DANCING

ARTS FOR HEALTH

Series Editor: Paul Crawford, Professor of Health Humanities, University of Nottingham, UK

The *Arts for Health* series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people stay healthy or improve their health and wellbeing.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and wellbeing. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organisations, carers and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers understand the evidence about the value of arts for health and offer guidelines, case studies and resources to make use of these non-clinical routes to a better life.

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DANCING

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Leeds LS1 4DL.

First edition 2025

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-83753-915-4 (Print)
ISBN: 978-1-83753-912-3 (Online)
ISBN: 978-1-83753-914-7 (Epub)

We should consider every day lost on which we have not danced at least once.

Friedrich Nietzsche
(1844–1900)

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FOREWORD: CREATIVE PUBLIC HEALTH

The 'Arts for Health' series aims to provide key information on how different arts and humanities practices can support, or even transform, health and wellbeing. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and wellbeing and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and wellbeing of individuals, families and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books or films had to be destroyed, learn that singing, dancing or theatre had been outlawed or that galleries, museums and theatres had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before, and today, many people remain terribly restricted in artistic expression and consumption.

I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends, or for hard-pressed healthcare professionals, to encourage them to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

PREFACE

The arts have long been engaged in communities to support the vital work happening in a multitude of health settings, as a means of maintaining or improving health and wellbeing. Increasingly, dance has been put forward to offer solutions for social recovery through educational, community and social care projects. Dance has become a significant contributor to the therapeutic ethos permeating all facets of culture. Dance offers a unique approach to tackling health and wellbeing due to its dual identity as a physical activity and a creative form of expression. Whereas the experiential aspect of contemporary dance is particularly relevant to a therapeutic context, there are many other forms of dance that are supporting health.

Dance and movement are everywhere, in all different settings. Formalised dance delivery can take place in care homes, studio spaces, dance clubs, church halls and at home, to name only some. This volume will introduce a number of dance and movement styles that are used in community and health settings, including ballroom, ballet, modern and contemporary dance and Asian dance, as well as fitness-based forms such as Zumba. Many case studies come from the UK, but there are a number from elsewhere in the world, so some cultural and national dance forms are explored. While the primary focus is on amateur engagement with dance, the benefits of undertaking dance professionally and in formal training is explored through our evaluation of dance as an activity with therapeutic benefits.

There is a growing need for accessible, guided literature about how dance can advance health and wellbeing (Chappell et al., 2021). While physical activity is directly linked to health, dance has not always been associated with healthy practice. Safety and

accessibility issues in dance have been at the centre of recent research that has contributed to new insights and recommendations for safe and inclusive dance practice for a wide range of participants in both professional and amateur contexts (Quin et al., 2015; Whatley et al., 2018). Less focus on physical aesthetics and virtuosity and more emphasis on the experience of the participants in dance have allowed a shift in the understanding of safe practice in dance. It is within this shifting landscape that the relationship between the physical, mental and social in dance has been more significantly applied to the treatment or support of a range of conditions. While increased participation is a welcomed, positive shift, dance must be delivered safely by facilitators who are trained/experienced. Dance activities for vulnerable people must be carefully managed to avoid harm and address issues of accessibility. For example, dance for people with dementia should be delivered with care and particular attention to what dance engagement could trigger, similar to dance movement psychotherapy as a therapeutic treatment option.

There are dance practitioners working across the globe, offering non-clinical but effective ways to maintain or improve physical and mental health and wellbeing. This volume documents, unpacks and recommends ways that individuals can utilise dance as a tool to manage aspects of their health and wellbeing. Written for both those new to dance and those well-experienced in it, *Dancing* gathers case studies from the UK and beyond that explore the ways in which dance is being utilised to tackle a range of health and wellbeing-related issues, including physical inactivity, Parkinson's and depression. This book is constructed as a guidebook for individuals to use, either solo or as part of a bigger group, with inspiration for guided activities that people can undertake, information on how to get involved in dance, case study examples to use as motivation to explore dance as a physical and creative activity. This guidebook approach, we hope, will equip you as readers with practical ideas for using dance and movement in developing bodily awareness, sense of self and engagement with others, key factors in maintaining healthy identities and improving social relationships.

ACKNOWLEDGEMENTS

Our first thanks must go to the organisations and individuals who serve as case studies in this book. Our mission with *Dancing* was to spotlight some of the brilliant, groundbreaking practice in dance and health spaces that, for many, is the result of years if not decades of experience. We thank you for your time and support in co-writing these small snippets of much bigger, nuanced practices. We hope we have captured something of the transformative work you do.

