

# **Dance and Mental Health**

How Dance Benefits Mental Health and Psychiatric Disorders

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# **What is Dance and Dance Movement Therapy?**

## **Dance**

Dance is defined as rhythmic bodily movement, typically performed to music, involving coordinated motor activity that serves as a form of nonverbal expression and communication.

## **Dance Movement Therapy (DMT)**

DMT is the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, based on the supported interconnection between body and mind.

## **Dance Therapy for Depression and Anxiety**

Dance therapy increases endorphin and serotonin levels, by modulating neurotransmitter activity implicated in depression.

Structured movement reduces autonomic nervous system hyperarousal and decreases cortisol levels associated with anxiety disorders.

Group dance therapy protocols enhance social connectivity, addressing interpersonal deficits common in depressive and anxiety disorders.

Meta-analyse studies demonstrate efficacy as adjunctive therapy to pharmacological interventions for mild to moderate depression and anxiety disorders.

## **Dance Therapy for Dementia**

Dance interventions demonstrate significant improvements in global cognitive function, memory, executive function, and attention in neurodegenerative disorders.

Rhythmic movement activates procedural memory pathways, which remain relatively preserved in Alzheimer's disease and other related dementias.

DMT reduces behavioral and psychological symptoms of dementia, including agitation and aggression, through structured sensorimotor integration.

Regular dance therapy improves postural stability and reduces fall risk through enhanced proprioceptive feedback and vestibular stimulation.

# Dance Therapy for Bipolar Disorder

Rhythmic movement interventions facilitate emotional regulation through modulation of limbic system activity implicated in mood instability.

Dance therapy protocols demonstrate efficacy in reducing depressive symptomatology during bipolar depression phases via dopaminergic pathway activation.

Structured movement provides a controlled outlet for affective expression, potentially reducing impulsivity associated with hypomanic states.

Optimal outcomes observed when dance therapy is integrated with mood stabilizers.

## Neurological Mechanisms

Rhythmic movement stimulates endogenous opioid release and monoaminergic neurotransmission, modulating serotonergic, dopaminergic, and noradrenergic pathways.

Dance promotes neuroplasticity through BDNF upregulation, enhancing hippocampal neurogenesis and synaptic connectivity in cortical regions.

HPA axis regulation occurs via reduced cortisol secretion and improved glucocorticoid receptor sensitivity, attenuating stress response dysregulation.

Proprioceptive and interoceptive feedback during movement enhances neural integration between limbic structures and prefrontal regulatory networks.

## **Clinical Recommendations**

Therapeutic protocol: 45-60 minute sessions, biweekly frequency for 8-12 weeks, demonstrated efficacy in randomized controlled trials.

Implement as adjunctive therapy to pharmacological interventions, particularly for treatment-resistant depression and anxiety disorders.

Modify protocols for patients with mobility limitations or cognitive impairments while maintaining core therapeutic elements.

Primary indications: Major Depressive Disorder, Generalized Anxiety Disorder, early-stage neurocognitive disorders, and as mood stabilization adjunct in Bipolar Disorders.