

DANCE, HEALTH AND WELLBEING: Debating and moving forward methodologies



Focus group findings and project report

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Contents

Executive Summary	1
Introduction	4
Bodies of Evidence Symposium	6
Systematic Literature Review: A summary of the findings	7
Focus Groups	8
Focus Group Methodology	8
Findings from the Focus Groups	8
<i>RQ1: What are the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse?</i>	8
<i>RQ2: What methodologies (mixed/ innovative) are appropriate for investigating these contributions?</i>	12
<i>RQ3: How can findings challenge/ respond to the impact agenda?</i>	15
Discussion	17
Conclusion and Recommendations	19

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Executive Summary

This report documents the research project Dance, Health and Wellbeing: Debating and moving forward methodologies, a partnership between the University of Exeter, Trinity Laban Conservatoire of Music and Dance, and Dance in Devon. The research was funded by the University of Exeter Wellcome Centre for Cultures and Environments of Health, and took place between September 2019-April 2021. The research included a systematic literature review, focus groups with stakeholders in the field of dance for health, and a symposium. This document primarily reports on the focus group findings, and includes a summary of the rest of the research which is reported in full elsewhere.

The Symposium took place in April 2021 and was attended by over 120 stakeholders from the field of dance for health, including practitioners, researchers, funders, policy makers and participants in arts for health practice. The outcomes are shared via the website: wcceh.org/projects/dance-health-and-well-being

The Systematic Literature Review

- The review articulates current understanding of the aesthetic, artistic and creative contributions that Dance makes to Health and Wellbeing across the lifecourse within publications 2000–2019.
- Seven interrelated themes emerged that demonstrate the value of dance for health and wellbeing: identity, belonging, self-perception, creativity, embodiment, affective response and aesthetics.
- There was less insight regarding different methodologies; the majority of papers argued for the use of qualitative and mixed methods and discussions focused on quantitative data's limitations.
- There were insights into inclusion of embodied voices, subjective accounts, and lived experiences.
- The review provides a future conceptual research agenda (prioritising identity and creativity) and associated methodological developments. It recommends expanding geographical/lifecourse research, better defining terms, fuller epistemological critiques to open space for new methodologies, and continued attendance to appropriate rigour criteria.

The Focus Group Findings

- RQ1: What are the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse?
 - Aesthetic was defined both as a visually-led, exterior view of dance and as a more internal, 'felt' experience of dance. Participants felt the former contributed to motivation particularly through shared aesthetics; the latter contributed to empathetic connection and to expanding movement possibilities by connecting with the sensory.
 - Artistry connected primarily to identity and expressivity for participants, facilitating expression beyond words, expressing a sense of self, and helping dance class participants discover their own artistic identity.
 - Creativity helped cultivate imagination, playfulness and freedom both within and beyond dance, helping participants of all ages feel empowered in their bodies, and leading to change and transformation.
 - The capacity of dance to contribute positively to a sense of relationality and connection, and to positive self-perception was also seen as connected to the aesthetic, artistic and creative aspects of the artform.

- RQ2: What methodologies (mixed/innovative?) are appropriate for investigating these contributions?
 - The primary purpose of evaluation reported by participants was to develop practice; the second most significant purpose was to report to funders or leverage funding.
 - Making better use of dance practitioners' expertise in evaluation was commented on throughout, as was the challenge of finding an appropriate vocabulary for evaluating dance, including its embodied dimensions.
 - Participants overall had a preference for qualitative methods, particularly those that foregrounded subjective experience and self-reflection.
 - Concern was expressed that quantitative methods, including standardised scales, did not always measure that which was important in dance for health practice, and that there was a need to develop more appropriate scales.
 - The benefits of the generalisability and cross-sector transferability of quantitative research was recognised.

- RQ3: How can findings challenge/respond to the impact agenda?

A number of positive suggestions emerged from focus group discussions, including:

- Developing research and evaluation which involves dancers in the development of relevant dance and health methodologies.
- Working on establishing appropriate measures for evidence that is relevant to dance.
- Improving advocacy to government, commissioners and funders for the impact of dance, and for the value of dance methods and dancer knowledge.
- Building effective partnerships with health and care staff, in particular to:
 - Involve medical and care staff in the work themselves.
 - Build partnership work into training for both dancers and medical staff.
 - Develop cross-sector research aimed at developing a common language for dance and health practice and research, and including organisations which have the respect of the medical profession.

