognitive Therapy of Depression. *Comprehensive Casebook of Cognitive Therapy*, 2752.
- Grogan, S., Williams, A., Kilgariff, S., Bunce, J., Heyland, J. S., Padilla, T., & ... Davies, W. (2014). Dance and body image: young people's experiences of a dance movement psychotherapy session. *Qualitative Research In Sport, Exercise & Health*, 6(2), 261-277.
- Kiepe, M., Stockigt, B., & Keil, T. (2012). Effects of dance therapy and ballroom dances on physical and mental illnesses: A systematic review. *Arts in Psychotherapy*, 39(5), 404-411. doi:10.1016/j.aip.2012.06.001
- Koch, S., Mehl, L., Sobanski, E., Sieber, M., & Fuchs, T. (2015). Fixing the mirrors: A feasibility study of the effects of dance movement therapy on young adults with autism spectrum disorder. *Autism*, 19(3), 338-350. doi:10.1177/1362361314522353
- Panagiotopoulou, E. (2011). Dance therapy models: An anthropological perspective. *American Journal of Dance Therapy*, 33(2), 91-110. doi:10.1007/s10465-011-9118-23

Ritter, M., & Low, K. (1996). Effects of dance/movement therapy: A meta-analysis. *The Arts in Psychotherapy*, 23(3), 249-260. doi:10.1016/0197-4556(96)00027-5

Appendix A
Online Survey

Q1 Informed Consent

Q2 What gender do you identify with?

- Male
- Female
- Other

Q3 What is your college status?

- Undergraduate student
- Graduate student

Q4 What is your race/ethnicity?

- American Indian or Alaska Native
- Hawaiian or Other Pacific Islander
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- White Non-Latino
- Other
- Would rather not say

Q5 What is your current relationship status?

- Single
- Married
- Divorced/Separated
- Widowed
- Not married but living together
- Would rather not say

Q6 Please read each group of statements carefully, and then pick out the statement in each group that best describes the way you have been feeling during the past two weeks, including today.

Q7 1.

- I do not feel sad.
- I feel sad.
- I am sad all of the time and I can't snap out of it.
- I am so sad and unhappy that I can't stand it.

Q8 2.

- I am not particularly discouraged about the future.
- I feel discouraged about the future.
- I feel I have nothing to look forward to.
- I feel the future is hopeless and that things cannot improve.

Q9 3.

- I do not feel like a failure.
- I feel I have failed more than the average person.
- As I look back on my life, all I can see is a lot of failures.
- I feel I am a complete failure as a person.

Q10 4.

- I get as much satisfaction out of things as I used to.
- I don't enjoy things the way I want to.
- I don't get real satisfaction out of anything anymore.
- I am dissatisfied or bored with everything.

Q11 5.

- I don't feel particularly guilty.
- I feel guilty a good part of the time.
- I feel quite guilty most of the time.
- I feel guilty all of the time.

Q12 6.

- I don't feel I am being punished.
- I feel I may be punished.
- I expect to be punished.
- I feel I am being punished.

Q13 7.

- I don't feel disappointed in myself.
- I am disappointed in myself.
- I am disgusted with myself.
- I hate myself.

Q14 8.

- I don't feel I am any worse than anybody else.
- I am critical of myself for my weakness or mistakes.
- I blame myself all the time for my faults.
- I blame myself for everything bad that happens.

Q15 9.

- I don't cry any more than usual.
- I cry more now than I used to.
- I cry all the time now.
- I used to be able to cry, but now I can't cry even though I want to.

Q16 10.

- I am no more irritated by things than I ever was.
- I am slightly more irritated now than usual.
- I am quite annoyed or irritated a good deal of the time.
- I feel irritated all the time.

Q17 11.

- I have not lost interest in other people.
- I am less interested in other people than I used to be.
- I have lost most of my interest in other people.
- I have lost all of my interest in other people.

Q18 12.

- I make decisions about as well as I ever could.
- I put off making decisions more than I used to.
- I have greater difficulty in making decisions more than I used to.
- I can't make decisions at all anymore.

Q19 13.

- I don't feel that I look any worse than I used to.
- I am worried that I am looking old or unattractive.
- I feel there are permanent changes in my appearance that make me look unattractive.
- I believe that I look ugly.

