

## Discussion on the Attitude of College Teachers towards Learning Dance Therapy Courses

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**Abstract:** After analyzing with SmartPLS software, it was found that university teachers have a positive attitude towards learning dance therapy courses. Present an acceptable situation. The deeper the understanding of dance therapy courses, the more determined the learning attitude will be. Meanwhile, attitude compensation can affect the sustainability of teachers' learning behavior. Attitude compensation can affect the emotional value of teachers' learning. Attitude does not affect the teacher's perception of learning cognition. Suggestion: Teachers should explain the theory of dance therapy courses clearly when teaching them. For the actual practice steps, it is necessary to break down the process and give teachers more time for operation and practice. The purpose of this study is to enable teachers to master dance therapy techniques. In addition, university teachers should apply dance therapy technology to the related courses they teach college students. Provide a skill for college teachers or college students to vent their emotions and accept psychological help.

### 1. Introduction

Research has found that traditional Chinese medicine is effective in treating hemichorea and can alleviate the symptoms of patients[1]. The mental health of university teachers needs to be taken seriously[2]. Teachers have a strong awareness of mental health, but their mental health skills need to be improved. Through the design of dance club activities, college students can participate in group psychological growth, promote their own psychological development, and improve their negative emotions in interpersonal communication, enabling them to face life positively and achieve inner growth[3]. For the elderly, dance therapy can enhance physical fitness, improve body coordination, relieve psychological stress, and increase life satisfaction[4]. Dance therapy is a fusion of dance studies, physicality, psychiatry, psychology, and other disciplines. This study found that it is effective in relieving psychological stress among college freshmen[5]. The theoretical basis of real movement therapy in dance therapy is active imagination, hierarchical physical and mental cognition, and humanistic theory. Scholars believe that creative art therapy should be applied to the psychological and behavioral symptoms of dementia patients, and have elaborated on the efficacy of four common CAT treatments: art therapy, music therapy, dance therapy, and drama therapy for dementia patients [6]. Based on the comparison of parental stress, depression, and anxiety levels between mothers of children with autism and normal children, explore the characteristics of parental stress, depression, and anxiety in mothers of children with autism; There is a significant difference in the effect of dance therapy on parental stress adjustment in mothers of children with autism [7]. The development and popularization of dance therapy can enhance the effectiveness and effectiveness of psychological health guidance.

Dance therapy is different from traditional talk therapy in that it uses body movements to freely

express emotions, achieving a high degree of self integration of emotions, spirit, and cognition[8]. It can help patients achieve a high degree of physical and mental unity, effectively eliminate negative psychological emotions, and establish an optimistic and positive attitude towards life [9]. At present, many intervention studies in China have confirmed that dance therapy or other forms of art intervention have a positive impact on the mental health problems of college students, such as anxiety, depression, sleep disorders, and interpersonal sensitivity caused by high mental stress[10]. However, there are few studies on integrated intervention models for various forms of artistic expression. In addition, scholars conducted a 12 week moderate intensity dance exercise therapy intervention experiment on 23 adults with depression using literature research, psychological measurement, and mathematical statistics methods. The experimental results indicate that dance exercise therapy has a relatively positive impact on the treatment of depression [11].

This study aims to explore how dance therapy can help college teachers concentrate and improve their attention abilities. The main emphasis is on evaluating and judging brain training activities based on internal psychological perception and external stimuli. This study used dance therapy promotion course to understand the acceptance of dance therapy course by college teachers. The research results can be used as a reference for the long-term promotion of dance therapy teaching in the future.

## **2. Dance Therapy Course**

### **2.1. Willingness and attitude towards dance therapy training**

We are concerned about the research results proposed by scholars. It fully reveals the correlation between beliefs, evaluations, intentions, and actual execution of behavior. This theory can also be used to understand the execution status of practicing dance therapy. The above factors can correspond to four attitudes: attitude, cognition, behavior, and emotion. Furthermore, there is a direct correlation between the attitude towards practicing dance therapy and the intention to actually practice it. Therefore, the attitude towards practicing dance therapy is an important factor that affects whether dance therapy practice can be performed.