Discussion

- The findings indicate a need to accept the complexity of dance's contribution to health in order to understand, research, and evaluate it appropriately. This includes considering what we might learn from researching and evaluating the more ephemeral contributions of dance, as well as recognising the need to capture the process in addition to the outcomes of dance.
- The literature review points to the need for the dance community to consider and define the nuances of key terms including 'dance', 'artistic' and 'dance for health', since definitions were consistently lacking in the literature reviewed. Contrasting definitions of the terms aesthetic, artistic and creative also emerged through the focus group data.
- There is a need to delve deeper into questions of underlying epistemology and ontology to interrogate assumptions which are perhaps not being heavily enough critiqued currently.
- The value of participant voice was discussed in the literature review and focus groups, where there was discussion of co-designing research approaches and allowing participants to set the agenda for evaluation.
- There does not appear to be a clear alignment between the intended audience for evaluation and commonly used reporting formats. Written documents are considered most cost-effective, but video is a more compelling approach to dissemination. It is suggested that experiencing dance, or performative methods of dissemination, may help to contribute to the impact agenda and enable dance to speak on its own terms.

Recommendations

- Further exploration of the seven key synthesised themes of the literature review [SLR], and of the five key synthesised themes of the focus group findings [FG]
- Greater acknowledgement of the combined physicality, relationality, artistry and self-expression that dance entails [SLR]
- More discussion and articulated definitions of key terms such as 'dance', 'dance for health', 'artistic' and 'aesthetic' [SLR & FG]
- A greater breadth of geography, health conditions and points in the lifecourse to be researched and evaluated in relation to aesthetic, artistic and creative contributions [SLR]
- A more complex, and less isolated, view to be taken of the interrelationship between factors contributing to health and wellbeing [SLR & FG]
- More could be made of the connections between research and evaluation in this area and psychological theories and models [SLR]
- More ambitious mixed methodology work could be undertaken [SLR]
- Identity and creativity, and derivatives such as dispersed identity and co-creativity are highlighted as worthy of further attention [SLR]
- Fledgling factors such as touch, vulnerability, affect, presence, trust and embodiment are key but little understood and worthy of greater attention, including exploration of appropriate methods and vocabularies to address these topics [SLR & FG]
- More varied understandings of key factors would be beneficial, e.g.
 - Aesthetics, especially as part of challenging deficit models of various health conditions [SLR & FG]
 - Articulating differences between self-esteem and self-confidence [SLR]

- Greater space for discussion of the role of different epistemologies, ontologies and methodologies in relation to how to appropriately research and evaluate different concepts, and for conversations related to appropriate rigour criteria and judgements [SLR & FG]
- Attention to what approaches such as phenomenology, critical theory and posthumansim have to offer the field [SLR]
- Greater experimentation with new methods, appropriate to varied methodologies [SLR & FG]
- More co-research and evaluation with participants and dance practitioners to include their voices and perspectives [SLR & FG]
- More cross-sector research involving respected dance and health partners [FG]
- Continuing to make sure that appropriate claims are made for appropriate methodologies/methods [SLR]
- Further attention to how evaluation results are shared, responding to the primary audience for evaluation (identified as members of the dance for health community) as well as the need for improved advocacy for the work [FG]
- More strategic use of existing standardised scales in evaluation to improve advocacy to funders, commissioners and government [FG]
- Development of new scales and methodologies that measure dance on its own terms, incorporating a movement language from dance [FG]
- Better use of film and individual testimony to advocate the benefits of dance to a wider audience [FG]
- More effective partnership work developed, including involving medical and care staff themselves in dance for health work [FG]
- Include partnership work in training for both dancers and medical staff [FG]

Introduction

It is now widely agreed that there is considerable evidence of the positive benefits of dance in developing physical aspects of health and fitness. Building on this, this eighteen-month research project sought to develop understanding of the under-researched aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse. In particular it focused on what kinds of methodologies are appropriate for investigating these contributions, and how these methodologies can generate findings that extend how we understand the impact of the arts on health and wellbeing.

The project was funded by the University of Exeter Wellcome Centre for Cultures and Environments of Health and led by colleagues from University of Exeter, Trinity Laban Conservatoire of Music and Dance, and Dance in Devon, bringing together expertise from arts education and community research and practice, Dance Science and Dance Health practice.

The research responded to three key questions:

- What are the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse?
- What methodologies (mixed/innovative?) are appropriate for investigating these contributions?
- How can findings challenge/respond to the impact agenda?

