



PEER-REVIEWED ARTICLE

DANCE FOR PEOPLE WITH PARKINSON'S DISEASE BRINGS HAPPINESS, WELL-BEING, AND ENHANCED MOBILITY

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ABSTRACT

This project has its starting point in a dance class with 14 people with Parkinson's Disease who participated in Dance for Parkinson's Disease® (Dance for PD). PD is a progressive neurodegenerative disorder associated with symptoms such as tremors, freezing, slowness of motion, and non-motor symptoms such as fatigue, sleep disturbances, and neuropsychiatric disorders. The purpose of this study was to explore the dancers' experiences of participating in Dance for PD. The study was designed with a qualitative structure (framework). Data collection included diary entries after every dance session and, finally, two focus group interviews. All data were analyzed with thematic analysis. Three themes from all the data emerged: *Maintaining everyday life*, *Working with health conditions*, and *Transformation to a happier life*. The findings suggest that Dance for PD

can be a complement to treatment. Attending the dance classes was an important activity in the lives of the participants. The participants in Dance for PD experienced improved physical mobility and well-being, and through the dance they gained an increased confidence in their own abilities and dared to challenge other aspects of everyday life. The dance teacher's pedagogy with varying music and movements adapted to the participants became important for the actual experience of the dance. The dance promoted social interactions, and the participants experienced togetherness. In the study, Community of Practice (CoP) serves as a lens for discussing the findings.

Keywords: *Dance for Parkinson's Disease®*, *physical mobility*, *togetherness*, *well-being*, *qualitative design*

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INTRODUCTION

Parkinson's disease (PD) is a progressive neurological disease that leads to several bodily disabilities, such as impaired and slow motion, muscle stiffness, and tremors. Later during the illness, speech and facial mimicry are also affected (Sveinbjornsdottir, 2016). Lack of motor skills, speech difficulties, and lack of facial mimicry can lead to people with PD avoiding social activities and isolating themselves at home (Suzukamo et al., 2006). PD is also associated with non-motor symptoms, such as anxiety and depression (Schrag & Taddei, 2017).

The risk of suffering from PD increases with age; most of those affected are over 65 years old, and an onset before the age of 30 is unusual. One percent of the world's population aged 75 are estimated to be affected by the disease (Dorsey et al., 2018). In Sweden today, approximately 24,000 people live with PD (Karolinska Institutet, Research PD, 2024). The medical treatment provides only symptom relief, and the disease cannot be cured (Duncan & Earhart, 2012). Most studies show that physical activity and dance complement traditional physiotherapy and pharmacological treatment (Lee et al., 2017; McRae et al., 2017; Westheimer et al., 2015). Different forms of dance have been shown to have positive effects on the symptoms of people with PD (Pieria et al., 2019; Wang et al., 2022), including ballet and modern dance styles that have been specifically developed for the patient group (Bears & DeSouza, 2021). Moreover, studies have also shown that participation in dance classes for people with PD not only improves motor symptoms but also quality of life (Elpidoforou et al., 2022; Jola et al., 2022) and self-esteem (Feenstra et al., 2022). Improvements have also been made independent of the dance program, dance style, or length of time the person has participated in the dance class (Rasheega Ismail et al., 2021). Dancing provides added value to traditional healthcare in physical areas such as balance and mobility, in mental areas such as joy and courage, and in social areas such as security and community; producing overall a generally increased well-being (Bognar et al., 2017; Elpidoforou et al., 2022; Jola et al., 2022; Kunkel et al., 2018; McRae et al., 2017; Rocha et al., 2017; Sundström & Jola, 2021).

In the early 2000s, the Mark Morris Dance Group and the Brooklyn Parkinson Group in New York developed a global dance concept: Dance for Parkinson's Disease® (Dance for PD, 2024; McRae et al., 2017). Dance for PD offers specialized dance classes to people with PD, their families, friends, and care partners at several locations in New York, as well as in numerous countries around the world. Dance for PD has been developed as a tool for beneficial and enjoyable exercise for people with PD. The dance lessons are led by a professional dancer, educated in Dance for PD. The dance teacher modifies movements from ballet and modern and classical dance. The participants are mentioned as dancers and not as patients (Butt, 2017).

