

## **EDITORIAL**

# DANCE-A WAY TOWARDS HEALTH AND WELLBEING

BY: Anne Margrete Fiskvik<sup>1</sup>, Anna Duberg<sup>2</sup> & Sofia Jusslin<sup>3</sup>

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#### **AUTHOR BIOGRAPHIES**

Anne Margrete Fiskvik (Dr.Art) is Professor at the Department of Musicology/Dance Studies Program, NTNU Norwegian University of Science and Technology. She has worked as professional dancer, choreographer, teacher, dance therapist, and psychologist. She leads the project "Dance and social health," and has previously published extensively within early/Norwegian dance history, choreomusical analysis and practice(s), and popular dance and music cultures. Anna Duberg (PhD), reg.

physiotherapist, affiliated researcher at the School of Health Sciences at Örebro University, and research supervisor at the University Healthcare Research Center, Region Örebro County, Sweden. Her thesis from 2016 highlights how participation in dance intervention can reduce internalizing problems in youth, and this method is today implemented nationally to complement school health care. Main research interests include how physical activity, dance and movement influence health for vulnerable target groups.

Sofia Jusslin (Ed.D.) is University Lecturer in Swedish and Literature Education at Åbo Akademi University and Visiting Researcher at The Center for Educational Research and Academic Development in the Arts (CERADA) at University of the Arts Helsinki. She is editorial member of Dance Articulated. This special issue highlights some of the ways that dance can enhance different aspects of health and wellbeing. During the last decades, there has been increasing interest in the roles that dance and dancing can play in reducing somatic and psychological health issues, strengthening well-being, and developing positive lifestyle habits (e.g., Clifford et al., 2022; Fong Yan et al., 2018; Hickman et al., 2022; Schwender et al., 2018; Sheppard & Broughton, 2020; Tao et al., 2022). Therapeutic methods (e.g., dance movement therapy), branches (e.g., health dance), and different dance interventions explore the potentials of using dance therapeutically, socially, pedagogically, and in health care contexts (Koch et al., 2019). In the call for this special issue, we encouraged research and ideas that highlight how dancing to strengthen health can provide opportunities that challenge traditional ways of thinking and how we can successfully continue to operate as health workers and dance practitioners, educators, and researchers.

Health, as defined by Bircher (2005), is "a dynamic state of wellbeing characterized by a physical, mental and social potential, which satisfies the demands of a life commensurate with age, culture, and personal responsibility" (pp. 335-341). Research on dance can, in general, be seen as having links to all the aspects of health that Bircher mentions: the physical, the mental, and the social. Through closer scrutiny of these areas, physical health in relation to dance has typically been researched within the field of dance medicine and dance science - a specialization that looks primarily at the physical health of (often professional) dancers (Berardi, 2012). Dance research also has a natural connection to the concept of wellbeing, which is defined by Simons and Baldwin (2021) as "a state of positive feelings and meeting full potential in the world. It can be measured subjectively and objectively, using a salutogenic approach" (p. 990). Active participation in dance appears to maintain or increase individual wellbeing through a highly engaging and enjoyable approach (Sheppard & Broughton, 2020). As this, in turn, positively influences the ability to stay motivated and commit to ongoing dance activities and interventions (Sheppard & Broughton, 2020), dance can be viewed as a salutogenetic tool that strengthens active and social lifestyle habits.

The joint bodily and mental health of individuals is the subject of what is known as Dance Movement Therapy (DMT), originally developed in the United States. DMT relates to and works with methods invented by experts for clinical treatment based on theoretical foundations from psychology, neuroscience, and movement science (Payne, 2006). This area has gradually been developing, following the development of new, "modern" ways of dancing that were developed between 1880–1920 (Brown et al., 1998). These modern ways have branches that can be followed both in the United States and Europe, with an emphasis on the therapeutic aspect in the US, and the more bodily/somatic/ physiological aspects in Europe (Koch et al., 2019). Payne (1992) defines DMT as the "psychotherapeutic use of movement and dance founded on the principle of motion and emotion being inextricably entwined. This relationship is the channel through which a person can embody a deeper connection with the self" (p. xv). The latter understanding is closely related to early twentieth century ideas from Europe (Cohen, & Matheson, 1992), where using dance for the purpose of healing and health arose among dancers in expressive and modern dance, inspired by ideas from Rudolf Laban, Warren Lamb, and Irmgard Bartenieff (Payne, 2006). Some of the issues and aims were the freedom of selfexpression targeting mental health and the arts, as well as ergonomic studies and bodily rehabilitation, targeting physical health (Payne, 2006).

