DANCE IN MENTAL HEALTH NURSING: A HYBRID CONCEPT ANALYSIS

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The aim of this concept analysis is to describe the defining attributes and consequences of the concept of dance and to define it in a mental health nursing context using hybrid concept analysis. Dance is a human resource learned from culture. Dance implies body movements, steps, expression, and interaction. The outcomes of dance are mostly functional, including a client’s physical and emotional health, well-being, ability to cooperate with other people in activities of daily life, and meeting role expectations within family and community. Based on the findings of this concept analysis, dance can be used as a nursing intervention.

Dance has been connected to health promotion and caring since ancient times (Lewis, 1986; Levy, 1992) because it has several benefits. Studies of dance therapy and social dancing reveal some of these benefits. In Heber’s (1993) research project, dance promoted psychiatric clients’ capability to communicate and express themselves. Dance facilitated positive changes that occurred in the clients’ attitudes toward self, affections, and release of tension and apprehensiveness. In Mills and Daniluk’s study (2002), dance offered new unifying experiences for women survivors of child sexual abuse. Dance helped women to access their inner world and express themselves physically, sometimes releasing painful emotions. In a nursing home setting, social dance events

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enabled people with dementia to remember old, relevant manners. So- 
cial dancing supported patients’ positive feelings, communication and 

Using dance in mental health nursing is based on the idea of the 
wholeness of a human being and a person’s capability to express him- 
self or herself through dancing. It is supposed that dance may cause 
changes in the human mind by affecting the person at the body level, 
thus promoting health and growth (Levy, 1992.) Nurses are interested 
in interventions that help clients to find and better utilize their resources 
(Pelkonen & Hakulinen, 2002). Because dance has been identified to 
reveal human resources, it is important to study dance in mental health 
nursing. In order to communicate with each other and to describe nursing 
interventions to the public, it is important that nurses and nurse scien- 
tists understand and define nursing concepts similarly (Kiikkala, 1994a, 
1994b, 1994c; Lauri & Elomaa, 2001). Because there are no previous 
concept analyses on the concept of dance, a concept analysis is needed.

THE CONCEPT ANALYSIS

Aim

The aim of this concept analysis is to describe the defining attributes 
and consequences of the concept of dance in a mental health nursing 
context by using Schwartz-Barcott and Kim’s (1993) hybrid concept 
analysis model. Based on these attributes, the concept will be defined. 
The results of this concept analysis may be used in nursing practice, 
nursing research, and theory construction.

Hybrid Concept Analysis

The hybrid model is suitable when the concept of interest is derived 
from nursing practice, the concept is studied in a new context, or the 
purpose is to find new attributes for the concept. The concept of dance has 
been used in nursing; however, it has not been systematically analyzed 
previously. Compared to other concept analysis models, a unique feature 
of the hybrid model is the field work phase. Field work makes it possible 
to get knowledge of the concept from mental health practice (Schwartz- 
Barcott & Kim, 1993).

The hybrid model consists of three phases. In the theoretical phase, 
literature on the topic is used as data. The focus of this phase is on 
identifying the essential elements of the concept and developing an initial 
working definition. This phase builds a basis for the other phases and
refines the concept. During the field work phase the concept is refined further by collecting and analyzing empirical data. In the analytical phase the concept is defined by combining the results from the theoretical and field work phases (Lauri & Elomaa, 2001; Schwartz-Barcott & Kim, 1986, 1993).

**Data Collection**

In the theoretical phase, the data were collected systematically by using Finnish and English databases (Arto, Medic, CINAHL, Medline, and Ebsco) using the following key words and their different combinations: “tanssi,” “tanssiterapia,” ‘tanssi’? and hoit?,’ “dance,” “dance-therapy,” “dance or dance-therapy,” “dance therapy,” “dance therapy or dancing,” “dance and nursing,” and “dance and healing.” In addition, manual data searches were conducted (for example by utilizing reference lists). The total number of references was 349.