Interest in research on dance for PD and its effects on health is growing around the world (Carapellotti et al., 2020; Elpidoforou et al., 2022; Jola et al., 2022; McRae et al., 2017). Research shows that the dance, which is especially adapted for people with PD, improves motor skills and has a positive psychosocial impact (Elpidoforou et al., 2022; McRae et al., 2017). The concept of psychological well-being includes interpersonal relationships, reality testing, independence, problem-solving, stress tolerance, self-confidence, and happiness (Steptoe et al., 2015).

▶ CONTEXT

The research team was asked by the art and health director in the region to investigate the value of dance for people with PD. To the authors' knowledge, there are few qualitative studies on how people with PD experience participation in Dance for Parkinson's Disease® (Dance for PD, 2024), so the request from the art and health director was intriguing.

The research team consisted of EF, a registered nurse and senior lecturer in nursing with a research interest in pedagogy-and caring science, who had also made a study visit to the Mark Morris Dance Studio in Brooklyn, New York, and participated in a Dance for PD class; KZ, a registered nurse and professor of nursing with a research interest in dignity and proactive healthcare; LK, a licensed physical education teacher and senior lecturer in educational science with a research interest in the effect of physical activity on health and the importance of social support; and BK, a lecturer with a degree from the ballet academy, who participated in the observations and data collection.

The study was conducted in a dance studio in a city in the Halland region of Sweden. There are approximately 170 people diagnosed with Parkinson's disease in the region, and 14 people with PD participated in the study. The region's director of art and health has extensive professional experience as a professional dancer and is also trained at the Mark Morris Dance Company in Brooklyn in the Dance for PD method. Professional dancers are experts on movements, stretching muscles, balance, and rhythm. Music is selected and adapted to activate movement, rhythm, and pace in people with PD. In collaboration with the public university, the region's director started courses in Dance for PD in the region and was also the dance teacher for the people with Parkinson's disease in the current study. He advocates that everyone should have access to dance as an art form. As a complement to physiotherapy, people with PD were offered the opportunity to participate in Dance for PD.

The purpose of this study was thus to explore the dancers' experiences of participating in Dance for PD.

THEORETICAL FRAMEWORK

As theoretical framework for this study we have chosen *communities of practice* (CoP), as CoP refers to groups of individuals who share an interest in or passion for something they do and learn to do it better through regular interaction. This perspective is relevant to Dance for PD, as dance is not only based on physical movement and artistic expression, but also promotes collective learning, mutual support, and a shared identity among participants. Cognitive anthropologist Jean Lave and educational theorist and practitioner Etienne Wenger (1991) describe the concept of CoP as learning being a complex process where participation in a social context creates learning in the situation. The concept is based on an attempt to develop a description of human learning inspired by social theory and anthropology. A complex social system is seen as the interconnection of several communities of practice, while a single community of practice can be seen as a simple social system (Wenger, 2010). Wenger describes the prerequisites for learning through four components that together create opportunities for learning.

- Meaning - Learning as experience
- Community - Learning as belonging
- Internship - Learning as doing
- Identity - Learning as prospective

Wenger et al. (2002) broaden the idea of CoP by defining it as a group of people who share a concern, problem, or passion about a subject about which they deepen their knowledge and expertise by continuously integrating it. Wenger (2010) clarifies that the commitment cannot be assigned to individuals in the community or forced upon them; it must come from the individual and should therefore be seen as voluntary. Learning takes place in the social practice community where relationships between people are identity-creating; it can be seen as the meaning of action in a social system as the process continues through active social participation. Commitment means double meaning-making. On the one hand, it is in direct participation in activities, conversations, and relationships. On the other hand, physical and meaningful artefacts are produced through words, tools, and methods. According to Wenger (1998), learning should lead to experiencing the world and perceiving it as meaningful by being competent and participating in the community. In a newly published systematic literature review (Noar et al., 2023), the common aim of CoP was directly to improve clinical outcome. Further, CoP has, for example, been used in activity-based training and therapy for people living with spinal cord injury or disease (Kaiser et al., 2024). In the current study, CoP serves as a lens for discussing the findings.