When taking a wider healthcare spectrum into account, DMT studies are often to be found in institutional healthcare contexts (e.g., psychiatric hospitals, rehabilitation centers, schools, and private practice), and dance intervention studies are commonly embedded in preventive contexts (Koch et al., 2019). Both disciplines have been shown to improve clinical, cognitive, and (psycho-) motor outcomes (Koch et al., 2019). Dance interventions are defined by Koch et al. (2019) as "various dance styles (e.g., ballroom dance, folk dance, contemporary dance), which aim to improve the quality of life or other health-related psychological outcomes of the participants" (p. 2), and aligns with DMT through five mechanism clusters: (1) hedonism, (2) aesthetic experience and its authentic expression, (3) non-verbal meaning-making, (4) enactive transitional space, and (5) creation (Koch, 2017). These clusters, merged together, can be linked back to Bircher's (2005) definition of health, as they can contribute to a dynamic state of wellbeing for everyone who participates. The third cluster, "non-verbal meaning-making", involves not only emotional expression and regulation, but also communication and social interaction (Koch, 2017), which is essential to reducing loneliness and feelings of social and societal exclusion. Stimulating a sense of belonging in a group through dance activities can enhance experiences of trust and social cohesiveness, which in turn can strengthen pro-social behavior and counterbalance competitiveness (Bojner Horwitz et al., 2022).

Accordingly, because health and wellbeing in dancing can be approached from numerous perspectives and fields – also more than those accounted for here – this special issue is open towards broad definitions of health and wellbeing. This special issue was also open toward all areas where dance is practiced, shared, taught, created, learned, researched, and developed.

#### Contributions to the special issue

Against this background, we invited submissions that critically and creatively discuss, define, and present examples of how dance practice can be used in dance and health, and how dance practices, research, and interventions might have the potential to contribute to strengthening health and giving hope, enjoyment, relief, change, and opportunities for movement. In this invitation, we posed questions of: How do dance therapy and dance interventions affect the health and wellbeing of different target groups? How can we broaden the use of dance interventions in health care (treatment, prevention, and rehabilitation)? How can dance be a tool in reducing the burden of mental health problems? What effects, relations, and communities emerge through issues of health in dance practices? How can we engage in dance research and practice while focusing on healthy dancing in a socially and physically distanced context?

Some of these questions were touched upon in the submissions we received from around the world. With this special issue, we present two articles that critically and creatively

discuss, define, and present examples of how dance practice can be used in dance and health. The articles demonstrate how dance practices, research, and interventions might have the potential to contribute to strengthening health and giving hope, enjoyment, relief, change, and opportunities for movement.

The two articles include conceptual, applied, and methodological research approaches, focusing on the development of methods for finding and implementing mechanisms that work positively in the promotion of social health for a given target group. Thus, the articles include not only dancing itself but also other kinds of interactions in water and at communal dance events.

The article *Structured Water Dance Intervention for adults with profound intellectual and multiple disability: Development and description of the method*, by Marie Matérne, André Frank, Lars-Olov Lundqvist, and Anna Duberg, provides insight into how dance can be a viable method in disability health care settings. In the Structured Water Dance Intervention (SWAN), persons with profound intellectual and multiple disability (PIMD) participate in dance in a warm water pool under the guidance of two instructors and a support person who acts as a dance partner. SWAN constitutes an innovative activity for a target group who often have limited access to community activities and cannot actively involve themselves in meaningful activities. With the key components of experience of dance and music, adapted movements, stimulation of the senses, and interaction, the method has the potential to increase wellbeing for individuals with PIMD and might also provide inspiration to disseminate dance for all, regardless of the level of need and required adjustments.

In *Re-imagining "how" community dance affects the bealth and wellbeing of older adults*, Francine Hills, Ralph Buck and Becca Weber ask "How does dance affect the health and wellbeing of older adults?" Through critical discussion of the potential insights that can be gained from the roots of research aims and methodologies, the article goes beyond considering how research evidence is articulated to instead considering how it is being asked. The authors position the article in a body of dance and health research and lean on a critical gerontology debate to present various "how" questions in relation to research literature from various perspectives, such as the practitioner, participant, and sector perspectives. Thus, the article contributes with understanding of community dance and its benefits for the health and wellbeing of older adults.

The two articles of this special issue critically discuss, reflect, and give examples of how dance and dancing can be a way towards health and wellbeing. Our hope is that the special issue will be of interest to researchers, artists, teachers, practitioners, or anyone working with dance, health, and wellbeing.

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