The research was undertaken in three stages:

- A systematic literature review was undertaken to articulate the current state of understanding of the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse within evaluation reports and peer-reviewed articles, including English-language literature from 2000 to 2019.
- Focus group discussions were conducted with dance and health practitioners, participants and other stakeholders to seek their opinions and experiences of how dance contributes to health, and to debate how they have been involved in researching and evaluating creativity and artistry. Participants also completed a survey and the results of both the survey and the focus group discussions are reported here.
- The Bodies of Evidence symposium took place in April 2021 to share the results of the research, and to debate and extend the findings.

This document includes the full report of the findings from the focus group discussions and a short summary of the systematic literature review and symposium which are reported in full elsewhere. The discussion section and recommendations bring together the focus groups findings and the literature review.

When you make your body a shape
 When you make your shape move
 When your moving shape gains momentum
YOU DANCE

[Poem by dance class participant]

Systematic Literature Review: A summary of the findings



Bodies of Evidence Symposium

An online symposium was held on 19 April 2021 (forthcoming at the time of writing), hosted by the University of Exeter Wellcome Centre for Cultures and Environments of Health. It brought together practitioners, researchers, funders, policy makers, participants in arts for health practice and other stakeholders to share and debate the outcomes of the research project.

The symposium included a presentation of the systematic literature review on the current understandings of the aesthetic, artistic and creative contributions that Dance makes to Health and Wellbeing across the lifecourse; debate on how practitioners and the participants they work with are involved in researching and evaluating dance and health and wellbeing, drawing on findings from the research; discussions on possibilities for future research; and a panel discussion which included Nikki Crane (Nikki Crane Associates and Programme Lead, Arts Health & Wellbeing King's College London), Fergus

Early OBE (Artistic Director, Green Candle Dance Company) and Dr Sarah Houston (Deputy Head, School of Arts, University of Roehampton).

Outcomes from the symposium are being used to develop proposals for future research, and key points are shared via the website:

wcceh.org/projects/dance-health-and-well-being

Themes

The systematic literature review (Chappell et al, in review¹) offers rich insight into the artistic, creative and aesthetic contributions that dance can make to health and wellbeing. **Seven interrelated themes emerged** that demonstrate the value of dance beyond physiological contributions: **identity, belonging, self-perception, creativity, embodiment, affective response and aesthetics.**

Definitions

The literature review points to the need for the dance community to consider and define the nuances of what we mean when using terms like 'dance', 'artistic' and 'dance for health', as definitions of these key terms were consistently lacking in the literature reviewed.

Identity

Identity is the highest weighted theme and many of the papers articulate identity as 'self' identity with 'self' engaged in relations, reflecting approaches which centralise the individual. There is less of a sense of identity as entangled with the environment and others, which may follow more sociologically or posthumanist driven understandings. There are hints within the review of relationships between the constructed self, temporality and meaning making indicating further potential for considering dance for health across time/the lifecourse rather than as an intervention prescribed to solve an immediate problem.

Belonging, meaning-making and touch

Categories such as **meaning-making**, the **ability to change the future, presence** and **touch** might be seen as interconnecting threads between the higher-level themes that emerged in the review. These interconnections offer us **more nuanced insight** into the contributions that dance makes to health, some of which may appear to be 'in the moment' but have the potential for lasting impact. For instance, **touch** (especially non-clinical/non-care related) and the **in-between space** (between individual and group) emerge as highly relevant factors in how dance contributes to health artistically, aesthetically and creatively. The review suggests that these factors are an overlooked **means to understand self and other**, feed **social interaction**, allow for **vulnerability** and build **trust**, all vital as part of healing and ameliorative responses to long-term health conditions. The kind of **belonging** described here also relates to how different aesthetics to those accepted in the mainstream can be foregrounded and valued.

Creativity

Creativity came through as a relatively strong theme, reflecting its inclusion as a key term for the review. Creativity is defined and researched not just in relation to creating the 'new' but as

connected to **voice** and **expression**. The idea of **co-creativity** emerges as a strong new area, moving on from more cognitive, individualised accounts prioritised previously, reflecting a move in this direction in creativity research more widely.