In all, 33 references from between the years 1977–2002 were selected as a basis for the analysis. The data consisted of 28 articles focusing on dance or dance therapy as an intervention from the fields of nursing, education, social sciences, physical training, and art of dance. In addition, Finnish, English, and Swedish dictionaries and literature were used (Appendix 1). Articles from physiotherapy, occupational therapy, and dance medicine were excluded.

In the field work phase, the data were collected in an outpatient unit for mental health patients. The participants were clients ($n = 2$), nurses ($n = 2$), and one psychologist. All the participants were familiar with dance as an intervention. They had participated in a therapeutic dance group in the mental health unit six years ago. The group met once a week during a period of two years. Dancing was creative dance-expression including exercises with different topics, for example, body parts, creative expression, and pair and group interaction. The participants were chosen because of their experience with dance in a mental health nursing context and their capacity to express themselves verbally. Participation was voluntary.

The focus group interview method was used because it was believed that the group interaction during the interview would enrich the description of dance (Robinson, 1999). Furthermore, the stimulated recall interview method was applied to activate experiences related to dance. The goal of this method is to refresh participants’ memories and experiences of the past events. (Jokinen & Pelkonen, 1996.) Before interviews, the staff participated in a dance session similar to those of six years ago. The clients did not want to have a dance session of their own. Instead,
their previous experiences with dance in mental health nursing were discussed before the interviews. The unstructured interviews were conducted as openly as possible to get a rich description of the phenomenon (Dempsey & Dempsey, 1996). The participants were asked to describe dance and what kind of effects it might have. The clients and the staff were interviewed twice separately. All the interviews were tape-recorded. In the analytical phase, the data of both the theoretical and field work phases were examined.

**Data Analysis**

In the theoretical and field work phases, the data were analysed separately using inductive content analysis. The inductive content analysis was begun by reading the whole material to gain insight regarding the data. The data were broken into codes according to the aim of the study. The codes describing the attributes and consequences of dance were grouped into categories based on the similarities and differences of the codes. Later, the categories were grouped into subcategories and categories. During the different phases the data became more abstract. (Graneheim & Lundman, 2004; Kyngäs & Vanhanen, 1999). The definition of dance was based on the abstracted data concerning the defining attributes and consequences. To ensure the understandability and concreteness of the definition, the level of abstraction was kept low.

Member checks were used during the analysis to ensure the credibility of the findings in the field work phase. The participants reviewed the categories after interviews. The content analysis was continued after that. The analytical phase was started by reading the definitions of the previous phases. After that, similar categories were combined to describe the attributes and consequences of dance in nursing. The final definition of dance was generated based on these categories.