Q20 14.

- I can work about as well as before.
- It takes an extra effort to get started at doing something.
- I have to push myself very hard to do anything.
- I can't do any work at all.

Q21 15.

- I can sleep as well as usual.
- I don't sleep as well as I used to.
- I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- I wake up several hours earlier than I used to and cannot get back to sleep.

Q22 16.

- I don't get tired more than usual.
- I get tired more easily than I used to.
- I get tired from doing almost anything.
- I am too tired to do anything.

Q23 17.

- My appetite is no worse than usual.
- My appetite is not as good as it used to be.
- My appetite is much worse now.
- I have no appetite at all anymore.

Q24 18.

- I haven't lost much weight, if any, lately.
- I have lost more than five pounds.
- I have lost more than ten pounds.
- I have lost more than fifteen pounds.

Q25 19.

- I am no more worried about my health than usual.
- I am worried about physical problems like aches, pains, upset stomach, or constipation.
- I am very worried about physical problems and its hard to think of much else.
- I am so worried about my physical problems that I cannot think of anything else.

Q26 20.

- I have not noticed any recent change in my interest in sex.
- I am less interested in sex than I used to be.
- I have almost no interest in sex.
- I have lost interest in sex completely.

Q27 Health refers to being physically fit and free from sickness, pain, or disability.

Self-Regard refers to liking and respecting yourself in light of your assets and limitations, successes and failures, and your ability to cope with problems.

Philosophy of life refers to having a set of guiding values, goals, and beliefs which give your life meaning or a sense of purpose, help you plan and make decisions about how to live your life, help you cope with day-to-day problems, and help you decide on the best way to act in a given situation. This personal system of ethics and values may or may not be based on religious beliefs.

Standard of living refers to your income, the things you have, such as a car or furniture, and the expectation that you will have what you need financially in the future.

Q28 In regards to yourself, please rate the following areas in terms of overall importance and satisfaction.

	Importance Rating			Satisfaction Rating					
	0 Not at all Important	1 Important	2 Extremely Important	-3 Very Dissatisfied	-2	-1	1	2	3 Very Satisfied
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Regard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philosophy-of-Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standard-of-Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 Work refers to your occupation or how you spend most of your time—whether it be at a job, in school (if you are a student), or in the home (if you are a homemaker or conduct a business based in your home). "Work" consists of the work itself, pay (if applicable), surroundings, job security, relationships with co. workers, and the availability of needed equipment and supervision.

Recreation refers to non-work-related, spare-time activities aimed at entertainment, relaxation, or self-improvement. Such activities include watching movies or football games, visiting friends, or pursuing hobbies like gardening, fishing, and jogging.

Learning refers to gaining knowledge, skill, or understanding in an area of interest through study, experience, or instruction. The area of study may be mainly intellectual, such as history or art appreciation, or it may be practical, such as home improvement or car repair. These learning experiences may take place either in or outside of a school setting.

Creativity involves expressing what is unique and special about you by being original, imaginative, and inventive in your approach to a hobby (like playing a musical instrument or photography), to work-related situations, or to everyday activities like home decorating or repair. Social service consists of helping, encouraging, and promoting the welfare of others. It involves helping adults or children who are neither relatives or close friends. Such service may be done on your own or as a member of an organization such as a church, club, or volunteer group.

Civic action refers to activities related to being a citizen of a community, state, and nation. It may include involvement in government (local, state, or national) or community affairs.

Activities such as voting, keeping informed of local or national news, supporting a political cause or candidate, or efforts to make one's community a better place to live are examples of civic action.

Q30 In regards to your personal fulfillment, please rate the following areas in terms of overall importance and satisfaction.

	Importance Rating			Satisfaction Rating					
	0 Not at all Important	1 Important	2 Extremely Important	-3 Very Dissatisfied	-2	-1	1	2	3 Very Satisfied
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civic Action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 Love relationship refers to an intimate, romantic relationship with a spouse, boyfriend, or girlfriend. Such relationships usually involve sexual attraction, companionship, understanding, and deep feelings of affection.

Friendships refer to the number and quality of close friends (who are not relatives) that you have. "Close friends" are people you like and know well who have interests and viewpoints similar to yours. Friendships involve a mutual give and take of companionship, acceptance, trust, and support.