Starting points for further investigation

Some fledgling theorisations present fresh new starting points for further investigation. For instance, the **complexity of the connection between beauty, embodiment and wellbeing** makes up a relatively small part of the review papers' emphases but we identify it as a part of wider discussions about dance's contribution. The review offers connected insight into how **embodiment** and **expanding cultural horizons** can change participants affectively and develop wellbeing. Furthermore, there is insight into how **elusive elements** such as feeling more alive and liberated through dance can be beneficial. A **re-framing of wellbeing as well as creativity** that emphasises embodiment and relationality, closely linked with **agency**, contrasts with previous, more individualised accounts.

Methodology

Methodologically, the majority of the papers reviewed argue for the use of **qualitative** or **mixed methods** as appropriate to understanding aesthetic, creative and artistic contributions of dance for health; only three use entirely quantitative means. Despite a qualitative dominance, the emphasis that there is **no 'right' research approach** in this area is evident. The review demonstrates the value of **new methods** alongside more traditional quantitative/qualitative and mixed methods and shows their capacity to capture elusive elements of practice and the complexity of interactions.

Questions are raised about how to best capture elements like **embodiment** such as through more traditional phenomenological approaches prioritising **subject-led accounts, new technological methods, and practice-led approaches**. Alongside this are calls to engage both **dance artists' expertise** and the **participant voice** more in research data collection and protocols, connecting to efforts to move beyond a cognitive emphasis. These perspectives reflect a move in wider arts for health research towards using arts approaches, philosophical analysis, and valuing practitioners' reflective practices.

Summary

Overall, whilst acknowledging challenges, this paper illuminates the key contributions of dance to arts and health. It provides a future conceptual research agenda (prioritising elements such as identity and creativity) and associated methodological developments. It recommends expanding geographical/lifecourse research scope, better defining terms, fuller epistemological critiques to open space for new methodologies, and continued attendance to appropriate rigour criteria.

¹ Chappell, K., Redding, E., Crickmay, U., Stancliffe, R., Jobbins, V. and Smith, S. (in review). The aesthetic, artistic and creative contributions of dance for health and wellbeing across the lifecourse: A systematic review. *International Journal of Qualitative Studies on Health and Wellbeing*.

The Focus Groups

Focus Group Methodology

Focus group discussions were conducted with six groups of people who were actively involved in the field of dance and health in London and the South West of England. They comprised:

- Two groups including dance and health practitioners (n=17), project managers (n=3), evaluators (n=2) plus one academic and one neurophysiotherapist. These participants are collectively referred to as the 'practitioners' group.'
- Two groups of young people taking part in dance classes, collectively referred to as the 'young people's group' (n=11).
- Two further groups of dance class participants took part in focus groups: one creative dance class for older people (n=11), and one group for adults with Acquired Brain Injury (n=4), collectively referred to as the 'adults' group'.

Focus groups were led by members of the research team; the dance class participants' focus groups were co-led by the groups' usual leader /teacher. The focus group discussions included conversation, word association, moving, drawing, creative writing, photographic responses and sticky note 'ranking' of different methods. Due to COVID-19 restrictions, some sessions were conducted online. Further data was collected through an online survey which was completed by 24 members of the practitioners' groups, and 13 members of the adults' groups.

Ethical permission was gained from the University of Exeter Ethics Committee, participation was voluntary and all data has been anonymised.

The data included transcriptions of discussions, images produced during the focus groups, and survey data. A thematic analysis of this data was conducted by two researchers, framed by the three research questions. Following initial coding, categories were developed within each of the research questions. Discussion between the two researchers helped to define categories and to produce and refine themes. The survey included both open ended and closed questions. Responses to open ended questions were included in the thematic analysis and responses to closed questions were summarised through descriptive statistics. The Findings are presented below as the main body of this report.

Findings from the Focus Groups

RQ1: What are the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse?

Responses are discussed in five thematic areas:

- Aesthetic contribution
- Artistic contribution
- Creative contribution
- Relationality and connection
- Self-perception

Crosscutting these five themes were three concepts that appear strongly in all:

Embodiment underpinned the way that focus group participants understood the key concepts aesthetic, artistic and creative, for example seeing the quality of curiosity embodied in creative movement. This embodied understanding also appears throughout each theme linking in particular to empowerment, expressivity, and to relationality and connection.

Inclusivity and diversity shaped the context in which many participants were working and again closely related to their understanding of the key concepts, thus appearing across all themes.

Positive emotion is hard to place within any single theme, but more people commented on this than any other concept. Participants reported that the aesthetic, artistic and creative qualities of dance contributed to feeling joy, relaxation, being uplifted and experiencing hopefulness and happiness.