We are very grateful to the team at Emerald for their guidance and support in the development of the book. Special thanks goes to Katy Mathers and Prof Paul Crawford as fierce advocates for the message at the heart of this book series, and for supporting us in the maturing of our ideas through the proposal stages. Thanks also to Charlotte Maiorana and Pavithra Muthu for your guidance through the publication process.

This book was created through collaboration and many of the ideas flourished out of conversations we have had with colleagues and peers at certain events. Thank you to the attendees at the Dance for Health Research Network Day, held at the University of Winchester in June 2023. Thank you to Dr Emma Meehan and Dr Supritha Aithal for the time spent in conversation about the developing area of dance and health.

Thank you to colleagues at the Centre for Dance Research (C-DaRE) at Coventry University for their continued support in developing writing and cultivating a culture for dance research in which ideas can be challenged and nurtured. Similarly, we would like to thank colleagues at the University of Winchester and, in particular, Dr Catherine Seago for her stimulating contribution to this project. Funding received from University of Winchester and

Coventry University facilitated our collaboration and in-person co-writing sessions, which were invaluable, as well as helping to make this publication open access.

With continued thanks to our proofreaders Dr Tim Fletcher and Jonathan Stamp for always answering our call!

Above all, we are hugely indebted to all the dance participants who have shared (directly or indirectly) their personal experience of dancing and how it has transformed their health, wellbeing and overall, their lives. These testimonies have been the propulsion for writing the book and have cheered us along at times when we needed to just keep on dancing.

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WHY DANCE? AN INTRODUCTION TO DANCING FOR HEALTH AND WELLBEING

Our first sensory awareness is through movement. Before being born, we dance through the movement of the breath, the movement of fluid and the creation of our own body. Movement precedes all other senses. On a collective level, dance predates language and has been part of human history since the earliest times. It brings embodied emotions to spiritual rituals and forges bonds within communities. Every culture has used dance as an integral part of life, whether it be to creatively tell a story, share a message or to celebrate.

Dance is a joyous and expressive art form that releases 'feel-good' hormones associated with increased feelings of happiness and confidence. Dancing offers all the benefits of physical activities with the added artistic benefit of creativity, self-expression and social connections. Dance participants engage in playful activities with the potential for transformation, discovery and cooperation. There is a substantial body of evidence of the effectiveness of dance practice in strengthening a person's resources and capacity for wellbeing. This is the position from where we will explore dancing for health and wellbeing through this book, but first, *what is dance?*

WHAT IS DANCE?

One of the first things you may have noted from our introductory paragraph is the use of the term 'movement' alongside 'dance' or 'dancing'. Historically, dance has been used as a non-verbal form of expression; to prepare for battle, as a form of protest, as an integral part of celebrations, rituals and as a form of social interaction (Grau, 1998). But dance can mean many things to different people, and there are also many preconceptions and misconceptions about what dance can be. In many cultures, dance is associated with celebration and performed collectively at significant events such as weddings, Bar Mitzvahs and New Year celebrations. Dancing can also be a symbol of national or cultural pride, through historic folk dance forms (Flamenco, Yoruba or Cossack), during events as a form of respect or intimidation (the Māori haka) or dancing taking place during national events, such as carnivals, sporting events or times of political change. Dancing and movement practices have also historically been used as a form of communication within oppressive environments where verbal communication was banned, such as African Gumboot dance, or as a form of self defence, such as Brazilian Capoeira.

For some people, dancing involves choreographed or learnt steps that are part of a codified dance style with a specific history and culture. This can include ballet, bharatanatyam, salsa, modern or contemporary dance and ballroom dance styles, to name a few. For others, dancing and moving is an exercise practice and can include activities such as choreographed aerobic classes or Zumba. Dancing does not have to be choreographed, but can be improvised or impulsive, such as dancing that takes place during rave events or creative dance workshops. Somatically based practices and mindfulness-informed activities such as yoga or Tai Chi are also movement practices that are very closely linked to dance practice. Dance is also used alongside other performing arts disciplines, such as music and drama, within musical theatre productions and utilised daily as a form of entertainment. You might frequent entertainment venues where you either observe dance, such as a theatre or cabaret venue, or participate in dance activity, such as a nightclub.

Dancing is both a physical and a creative practice, which makes it unique among arts and exercise practices. This dual identity means that both the practice of dance and the study of dance are broad. Some people might view dancers as athletes, others might see them as artists and many will identify as both. The multi-faceted nature of dance means that it is an ideal activity for developing, managing and sustaining one's health, both physical and mental. In addition, while dance can be performed alone, it is also a highly social practice that serves as entertainment and escapism on television shows and in films, for example.

The physical practice of dance shares some values and behaviours with more traditional modes of medical body rehabilitation, such as physiotherapy or physical therapy. However, the paradigm, lens or model through which movement is being conducted is the distinguishing factor.