**FINDINGS**

On the basis of this concept analysis the attributes of the concept of dance in mental health nursing can be divided into four major categories describing the essence of dance (Figure 1). Dance is a part of human existence. As a phenomenon, dance is both unique and universal, and it has several genres. As an act, dance can be considered both at individual and interpersonal levels. Consequences of dance are described in two major categories that reflect the consequences of dance to oneself and in relation to other people. Most of the consequences (to oneself and in relation to others) can be seen as beneficial from
<table>
<thead>
<tr>
<th><strong>ATTRIBUTES OF DANCE</strong></th>
<th><strong>CONSEQUENCES OF DANCE</strong></th>
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<tbody>
<tr>
<td>dance belongs</td>
<td>to oneself</td>
</tr>
<tr>
<td>to the human being’s existence</td>
<td>experiencing oneself in a new way:</td>
</tr>
<tr>
<td>dance</td>
<td>autonomy, self-acceptance, self-expression, self-understanding</td>
</tr>
<tr>
<td>is unique and universal</td>
<td>discovering one’s body-image</td>
</tr>
<tr>
<td>has different dance genres</td>
<td>development of self-expression</td>
</tr>
<tr>
<td>is creative, primitive, holistic,</td>
<td>expressing and processing of emotions</td>
</tr>
<tr>
<td>meaningful</td>
<td>finding new skills</td>
</tr>
<tr>
<td>is different body movements by the</td>
<td>ecstasy and trance</td>
</tr>
<tr>
<td>music and rhythm in certain time and</td>
<td>catharsis</td>
</tr>
<tr>
<td>space</td>
<td>liberation from social rules</td>
</tr>
<tr>
<td>is a possible nursing intervention</td>
<td>energy</td>
</tr>
<tr>
<td>on an individual level dance is</td>
<td>development of cognitive skills</td>
</tr>
<tr>
<td>a resource which is learned from</td>
<td>finding primitive movement</td>
</tr>
<tr>
<td>culture</td>
<td>physical restraint</td>
</tr>
<tr>
<td>letting oneself go</td>
<td>spiritual and physiological well-being</td>
</tr>
<tr>
<td>relaxing</td>
<td>sinful thoughts and acts</td>
</tr>
<tr>
<td>concentrating</td>
<td>strengthening self-esteem and self-confidence</td>
</tr>
<tr>
<td>going to the feelings</td>
<td>disclosure of one’s self and processing of one’s self</td>
</tr>
<tr>
<td>expression of one’s self, feelings,</td>
<td>disclosure of one’s self and avoidance of dance experience</td>
</tr>
<tr>
<td>and stories by body movement</td>
<td>in relation to others</td>
</tr>
<tr>
<td>body interaction with oneself</td>
<td>experience of mental, physiological, social, and spiritual communion</td>
</tr>
<tr>
<td>aesthetic</td>
<td>connecting people</td>
</tr>
<tr>
<td>revealing</td>
<td>interaction</td>
</tr>
<tr>
<td>erotic, sinful, sexual, suspicious, and</td>
<td>participation</td>
</tr>
<tr>
<td>loose</td>
<td>reflecting one’s own properties in other people</td>
</tr>
<tr>
<td>on an interpersonal level dance is</td>
<td>understanding others</td>
</tr>
<tr>
<td>a process</td>
<td>finding new emotions in relation to other people</td>
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**DEFINITION OF DANCE IN MENTAL HEALTH NURSING**

Dance is a resource of a human being learned from culture. Dance is a creative, unique, but also universal phenomenon. Dance implies body movements, steps, body expression of one’s self, feelings, stories, and body interaction with one’s self and with others.

In mental health nursing, dance helps people experience mental, physical, social, and spiritual wholeness. In practice this means that using dance as a mental health nursing intervention may promote one’s self-understanding at several levels and social interaction with others.

**FIGURE 1.** Attributes, consequences, and definition of dance in mental health nursing.
the perspective of mental health nursing, and in this way the consequences underline the significance of dance as a nursing intervention in mental health nursing. The definition of the concept includes both a general definition and a specific nursing component. The attributes, consequences, and definition of the concept of dance in nursing are presented in Figure 1.

**DISCUSSION AND IMPLICATIONS**

The aim of the concept analysis was to describe the defining attributes and consequences of the concept of dance and, based on them, to define the concept of dance in mental health nursing. In this concept analysis, the richness and vividness of the data were maintained by defining the concept of dance broadly. The wholeness and uniqueness of the human being as a mental, physical, spiritual, and social being is underlined in dance. Dance is a part of human existence. Dance is a strong and holistic nursing intervention that may have remarkable consequences to the client from the mental health nursing perspective. The identified attributes and consequences of the concept of dance showed that dance may foster self-reflection and interaction with other people; that is how it may promote mental health. Mental illness often complicates a person’s capability of expressing himself and communicating with others, so different kinds of nursing interventions are needed to reach patients and help them to connect with other people. For example, in situations where the client has difficulties in expressing himself verbally, dance provides a nonverbal way of expression. By dancing, a person can find new dimensions of himself, and dance can help mental health clients in processes dealing with their self-understanding and acceptance. Dance also has a double-effect by involving simultaneously both the body and mind. So it can help in discovering or modifying one’s body image and, thus, make it possible for a person to experience wholeness. Finally, dance can offer an acceptable way to release emotional and physical pressure. In cases where the patient has difficulties in communicating appropriately with others, dance can facilitate nonverbal communication by offering a clear structure for being together. Dance promotes holistic well-being and good feelings. In mental health work it is also important to facilitate patients’ experiences of pleasure.