Although this research was focussed specifically on the aesthetic, artistic and creative benefits of dance, there was a wealth of comments from dance class participants on general benefits of dance for mental and physical health and wellbeing. In this section, we have split responses into themes, and focussed on those that relate in particular to our research question. However, we acknowledge that many of these issues are intertwined, and hope that by making this pragmatic division we are able to draw out the aesthetic, artistic and creative benefits which have been less well articulated in the past.

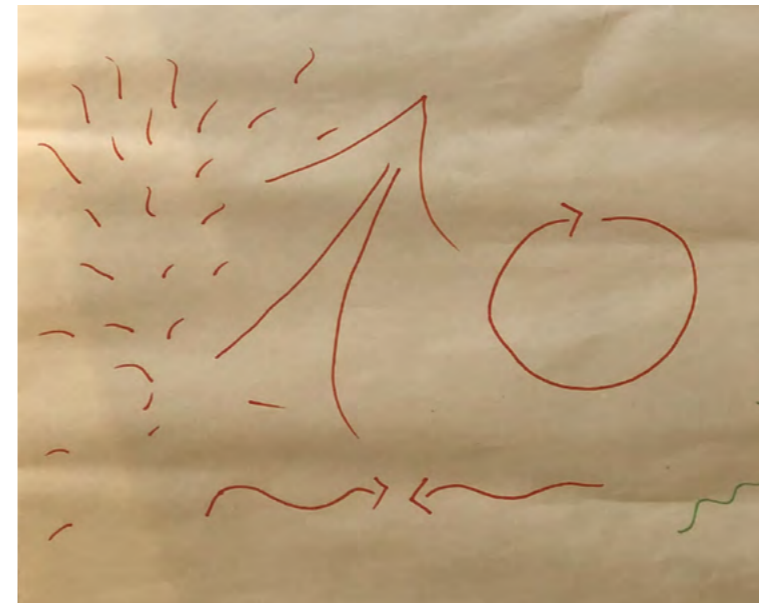


Figure 1: Practitioners' group response: Creativity, Aesthetics and Artistry – contributions that dance makes to health and wellbeing across the lifecourse

Aesthetic contribution of dance to health and wellbeing across the lifecourse

Defining Aesthetic

Aesthetic was most commonly understood across all groups as a visual or exterior view of dance. It was linked with colour, patterns, balance, form, and a language comprising signs and symbols that could be recognised. It was connected to performance, in particular the physical appearance of a performance. This was often expressed negatively by practitioners as a two-dimensional view of performance, linked to exclusive and restrictive ideals of beauty. It reflected concerns that the wider field of dance remained dominated by a homogenous aesthetic that was not accommodating of difference. This did not reflect practitioners' views on the field of dance and health, which was described by contrast as welcoming of a diverse aesthetic, more concerned with celebrating how individual bodies can move. A contrasting understanding of aesthetics as a 'felt' experience was also expressed by some practitioners, connecting to individually differentiated expressions of how we feel, a view from the 'inside out'.



How do aesthetic qualities of dance contribute to health and wellbeing?

- Practitioners understanding **aesthetics as a 'felt' experience of dance** described how it could be drawn on, together with the use of different imagery, to help people move in different ways. Similarly, dance was described as a more sensory and less functional approach to movement.
- The **beauty** of dance was also seen in a positive light – particularly where it emerged from collective movement, or in terms of joining a collective aesthetic. Both were described as motivating for participants.
- Practitioners reported on dance class participants searching for ways to describe the experience of dance, including the particular combination of what they are feeling and seeing, and the connection with others through these senses. It was significant for evaluation that this **embodied aesthetics** might be **empathetically** felt by someone else even whilst it was hard to articulate in words and hence hard to report on.

Artistic contribution of dance to health and wellbeing

Defining artistry

Artistry was hard for participants across all groups to define, but was most commonly connected to a sense of identity, and to personal expression in any form. Some participants linked it specifically to authentic, truthful or sincere expression, whilst others connected artistry with making art, or with being an artist. Understood in this sense it raised questions of inclusion, and of who was able to claim the status of an 'artist'. Two people felt that artistry expressed a depth of skill and dedication to one's artform; four people linked artistry to the idea of being on a journey, a process of discovery, perhaps in the sense of discovering one's own artistry over time.