> *For dance and for rehabilitation medicine, movement is both method and result. In the rehabilitation paradigm, movement is medicine. In the dance paradigm, movement is art. Often a single movement can be both. Perhaps, through this phenomenon of movement, the arts and medicine are more interdependent than we previously imagined. (Worthen-Chaudhari, 2011, p. 483)*

Interaction between medical practitioners and dance artists is growing, as many case studies in this book will highlight, bringing together different approaches to explore innovative ways to address public health concerns and inequalities.

DANCING FOR HEALTH

Similar to many of the books in this *Arts for Health* series, we approached this project with an expanded view of 'health and well-being', considering it not only in relation to medical understandings of health but also holistic approaches to living well. This includes considering the issues of health inequalities and what can impact them, how health can impact on quality of life measures such as education, work and relationships and how certain skills or traits are needed in order to advocate for your own health prospects.

There has been a growing eagerness to clarify approaches to arts and health, articulating the differences between those that are therapeutically rooted and those that are artistically rooted. Tensions have arisen over how different approaches value aspects of the practice in not only intention but also divergent methodology and delivery methods (Broderick, 2011). This is also true of the field of dance and health. Differences in approaches can be viewed in terms of primary and secondary intentions. Therapy-based practices employ art as a medium for encouraging expression and communication, with enjoyment of the art form seen as secondary, whereas dancers working in health contexts prioritise the experience of dance, with therapeutic and medical benefits being advantageous byproducts (Broderick, 2011).

While dance therapy and dance in health approaches both have their place and purpose, it needs to be made clear when and how these approaches are being employed. This is important not only for the participants to understand their care provision but also for the respective fields of health and dance to understand the lens through which dance activity is being delivered. We will be attempting to examine the instrumental or intrinsic value of dance (for/in health), which is needed (Blades, 2018, p. 11), while recognising the need to be cautious about exaggerating the value of dance, and acknowledging limitations and gaps that require more research (Clift et al., 2021).

The case studies presented in this book speak to the ways in which these approach-based tensions manifest themselves in practice, and how artists and practitioners have worked to address them. In the following sections of this chapter, we will present an overview of three approaches to the practice of dance and health that our case studies and discussions interact with, either resisting or embodying the values of these approaches: somatic-informed movement practice, dance as therapy and collaborative health.

SOMATIC-INFORMED MOVEMENT PRACTICE

Somatic-informed movement practice (SIMP) uses movement improvisation, sensory awareness, imagination and touch. While SIMP is not understood as a therapy as such, it offers therapeutic

values which share some of the practical outcomes sought by the wider field of somatic practices, including an awareness of the presence of emotion, anatomy, affect, memory and dream and the regulatory support of the autonomic nervous system (Collinson, 2020).

In this book, we demonstrate how dance artists trained in SIMP help people recover a sense of wellbeing through applying their skills in supporting others to sense their bodies. Their abilities to observe the smallest shifts and changes in bodies enable a sense of movement to be expressed. While it might not look like dance in its conventional sense, it allows people to communicate through movements and the body. A focus on inner sensation and small internal movements relaxes and stimulates blood flow and provides participants with a healthier sense of wellbeing or even lessening of pain (Tufnell, 2017, p. 105).

Similar to mindfulness approaches, whereby awareness of the present moment can help relieve sensation of pain, the focus on the present moment in somatic dance is considered an effective way of managing pain.

> *The somatic dance practitioner can simultaneously support an increasing awareness of the whole body and of the environment outside of the body with the use of objects. The expertise of the dancer is the moving body and the ability to read and explore the potential for movement in others. The somatic dancer introduces these processes gently and in a person-centred way that is accessible to all. (Dowler, 2016, p. 24)*

In her research on SIMP in hospitals, Collinson shares a conversation with the dance artist Cai Tomos who reflects on his encounter with a patient who can't walk due to an infection in his leg.

> *P is very anxious and fearful of what the future might hold. I suggest that we do some work on the breath and the feeling of connection to his leg. I explain about the building of neural pathways through movement and encourage him to do what feels right. As we work together P begins to close his eyes and slowly move his leg a little. I asked him what it feels like, and he speaks of his leg being like a*

> *frozen lake. I gently ask if I can place my hand on or near his leg. The next 5 or 10 minutes are based on listening to P begin to describe and expand on his perception of his injured leg. I ask questions to encourage the dialogue. Slowly he begins to describe a thawing of this frozen lake and through this use of imagination and metaphor P's perception of his injury begins to broaden and with that his confidence. That afternoon P tells me he feels ready to work with the OT's [Occupational Therapists] to begin to try walking. I hear back from the OT that something has shifted from this session that allowed P the confidence to engage differently and perhaps with a little more confidence in his recovery. (Tomos in Collinson, 2020, p. 4)*

More detailed case studies of Arts and Health programmes using somatic dancers to support nurses and other caregivers as part of a multi-disciplinary team are outlined in Chapter 5. You will come to see that the notion of dance practice not intended as a therapy but having therapeutic benefits is a feature of many of the practices we explore and spotlight in this book. However, we recognise the place and value of dance as a therapy in its own right, so will explore this field briefly now.