### **2.2. Dance therapy training methods**

This study uses dance therapy training as the theoretical framework for intervention programs, including body scanning, mindfulness breathing, stress reduction training, emotion observation training, mindset training, mindfulness and compassion training, and gratitude training before bedtime. Based on the training venue and other factors, practical modifications are made. From February to June 2024, our dance therapy teaching course will be divided into groups for 8 weeks of online and offline dance therapy courses. The dance therapy training lasts for 90 minutes each time and is divided into four stages. (1) Teaching Dance Therapy Training Unit Theme Content (30 min): Meditation and Meditation Guidance. (2) Dance therapy theory decomposition action explanation stage (15 minutes): Move the pulp, waist, and neck to relax. (3) Dance therapy practice (30 minutes): Practice dance therapy according to classroom guidance. (4) Discussion and sharing (15 minutes): Share your feelings and discuss any questions that may arise during the training process.

## **3. Research method**

This research plan focuses on university teachers as the main body. After the completion of the dance therapy course, a questionnaire will be distributed to teachers who participate in the dance therapy course in June 2024 to understand the implementation of the course. And conduct statistical analysis as a reference direction for future modifications to dance therapy course teaching. The questionnaire design direction is divided into four aspects: emotion, attitude, cognition, and behavioral intention. And give a rating using the Likert 5-point scale (1 strongly disagree, 2 disagree, 3 average, 4 agree, 5 strongly agree). Based on the Theory of Planned Behavior, this study proposes three hypotheses: the influence of H1 attitude on behavior in dance therapy. H2 attitude has an impact on cognition through dance therapy. H3 attitude has a dance therapy effect on

emotions.

The research topic is as follows. The emotional questions include: 1. When encountering psychological problems, what is the person I often seek help from. 2. When encountering psychological problems, my common method of handling them is. 3. When I face confusion and helplessness, I feel very anxious. 4. When I encounter setbacks, I feel discouraged. 5. When I am under pressure, I feel very irritable. 6. When I feel down, I feel disappointed.

The cognitive aspects of include, 7. I am interested in learning dance courses, which can help relieve psychological stress. 8. I think the intention dance course is easy for me to learn. 9. When I face a low mood, I feel hopeless. In terms of attitude include, 10. I am willing to practice intentional dance frequently to improve my mental health. 11. I think learning dance therapy is a good way to operate independently without the assistance of others. 12. After completing the dance course, I feel a sense of achievement. 13. I am willing to participate in the Dance Therapy Observation Course again. The behavioral questions include: 13. After completing the dance therapy course, I will practice it myself to become a habit. 14. I am willing to share information related to dance therapy with others. 15. When encountering psychological problems, I would choose to first use intention dancing to solve them.

## **4. Research method**

### **4.1 Sample Attributes**

This study analyzes the collected sample basic data. The number of participants is 35% male and 65% female. 70% of teachers have served for 1-10 years, 4% for 21-30 years, 4% for 31-40 years, 4% for 41-50 years, and 18% for 51-60%. The education level is 82% in universities and 18% in research institutes. Income of over 5000 yuan accounts for 82%, and 10000 yuan accounts for 18%. Marital status: 32% married, 78% unmarried, with an average of 3-5 and a standard deviation of 0.1-0.6.

This study uses the partial least squares path model, which is non parametric and has a relatively loose sample size requirement. The sample size is not normally distributed; Facilitating research and investigation of samples. According to the judgment criteria of Hair, Ringle, & Sarstedt [12], the reliability of individual measurement variables, Composite reliability (CR) and Cronbach alpha of latent variable combinations, and Average Extracted Variation (AVE) are the main methods for judging reliability and convergent validity. And use bootstrapping to solve the problem of small sample size and non multivariate normality of data, in order to obtain the stability of variable estimation (Chin) [13]. This study utilized the Smart PLS 3.0 tool for path analysis. The relevant verification standards are described as follows:

The reliability of individual measurement variables is mainly considered based on the degree to which each measurement variable can be explained by potential variables, and the recommended factor loadings should be above 0.7 (Barclay, Higgins, & Thompson, 1995) [14] after analysis. The factor dimensions of attitude, emotion, attitude, cognition, behavioral intention, etc. After conducting the reliability and validity analysis mentioned above, the least squares method was used to analyze and test the causal relationships between latent variables in the structural model. This study used a calibration procedure with 300 bootstrap parameter settings to obtain the stability of each variable estimate (Chin) [13].