METHODS

Design

This study used a qualitative design (Polit & Beck, 2017). The data collection started with follow-up diary entries after each dance session and was completed by interviewing the same participants in two focus groups after the final dance session.

Intervention

Dance for PD had been introduced to a dance group where the participants had PD. The sessions were led by a professional dancer, further educated in Dance for PD, in a program of the Mark Morris Dance Group, New York, United States (Dance for PD, 2024). The dance teacher modified movements from ballet and modern and classical dance. The dance movements were performed both individually and in groups. The dance can be practiced sitting or standing, and the participants move based on their ability.

The participants are introduced to the techniques that dancers practice to control their body and movement, for example through gaze, sound, touch, thought, and imagination (McRae et al., 2017). Rhythm is used to make it easier for participants to remember movements, create dynamics, and not get stuck in locked positions (freezing), which is common for PD. The voice is used as an instrument in dance, among other reasons because of the monotonous voice that often develops in PD. Each dance session begins with a warm-up by sitting on chairs to prepare the body and breathing,

- ▶ increase blood circulation, and help the dance participants gain an increased awareness of their own body. Dance exercises are then performed with different movement qualities that train balance, movement, and walking exercises. Furthermore, the dance teachers use different choreographies to stimulate improvisation, as well as training in coordination, memory, spatial orientation, and being able to do several things at the same time. Pair exercises provide space for increased social interaction and touch. The dance sessions end with some form of relaxation (Dance for PD, 2024).

Participants

A purposeful sampling was chosen (Polit & Beck, 2017). The dance class included 14 people with PD who participated in Dance for PD once a week for 11 consecutive weeks; most of the participants had danced for a couple of semesters. The sample included 12 women and two men (age range 38 – 82), with the participants being in different stages of PD. All the participants received regular treatment from a physiotherapist at the center for PD in the hospital. Dance for PD was an adjunct to the treatment. The dance teacher was attached to the center for PD, but the dance lessons were organized in a dance studio in town.

The participants were asked to take part in the study by the dance teacher. All 14 participants in the specific Dance for PD group in a town in southwestern Sweden took part in the study. The researchers informed the participants about the study at the beginning of the first dance session in spring 2019.

Data collection

Data was collected through diary entries and focus group interviews during the spring of 2019. After each complete dance session, each participant reflected and answered in writing in the diary entries on the value of the dance, how it felt, their experiences, and what the day's lessons had been. The description focused on three areas: knowledge, perceptions of feeling, and experience.

The reflection would only be described briefly and possibly described in single words. The ability to write for the participants could be limited; sometimes a partner or assistant was asked to help answer the questions for the diary entries. All participants were asked to write down their experiences and thoughts after they had participated in the dance class; in total, 111 diary entries were collected.

After the final session, all 14 participants in Dance for PD were invited to a focus group interview, and divided into two groups to follow up on their experiences of dancing. All participants accepted the invitation to share their experiences and were acquainted through the Dance for PD. An interview guide with five interview perspectives was constructed: the meaning of dancing, the value of dancing, making a difference in daily life, challenges and consequences of participating in dance, and making a difference at home. The interviews were conducted in a conference room at the dance location, which was a familiar environment and created a relaxed atmosphere. Two of the researchers participated in every interview: one was responsible for the interview, and the other took notes and filled in questions when needed. The interviews, which lasted between 45 and 60 minutes, were digitally audio-recorded using an MP3 player, and transcribed.

Data analysis

In this study, all collected data were analyzed in accordance with the principles of inductive thematic analysis: familiarisation, coding, searching for themes, reviewing themes, defining and naming, and producing the report (Braun & Clarke, 2008). An inductive approach was chosen for the text analysis of the diary entries and focus group interviews to capture the experiences of the Dance for PD. The analysis started with all the researchers reading the material several times to become familiar with the data set and to search for patterns. In the next step, codes were identified: first independently, and then discussed in the research group. Finally, three themes emerged (Table 1). The three themes were then reviewed by cross-checking the entire data set, relevant for the purpose of the study. The analysis was performed and discussed throughout the whole process by all the researchers. Quotations from different dance participants have also been chosen to illustrate the findings.