DANCE AS THERAPY

Dance movement therapy (DMT) and psychotherapy (DMP) is a process that uses dance and movement within a therapeutic process to delve deeper into explorations using a psychosomatic approach. It works as a form of somatic therapy for dealing with mental health issues, trauma processing and information processing, for children and adults of all ages and abilities. 'DMP is an empathic creative process practised as individual and group therapy in clinical, community, and educational settings, as well as in private practice' (ADMP UK, 2024).

DMT places the emphasis on the emotional, cognitive, physical and social integration of a person by means of movement and dance. Trained therapists use movement to achieve a therapeutic aim which is at the heart of the intervention. This distinguishes

DMT from dance for health practices whereby therapeutic outcomes might be possible but are not the focus. Being exposed to creative movement might create a therapeutic value, but it happened as an additional result to the sense of wellbeing that dancing provides. DMT's process may not be pleasurable for the client, for therapy is not a recreational activity. It can be a demanding, and at times emotionally draining experience (Karkou & Sanderson, 2000). The inclusion of the term 'psychotherapy' in DMT can also be interpreted as an effort to establish the practice as a form of psychotherapy.

Although more research is needed to verify the high level of variability of findings, studies have evidenced that both DMT and dance interventions have persistent long-term effects by improving clinical, cognitive and psycho-motor outcomes (Koch et al., 2019).

COLLABORATIVE HEALTH

Among the body of evidence that advocates for quality of relationship in health care, the development of a strong therapeutic relationship has been found to be one of the key factors for positive experience and outcome in rehabilitation based on physical activities and exercises. Physical therapy studies have concluded that 'the clinical context that an exercise program is delivered within may be just as important as the exercise program itself' (Powell et al., 2023, p. 1). Building relationships that are based on equal and collaborative exchanges – with opportunities for negotiation and choices – enhances patients' engagement and recovery (Ocloo et al., 2020). In addition, collaboration among healthcare professionals to share knowledge and skills has led to more inclusive perspectives in health care. The term 'collaborative health' covers a number of related and overlapping concepts, including integrated care (NHS, 2014) or relationship-based care (RCGP, 2021), which recognise the value of the exchanges among clinical care teams and between caregivers and patients.

Dance artists working in health contexts and, in particular, practitioners who use somatic approaches describe the relational aspect of the process with their participants as 'co-creative'. They see co-creative practice as an emergent process – fluid, spontaneous

and underlined by trust (Tufnell, 2017, p. 95). This emphasis on co-creation features in many of the case studies that we will present throughout this book, recognising the importance of developing agency and empowering people to advocate for their health needs, in spaces and at times where it is often challenging to do so.

DANCE ON PRESCRIPTION

Social prescribing schemes offer dance to people as a way to support their health and wellbeing. Sometimes referred to as community referral, they aim to connect people to activities and services, while breaking down access barriers to community-based care such as financial cost, distance and mental trepidation. Dance is one of the activities people can be socially prescribed, along with crafting, cooking and sports, and these sessions are often delivered within the community.

The National Academy for Social Prescribing refers to social prescribing as 'evidence based interventions, which are designed to improve health and wellbeing outcomes, by referring individuals to non-clinical services and activities typically offered by the local voluntary and community sectors' (Khan et al., 2023, p. 4). There is a growing body of evidence to support the implementation of social prescription, but it requires a great deal of partner networking and liaison. Building partnership with delivering organisations such as Aesop (Arts Enterprise with a Social Purpose) or Dance Network Association (see case study in Chapter 6). Social prescribing is a growing area of health and arts activity around the globe and has much potential to support and alleviate the pressures of traditional medical systems, but research into the impact and benefits of arts and social prescription needs more long-term investment. At the time of writing, international reports have mapped the global developments in social prescribing across 27 different health system contexts, including England, Scotland, Wales, Northern Ireland, Republic of Ireland, Canada, the United States, Portugal, Spain, the Netherlands, Finland, Italy, Germany, Austria, Poland, India, Iran, Japan, Singapore, Malaysia, China, Taiwan, South Korea, and Australia (Khan et al., 2023).