How do artistic qualities of dance contribute to health and wellbeing?

- Expression:** dance was valued as an embodied expressive art form across all groups, enabling emotional expression apart from or beyond words.
'using your body in ways that are outside of your usual vocabulary, using your body in a very uninhibited way which is releasing.' (participant, adults' group)
- Identity:** all groups linked dance with connecting to and expressing a sense of self both physically and emotionally. For some, dance was specifically *'an individual thing,'* while others saw dance more in terms of connection and the collective.
- Expanded cultural horizons** were an outcome of engaging with dance for some dance class participants.
- Practitioners described dance as helping participants discover and explore their own **artistic identity**. They also saw their own role as carrying an artistic 'studio space' with them into different contexts, and thus providing a different perspective on participants' bodies, contrasting helpfully with a medical perspective.

Creative contribution of dance to health and wellbeing

Defining creativity

Creativity was defined in terms of imagination, playfulness, curiosity, exploring possibilities, asking questions, making choices, a sense of freedom and of producing something new. It was seen as open-ended, an exploratory process of asking questions, not necessarily linked to producing a performance. Participants saw creativity as inclusive, something that needed to be free from critical judgement, and as something that everyone can access in all parts of life – i.e. not just connected to dance or choreography. Two people spoke about the humanising qualities of creativity. It was also linked to a sense of individuality and identity for some people, whilst for others it was more about coming together and being in relation to other people.

How do the creative qualities of dance contribute to health and wellbeing?

- Engaging the **imagination** was an important way that practitioners differentiated dance from other physical activities. For dance participants, imagination was also valued, linking with invention, experimentation and exploration, for example:
'experimenting with what we can do and our age and in our different levels of ageing how we can use that productively.' (participant, adults' group)
Practitioners engaged imagination to help participants move beyond the functional, transforming everyday spaces and movements. They also commented on utilising the imagination to facilitate movement.
- Playfulness and freedom** were commented on by all groups. Participants linked feeling freer in their movements with feeling freer in their minds; practitioners discussed freedom from everyday constraints, inhibitions, and cultural norms about how we use our bodies. The adults' group particularly valued playfulness; four people linked this to feeling youthful.
- Practitioners found that creative dance helped participants of all ages feel more **confident and empowered** in their bodies, and encouraged ownership and choice in their bodies.
- Participants in all groups described how engaging creatively with dance led to **change and transformation**, helping them be more reflective, bringing creativity to other interactions and situations, and positively impacting on mental health. Practitioners also described dance as a positive disruption in spaces or institutions that had become overly fixed and routine.
- Creativity was recognised in the **process** of dancing, not necessarily in performance, and this is often where its value was recognised – in trying things out, posing questions, taking risks, living with open-endedness.