We use R-Square to test the significance of the path and the explanatory power of the research model. The significance greater than R-squared is the percentage of variance that exogenous variables can explain for endogenous variables, representing the predictive ability of the research model. Its value ranges from 0 to 1, and the larger the value, the better the explanatory power of the model. The  $R^2$  coefficient of determination represents the magnitude of the explained latent variables in the structural formula. Generally, 0.75, 0.50, and 0.25 represent  $R^2$  values that can be roughly classified as significant large, medium, or small effects [14]. After analysis, the determination coefficients of each  $R^2$  are as follows:

The summary table of regression coefficients for the model (see Table 1) shows that the

regression coefficient of 0.133 between factor 3 attitude and factor 1 emotion is not significant, indicating that the hypothesis is not valid. The regression coefficient of 0.611 between factor 3 attitude and factor 2 cognition is significant, and the hypothesis is valid. The regression coefficient of factor 3 attitude on factor 1 behavior is significant at 0.798, indicating the validity of the hypothesis.

Table 1 Summary Table of Model Regression Coefficients

X → Y	Non standardized regression coefficient	SE	Z (CR value)	p	Standardized regression coefficient
Factor3 → Factor1	0.096	0.191	0.505	0.613	0.133
Factor3 → Factor2	0.418	0.198	2.113	0.035	0.611
Factor3 → Factor4	0.767	0.342	2.246	0.025	0.798

Note: → indicates regression influence relationship or measurement relationship

#### 4.2 Analysis of statistical survey results

The chi square value of this study is 35.280. The chi square/df value is -35.280. The GFI value is 0.902. The RMSEA value is 0.98. RMR value 0.048. CFI value 0.372. The NFI value is 0.447. The NNFI value is 4.766. The df value is 2.976 (see Table 2). Assuming the H1 attitude has an impact on behavior in dance therapy, the hypothesis holds true. H2 attitude has an impact on cognition through dance therapy, assuming the results are valid. H3 attitude has an impact on emotional dance therapy. Assuming the results are not valid (see Table 3), the study variable analysis is shown in Figure 1.

Table 2 Model fitting indicators

Common indicators	$\chi^2$	df	p	$\chi^2/df$	GFI	RMSEA	RMR	CFI	NFI	NNFI
Judgment criteria	-	-	>0.05	<3	>0.9	<0.10	<0.05	>0.9	>0.9	>0.9
Value	35.280	-1	null	-35.280	0.902	0.98	0.048	0.372	0.447	4.766

Table 3 Hypothetical Results

Hypothesis	factor	R2	Result
H1	F2->F4	0.79	Support
H2	F3->F2	0.61	Support
H3	F3->F1	0.133	Not Support

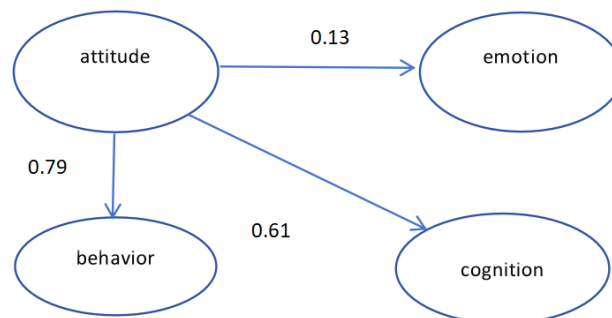


Figure 1 Variation analysis result

#### 5. Conclusion

This study analyzes the collected sample basic data. The proportion accounted for by statistics. This study analyzes the collected sample basic data. The number of participants is 35% male and 65% female. 70% of teachers have served for 1-10 years, 4% for 21-30 years, 4% for 31-40 years, 4% for 41-50 years, and 18% for 51-60%. The education level is 82% in universities and 18% in research institutes. Income of over 5000 yuan accounts for 82%, and 10000 yuan accounts for 18%.

The R2 determination coefficient of attitude is 0.758, indicating a strong significant effect. The R2 determination coefficient of behavioral intention is 0.865, indicating a strong significant effect. The R2 determination coefficient of emotion is 0.098, and the significance effect is weak. The chi square value of this study is 35.280. The chi square/df value is -35.280. The GFI value is 0.902. The RMSEA value is 0.98. RMR value 0.048. CFI value 0.372. The NFI value is 0.447. The NNFI value is 4.766. The df value is 2.976. The emotional R-squared value is 0.018. The cognitive R-squared value is 0.373. The R-squared value of behavior is 0.637. Assuming the result, the hypothesis of attitude on emotion is not valid. The attitude holds true for the cognitive hypothesis. Attitude holds true for the assumption of behavior.

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