Relationships with children refers to how you get along with your child (or children). These relationships involve helping, teaching, and caring for your child (or children) as well as watching their development and enjoying their companionship.

Relationships with relatives consist of your relationships with parents, brothers, sisters, and in-laws. These relationships may involve visiting, shared activities, mutual understanding, and assistance.

Q32 In regards to your relationships, please rate the following areas in terms of overall importance and satisfaction.

	Importance Rating			Satisfaction Rating					
	0 Not at all Important	1 Important	2 Extremely Important	-3 Very Dissatisfied	-2	-1	1	2	3 Very Satisfied
Love Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with Relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 Home refers to the house or apartment where you live. including the attractiveness, space, layout, physical structure, and cost of your home as well as the yard and surrounding area. Neighborhood refers to the immediate area where you live and includes the area's attractiveness. the people and their values, the natural surroundings (such as the air, land, and water), safety from crime, and the cost and quality of goods and services like and police protection, garbage collection, street maintenance, recreational facilities (like parks, playing fields, and bowling alleys), schools, medical care, and shopping centers.

Community refers to the city, town, or rural area in which you live, including the area's attractiveness, safety from crime, the people and (their values, the natural surroundings, the cost and quality of goods and services, the local government, taxes, court and transportation systems, the climate, recreational facilities, and available entertainment such as local events and places to visit. restaurants, movies, concert(s), plays, newspapers, radio, and television.

Q34 In regards to your surroundings, please rate the following areas in terms of overall importance and satisfaction.

	Importance Rating			Satisfaction Rating					
	0 Not at all Important	1 Important	2 Extremely Important	-3 Very Dissatisfied	-2	-1	1	2	3 Very Satisfied
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q35 How many years have you been dancing?

Q36 How many hours a week do you typically spend dancing?

Q37 What types of dance classes have you participated in? List as many as necessary.

Q38 Please provide a brief description as to why you dance?

Q39 To what extent do you dance for physical health benefits (e.g. weight loss, improved flexibility)?

- 1 Not why I dance
- 2
- 3
- 4
- 5 Part of why I dance
- 6
- 7
- 8
- 9
- 10 The only reason I dance

Q40 To what extent do you dance for mental health benefits (e.g. reducing stress or depression)?

- 1 Not why I dance
- 2
- 3
- 4
- 5 Part of why I dance
- 6
- 7
- 8
- 9
- 10 The only reason I dance

Q41 To what extent do you dance to create or maintain friendships and relationships?

- 1 Not why I dance
- 2
- 3
- 4
- 5 Part of why I dance
- 6
- 7
- 8
- 9
- 10 The only reason I dance

Q42 Please rank the following options in relation to why you dance, 1 being the most important reason and 4 being the least important.

_____ Physical health

_____ Mental health

_____ Friends

_____ Family

Q43 To what extent do you dance as an outlet for emotions/feelings?

- 1 Not what I dance
- 2
- 3
- 4
- 5 Part of why I dance
- 6
- 7
- 8
- 9
- 10 The only reason I dance

Q44 If applicable, at what age did you begin using dance as an outlet for emotions/feelings?

Q45 Debriefing Form

Appendix B
Informed Consent

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the content of the Informed Consent form.

Appendix C
Debriefing Form

Thank you for your participation in this experiment. This experiment was conducted in order to gain further knowledge in the relationship between dance and psychology. I am interested in the age at which dance is used for more than a physical activity and the benefits of being a life-long dancer.

As a part of the experiment, you were exposed to questions that may have induced some negative thoughts or feelings. If any triggering thoughts occurred, you may seek assistance at the BGSU Counseling Center, 104 College Park Office Building, (419) 372-2081.

All information in this experiment will be kept confidential. We request that you do not share information presented in this survey with others, as it would disqualify them from this experiment.

If you have any further questions or if you would like to know the results of the experiment once it is complete, you are welcome to contact Courtney Douglas, 330-323-6838, courtgd@bgsu.edu or Dr. Abby Braden, 419-372-9405, abbym@bgsu.edu, or Collen Murphy, 419-372-0225, cmurphy@bgsu.edu