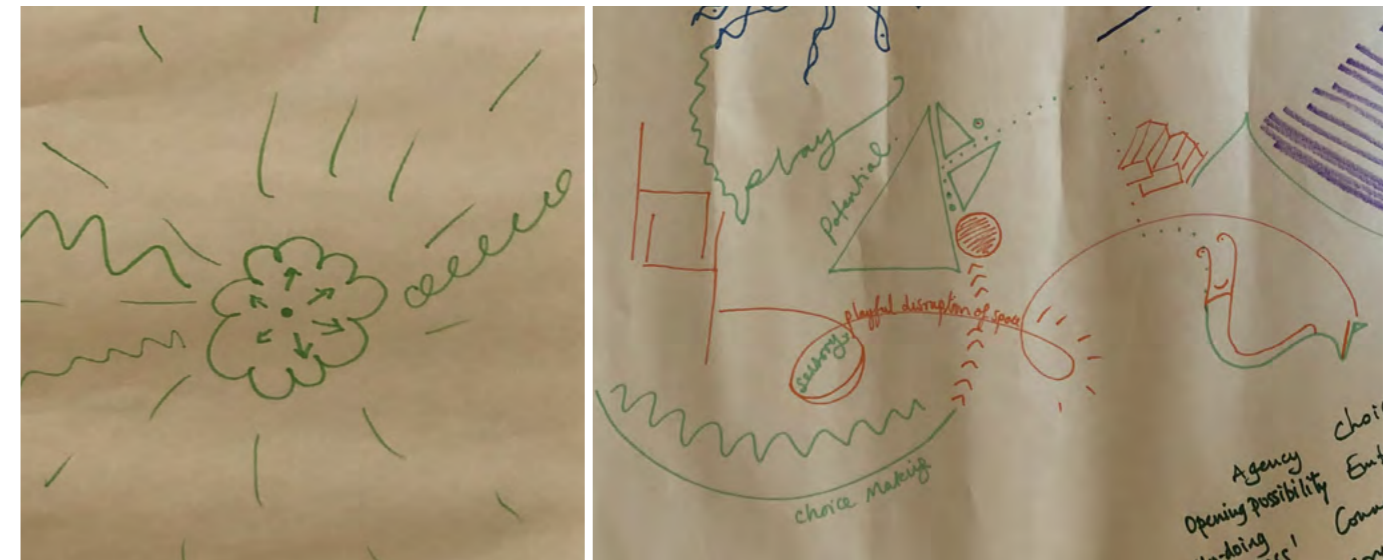


Figure 2 and 3: Sketches of dance, playfulness and change; practitioners' groups

Relationality and connection

Participants from all groups described dance in **relational** terms. Relationality was seen as both a condition and a result of creative **collaboration**. Two participants commented on how collaborating in dance could transfer socially into relationships in other contexts.

Creating dance together gave participants a feeling of being **connected to others**, and of being inspired by others to be more creative or to expand / develop movement. Practitioners commented on witnessing a *'confidence and fluidity in connection'* resulting from creative dance, and on dance as a **shared experience** allowing participants to look outside of themselves. Similarly, all groups commented on creative dance as a **safe place**, a non-judgemental environment in which individuals could empathetically support one another.

'Feeling part of something' was valued by the young people. Practitioners also picked up on the benefit of being focussed on the group rather than on oneself, connecting aesthetically to a **bigger picture**.

Practitioners also noticed dance participants **connecting to the wider environment** in the sense of being embodied in the world, connecting playfully with space, gravity and objects, and moving out of a more everyday cognitive way of connecting with things.

Self-perception

There were several comments from the adults' focus groups on improving **confidence** through dance, including confidence in self-expression, having more confidence in the body and physical skills through having more agency, and developing more confidence in collaboration. Practitioners witnessed support within dance groups helping participants build their resilience, and also have confidence to accept what they were not able to do.

Achieving new things: young people and adults' groups both found that dancing helped them challenge their limits, and expand and develop their movements. Practitioners also reflected on the sense of achievement that came from a creative break through.

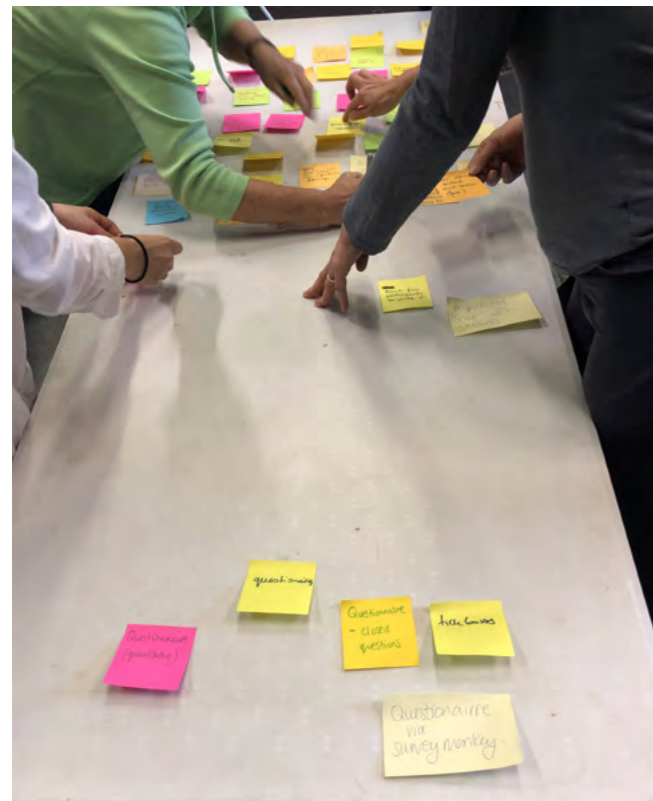
Awareness of the body and movement: Participants both younger and older commented on a growing awareness of their body, or of being embodied in relation to space or the floor, and of possibilities for their body and for movement.

'You also learn a lot about your body and what it can do through dance.' (young people's group)

RQ2 What methodologies (mixed/innovative?) are appropriate for investigating these contributions?