As a mental health nursing intervention, dance can be arranged individually or in groups, depending on the clients’ needs. Dance can be a social event like the disco or the ballroom dance between the clients and the staff. These informal occasions can offer new ways for people
to interact with one another. Dance offers new possibilities to relationships between the staff and clients, for example, reaching for each other and feeling closeness and understanding others. Using different dance genres, nurses can offer clients different experiences. For example, creative dance can promote creativeness, jazz dance and ballet, with clear structure and technique, can help clients focus on one thing, and folk dance can provide a strong group feeling.

Nurses can lead these activities if they have the skills and interest. In arranging a social dance event nurses need to have a positive attitude towards social dancing and willingness to spend time arranging those events. Using different dance genres requires knowledge and dancing skills of those genres. Of course nurses’ knowledge of the psychiatric patient’s special needs is foremost in any case. Patient needs must be taken into consideration when planning the events. For example, it must be considered when group work is possible and when individual work is better. Nurses also can ask dance teachers or dance therapists to arrange the dance sessions. Actual dance therapy requires an educated dance therapist to work with the clients. This therapy may be needed when the client has deeper problems, which need longer and more profound treatment.

The principal idea of using dance as a nursing intervention is that everyone can move somehow and express themselves by movement. Moving a hand to the music and rhythm can be dance expression when it comes from the person’s soul. However, it has to be noted that dance can have consequences that can be regarded as negative: for example, sinful thoughts. Furthermore, dance may promote self-disclosure when a person is not ready to process these things by himself.

CREDIBILITY OF THE STUDY

The data in the theoretical phase were collected systematically and the literature review was conducted broadly according to the hybrid concept analysis model (Schwartz-Barcott & Kim, 1986, 1993). Participant observation and unstructured interviews are typical and recommended methods for collecting data in the fieldwork phase (Schwartz-Barcott & Kim, 1986). In the fieldwork phase, the data were collected from people who had the experience of dance in nursing context and who were able to verbalize their thoughts and experiences, enhancing the credibility of the study (Schwartz-Barcott & Kim 1986; 1993). By adapting the stimulated recall interview method the possible problem with time-lag was diminished (Jokinen & Pelkonen, 1996). According
to Schwartz-Barcott and Kim (1986) three to six participants, three of four dyads, or one or two groups are an appropriate number of cases. In this study there were five participants. Furthermore, interviewing the groups twice adds to the credibility of the study, which was further promoted by tape-recording the interviews and transcribing them accurately (Sim, 1998.) During the analysis the categories were constantly compared with the original data to ensure credibility. In addition, the participants evaluated and confirmed the findings. In this concept analysis the concept of dance was defined in a way that can be utilized in nursing practice, theory construction, and research.

ETHICAL CONSIDERATIONS

The topic of the study was ethically justified because, based on the previous knowledge, dance is a health promoting factor. The clients were considered vulnerable participants and, especially in interviews, it was important to be ready to confront possible difficult feelings and experiences. The participants gave informed consent for the study and permission to record the interviews. It was underlined to the participants that discussions in the group were confidential. However, it was agreed that the clients had a possibility to talk about their experiences regarding the group interviews with the staff.

CONCLUSION

This concept analysis produced information on the benefits of dance in a mental health nursing context. In the fieldwork phase, the benefits were identified by clients and nurses. This knowledge can be used in developing evidence-based mental health nursing. Oermann and Floyd (2002) divide research outcomes into clinical, functional, cost, and satisfaction outcomes. In this concept analysis the results showed that the outcomes of dance are mostly functional, including a client’s physical and emotional health, well-being, ability to cooperate with other people in activities of daily life, and meeting role expectations within family and community. The findings of this concept analysis reveal the essence of the concept of dance (a defined concept including its attributes and consequences) and, thus, the findings can be utilized in theory construction and in research, for example in constructing a questionnaire.
REFERENCES


APPENDIX 1

Research Material of the Theoretical Phase