Figure 1

Overview of the themes constructed from the thematic analysis of the diary entries (a) and focus group interviews (b) of people with PD who participated in Dance for PD.

THEMES	EXAMPLES OF DATA EXTRACTS
Maintaining everyday life	The dance teacher was a great inspirer (a) I do not expect to get better, but the dance makes everyday life easier (b)
Working with health conditions	Regular dance training has an effect (a) Despite the difficulty, everyone tried to keep up (b) You can do more than you think in the dance group (a) Sense of security creates courage (b)
Transformation to a happier life	Become happier and more positive about life despite your illness (a) More fun to train in a group (a) We have fun together and we know each other (b)

Ethical considerations

The study was approved by the Regional Ethics Board, Lund, Sweden (ref. no. 2018/510). The autonomy and integrity of the study persons were respected, the principles in line with the Declaration of Helsinki (World Medical Association, 1964/2025) were followed, and personal data was processed in accordance with the EU General Data Protection Regulation (GDPR 2016/679). Participation in the study was voluntary and could be discontinued at any time. Before collecting qualitative data from observations of the dancing and diaries and before beginning the focus group interviews, written and verbal consent was obtained from all the participants of the research project.

▶ NARRATIVE FROM THE DANCE CLASSES

In the present study, the research team made observations on three occasions during the term to gain a deeper understanding of Dance for PD. The observations focused on detecting reactions and movements in the dance. The motor and musical aspects were observed in order to form an opinion and gain understanding of the participants' ability to participate in the dance. The starting point was primarily to observe joy, engagement, and community among the participants. The researchers took notes during the dance, which were then discussed and compiled into a narrative.

The dance class began with the participants sitting on chairs in front of a large mirror and spread across the dance studio. The dance teacher stood in front of them, facing the participants. The research team sat behind the participants and were able to observe them from both behind and in front through a large mirror. The dance teacher had carefully selected music representing different musical styles to create harmony, flexibility, and coordination in the movements. The rhythm was a great help to the participants when they performed motor movements: for example, they danced to New York, New York and A Chorus Line with Liza Minnelli. Some of the music was familiar, such as songs by the Swedish pop group ABBA or other well-known Swedish artists who were popular when most of the participants were young.

The dance class began with the dance teacher mentioning the participants' names and clearly explaining what would happen next. The participants sat on chairs and began to follow the dance teacher's calm rhythm through gentle hand and arm movements. There was a calm atmosphere in the room, and the choice of soft classical piano music seemed to help the dance participants relax. The dance teacher regularly encouraged the participants to stretch their backs and lift their heads high. This reminded the participants to improve their posture and strengthen the muscles in their necks, stomachs, and backs. All the participants followed the instructions, and even those who showed minimal ability to stretch their bodies made small attempts with their heads. This meant that everyone was doing their best. Some of the participants showed clear, happy smiles and looked more relaxed despite their high level of concentration.

The dance activities continued, now standing, focusing on different parts of the body such as hands and feet, with both fast and slow variations. There were clear signs that the variation between slow and fast movements was difficult to perform, but the participants were quick to laugh. Despite the difficulty, everyone tried to keep up. It should be explained that there was an understanding that certain steps are complicated, and that failure did not depend on their diagnosis, but that the exercise was simply difficult, but fun, to perform. Gradually the participants became more capable of coping with different movement patterns. We observed that powerful moments with stomps on the floor and various exclamations were developed during the semester. The shouts and thumps on the floor were heard much more loudly and clearly.

One of the dance activities involved the participants saying each other's names aloud in the hall with different intonations and pronunciations. The dance teacher mentioned the name of a participant, and everyone listened and repeated the name. This exercise trained the voice and involved the muscles of the face as well as the diaphragm and lungs. The exercise brought smiles to many faces, and each participant received attention. The observation showed expressions of joy. ▶

Another element of the dance was the mirror exercise, where participants sat in pairs facing each other, made eye contact, and one person demonstrated various movements while the other imitated and followed. The theme was from silence to storm, and it turned out that the small movements that had to be performed very slowly were more difficult. It also turned out that one of the participants, who was in a wheelchair and had the poorest mobility, coped well with the task, which was gratifying because the dance teacher noticed this and praised the participant.

In summary, the dance consisted of a mixture of sitting, standing, and moving movements, performed to different pieces of music. Sitting exercises could be performed by participants at all stages of the disease, which made it possible for everyone to participate and feel included.

FINDINGS

Regarding experiences of participating in Dance for PD, findings from the participants' diary entries of the day's feeling and the focus group interviews are presented in the following three themes: *Maintaining everyday life*, *Working with health conditions*, and *Transformation to a happier life*.

Maintaining everyday life

In the focus group interviews, the participants described experiences of wellness and were more positive about life despite the illness. The participants experienced that living with PD could be socially isolating when not going to more meaningful interactions that allowed friendships. At the same time, the participants agreed that attending the dance class improved their mood in the short and long term, stating that it gave them something to do and to look forward to enjoying. They felt more relaxed, pleased, and able to go with the flow. The participants identified multiple factors for this, including the social interaction with classmates and the energy that was created while dancing. "I do not expect to get better, but the dance makes everyday life easier" (participant in the focus group interview).

Of great importance is the captivating music that triggers movements beyond the ordinary. The dance teacher selected the music and had a crucial role to play in inspiring the participants to feel satisfied. The participants described that dancing together in a group stimulated their own ability to move and have fun at home.

The participants in the focus group interviews described the importance of improvements in their everyday life in terms of both physical and mental condition. For example, several participants mentioned that listening to music enabled them to strengthen and memorize the steps that were taught during the classes. It also evoked an experienced physical response, helping them to feel better. "It's much easier for me to get up and down from the chair, because now I know what to do" (participant in the focus group interview). According to the dance teacher, choosing music in terms of the participants' preferences may elicit memories, enhancing the psychological benefits of dance classes.

In the diary entries, it was highlighted that the dance teacher was a great inspirer. "Think how much you can do because the dance teacher is inspiring", which the

participants expressed as being important for their experience of being seen and accepted. This confirmation contributed to the experience of psychological well-being among the participants, described as soothing and as a feeling of better self-confidence. The choice of music and movement also contributed to the dance event being a wonderful experience. “It is so easy to move to the music” and “Nice music makes me work hard” (participants’ reflections in the diary entries). The movements were experienced to improve balance and reduce stiffness.

Working with health conditions

In the diary entries after the dance session, someone expressed that the feeling was “fatigue and lack of energy”, which can be explained as the participant feeling that the dance was strenuous. Further in the diary entries, it emerged that voice exercises developed an understanding of practicing the voice, and the participants described that they could do more than they thought. They realized that “regular exercise has an effect” (participant reflection in the diary entries).

The dance teacher’s approach challenged the participants to maximize their movements and follow the music. “The dance teacher is a source of inspiration and leads me and the others to feel softer and more relaxed in the muscles and the rest of the body” (participant reflection in the diary entries). The dance participants’ reflection was that everyone could follow the movements according to their ability, and they realized the importance of daring to maximize the movements. “The dance teacher is very positive and professional in his leadership, which makes you excited to perform various movements that I don’t usually do myself” (participant reflection in the diary entries).

From the focus group interviews, it emerged that regular dance training with the same dance group and dance teacher contributed to a sense of security. All the participants dared to be themselves and participated in the dance based on their ability. They described in the diary entries another aspect of the security that was apparent was that you can do more than you think in the dance group. “Everyone can do it according to their ability, and you can handle more than you think” and “I prove to myself that I can do it” (participants’ reflections in the diary entries).

The participants pointed out that the group affiliation strengthened them and contributed to their progress in the dance. “This is where you get started; I’m having a hard time getting started on my own” and “you feel a sense of security, which creates courage” (participants in the focus group interview).

Transformation to a happier life

In the diary entries, the participants expressed that the dance teacher creates a positive atmosphere: “The dance teacher evokes a positive feeling”, and it becomes easy to move to the music. “I feel proud that I decide for myself how smoothly I can move” and “the music and the rhythm give me a lovely feeling” and “mentally, you become happier and more positive about life despite your illness” (participants’ reflections in the diary entries).

In the diary entries, the participants mainly expressed that they felt togetherness in the group because of their common experience of PD. They described a feeling of well-being and joy in that the movements in the dance helped them feel light and relaxed.

▶ That feeling created fellowship and elation, which meant that several participants felt satisfied after the dance. Several participants wrote in their reflections of today's feeling in one word "fellowship" and that it is "more fun to train in a group."

In the focus group interviews, the participants described that the dance inspired joy and that it was positive to do the movements together. "We have fun together, and we know each other" (participant in the focus group interview).

Furthermore, the participants described that the dance class was a place for fellowship and pleasant togetherness. It also emerged that social gatherings were important and that the participants looked forward to the various dance opportunities. "I have more energy when I come home from the dance" (participant in the focus group interview).

DISCUSSION

In the current study, we examined the dancers' experiences of participating in Dance for Parkinson's Disease®. Dance for PD is a unique health-promoting arena for individuals with a medical condition. The findings showed that the participants in the specific dance group experienced feeling better in terms of both physical and psychological well-being. They also felt together and shared the same disease and the challenges in everyday life. To be included in a social context and being seen by classmates and the dance teacher is expressed as very important for the participants. The dance lesson was the highlight of the week for them.

Lave and Wenger (1991) describe that in a community of practice it is the social context that creates learning. The findings show that many participants in the specific dance group experience that learning takes place through the situation that arises and that they appreciate this learning process and see it as important in a health promotion arena. It is important to find ways to maintain a good quality of life despite a disease diagnosis. Based in this study, it seemed Dance for PD gave the participants the opportunity to experience physiological and psychological well-being. Several participants in this study emphasized the joy they experienced during the dance sessions. The existential form of expression to which the dance contributes creates opportunities for the participants to perform unfamiliar and varied movements. Some participants said that certain everyday tasks also became easier to perform after dancing, such as getting up from a chair. Several of the project's participants also described that through the dance they felt that they could handle more movements than they thought they could; this is in line with Michail Elpidoforou et al. (2022) and Wya Feenstra et al. (2022). The studies by Cynthia McRae et al. (2017) and Corinne Jola et al. (2022) show that social togetherness has a positive mental impact on the individual. The participants in our study said that the group strengthened each other, which helped provide a sense of security and courage in the dance. It is important to create conditions for experiencing well-being and several studies show that Dance for PD can do so (Elpidoforou et al., 2022; Jola et al., 2022; McRae et al., 2017).

Previous research (Bognar et al., 2017; Carapellotti et al., 2020) in the relevant field is confirmed to some extent through our study in that the participants expressed enhanced physical functions and a general increase in psychological well-being, which ▶

is in line with our study. The feeling of being able to perform physical activity despite PD is prominent, and the participants gave examples of improved motor skills in combination with a better mood. In the interviews, the participants expressed that they experienced some improvement in balance. Most participants discussed the feeling of joy and togetherness during the dance and considered this aspect to be crucial to their participation and the meaningfulness of the activity, which is consistent with the studies by Jola et al. (2022) and Elpidoforou et al. (2022). The social dimension was, thus, emphasized and certainly contributed to the participants experiencing increased well-being both during the dance sessions and in their everyday lives. Social interaction can strengthen feelings of security and courage and develop a sense of belonging to a group. It is reasonable to assume that the structure of the dance sessions brought a sense of security and increased knowledge to the participants. According to CoP, the ability to adapt through interaction in the social context is one of the most important and fundamental qualities required to promote a social system and increase learning (Wenger, 2010). In our study the participants took part in the various dance exercises with joy and commitment, expressing the importance of continuous training to improve movement, and balance, as well as the value of doing so in a community of people who share the same condition. There was an important health-orientated perspective regarding the participants' experiences of well-being (Bearss & DeSouza, 2021; McRae et al., 2017; Rasheega Ismail et al., 2021). It is worth emphasizing the dance teacher's knowledge of the dancers' PD so that the participants feel safe (Bognar et al., 2017; Houston & McGill, 2013; Kunkel et al., 2018; Rocha et al., 2017). The dance teacher's engaging instructions appeared to contribute to the participants' concentration and precision in carrying out the exercises. The dance teacher was of crucial importance to the participants' experience of the dance, which is also expressed in Sundström and Jola (2021) and in Jola et al. (2022). The dance teacher's way of structuring and carrying out the various dance movements with accompanying music was of high quality and contributed to the participants' confidence in the teacher. The dance teacher's pedagogical way of teaching was highlighted, amongst other things, when the teacher walked around among the participants and adapted the movements to different needs. Experiencing a sense of security and trust in the dance teacher was seen by the participants as an important part of a health promotion arena. In line with the participants' quotes, Wenger et al. (2002) describe that relationship-building creates an exchange of culture and competence that leads to increased efficiency as a resource for the ability to handle problems, e.g., in daily life and body movement. The dance classes contributed to the joy of movement and developed abilities for movement, even though the movement capacity of several of the participants was limited. The music reinforced the emotions of the dancers and was carefully selected to inspire the participants to engage powerfully in their movements. According to Rocha et al. (2017) the dance teacher chooses music to make it easier to move and become more fun to make different movements, and for some, music is needed for the sake of concentration (Rocha et al., 2017). The proven experience with Dance for PD, in combination with suggestive music and a positive response from the dance teacher, plays a crucial role in the participants' overall experience of dance as a movement activity.

► *Strengths and limitations*

The trustworthiness of qualitative data is described and assessed by a combination of credulity, dependability, confirmability, and transferability according to Polit and Beck (2017). To strengthen credibility, a detailed description of the method, setting, participants, data collection, and findings has been provided in this study. In terms of methodological limitations, our findings are based on a small sample of people (n=14), and the researchers described the participants only at group level. As to dependability, the researchers were aware of the possibility of influencing the participants, but we asked open-ended interview questions. Confirmability refers to objectivity, and these voices come from the participants rather than the researchers (Polit & Beck, 2017). Transferability may be applicable to Dance for PD participant groups with dance programs with similar characteristics. A strength of the study's scientific contribution is that the results are consistent with published research.

CONCLUSION

Attending a class, Dance for PD, improved the participants' mood in the short as well as the long term and aroused interest in practicing physical activity, which also became something to look forward to, to long for. Dancing together stimulated their own ability to move and have fun. The selection of music and the dance teacher had an essential role to play in inspiring the participants to feel happy and be seen. The participants showed willingness and commitment to perform the exercises to the best of their ability, despite certain motor limitations. Regular dance training affected their physical mobility, and they experienced well-being, i.e. it seemed the dance classes provided health benefits. Training with the same dance group and dance teacher contributed to a sense of security. The participants also expressed that the dance class was a place for fellowship and pleasant togetherness.

Our study confirms previous research concluding that Dance for PD is a positive activity for people with PD, as a complement to other treatments such as drugs and physiotherapy.

Even though the study is based on the dance trademarked program "Dance for Parkinson's Disease®," we suggest the general principles could be transferred to other settings for different dance programs. These general principles are that dance trains the body's mobility, muscle strength, balance, and rhythm, as well as training in coordination, memory, and spatial orientation. Pair exercises provide space for increased social interaction and touch.

Continuous research on developing collaborative forms between, for example, healthcare and other forms of treatment where body movement is the focus, such as dance, would be of interest.

AI DECLARATION

No AI was used in this article.

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DISCLOSURE STATEMENT

The authors report there are no competing interests to declare.

NOTES ON CONTRIBUTORS

EF, KZ and LK designed the study, observed, collected, and processed the data, as well as writing the paper.

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