Discussion of methodologies emphasized evaluation rather than research – this was likely a result of the focus groups including more practitioners and dance participants than academics and researchers. Whilst noting that many comments have relevance to both evaluation and research, we follow this emphasis in this section. It was widely recognised that identifying an appropriate approach to evaluation was a value-based question, which depended on many factors including what was being evaluated and the purpose of the evaluation. Three thematic areas were identified:

- Purpose and rationale for evaluation
- Considerations for evaluation
- Evaluation methods



Purpose and rationale for evaluation

The **primary purpose of evaluation** reported by all groups was to develop practice. Practitioners connected this with reflective practice, helping them acknowledge achievements and good practice, and supporting future planning. Young people similarly described evaluation as a means for them to reflect on their own experiences. Participants in the adults' group most commonly valued evaluation for feeding back to practitioners, helping practitioners respond to the group, improve work, and understand participants' needs.

Other comments and survey responses on the purpose of evaluation are summarised below:

Purpose of evaluation	Number of responses
Funding Accountability to funders and leveraging future funding.	8
Advocacy <i>'To share with the "wider world" what is happening in our dance activities and the value it has for us.'</i> (adults' group)	5
Accountability and monitoring participant satisfaction	5
Quality assurance	3

Table 1: Purposes of evaluation

Related comments were made about what the focus of evaluation should be, summarised as follows:

Focus of evaluation	Number of responses
Measuring progression <i>Progression as: changes in quality of movement; progress in confidence; progress in expression; progress in creativity; progress from one emotional state to another; progress as a subjective, individualised experience</i>	11
Reporting on subjective experience and felt knowledge	9
Measuring or reporting on creativity / creative expression <i>Young people's groups and practitioners only</i>	7
Identifying impact on participants <i>Across the lifecourse, not just in relation to ill-health</i>	3
Measuring /recognising the value of a class <i>'what these sessions mean to us' (class participant)</i>	3

Table 2: Focus of evaluation

The **audience for evaluation** was thus defined primarily as members of the dance for health community – both practitioners and participants – and secondly as funders.

Practitioners and adults' groups were surveyed about their experiences of **how evaluation was most commonly shared**. Most common across all groups was a written report, followed by a written report that was accessible to participants. Video was the next most common format (a third of the adults' group and a fifth of practitioners had experienced video reports).

Considerations for evaluation

Factors to consider when evaluating the creative, aesthetic and artistic impact of dance for health and wellbeing were identified as follows:

Who should be involved in evaluation design and implementation? The practitioners' groups were surveyed to find out who was involved in evaluation design in their experience. Results are shown in table 3. Amongst the older adults' group, two out of 13 had themselves inputted into evaluation design.

Project management	20
Dance and health practitioners	18
External evaluators	11
Participants	9
Other [Partner organisations]	1

Table 3: Practitioners' survey

Practitioners felt that **dance practitioner expertise** could be better recognised and utilised in evaluation, in particular their ability to see and understand changes in how people are moving. It was a concern that this understanding was not better recognised as valid evidence.

Finding an appropriate **vocabulary** for evaluating dance was identified as a challenge. This emerged in collaborations with other professionals: participants described trying to match medical language rather than using the language of dance. Likewise, it was felt that generic scales used in research and evaluation, such as wellbeing scales, do not contain movement language, thus:

'In order to answer them, [you are] already stepping out of what you have experienced.' (dance practitioner)

Young people's and adults' groups also reflected on the difficulty of putting feelings about dance into words. This was reiterated in practitioners' concern to better account for embodied experiences in evaluation.

Borrowing from other domains: there were mixed views on the use of scales / instruments developed in different fields. Some participants recognised that they could be inappropriate to dance, failing to address some of the artform's less tangible, more playful and non-standardised qualities. Others described the benefits of generalisability and transferability that came from using validated measures.

Practitioners discussed the **time and space** needed for evaluation, in particular allowing time to slow down, making people feel valued, safe, and listened to. The benefit of a longitudinal approach to quantitative data collection was also described, specifically in relation to 'normalising' the process of data collection over time. There were contrasting experiences of whether such data collection was better embedded within a dance session, or undertaken in a separate session.

Evaluation methods

Participants in the focus groups were asked to rank evaluation methods in terms of efficacy in capturing the aesthetic, artistic and creative impact of dance. A 'post-it' map created by one of the practitioners' groups is reproduced on the next page in which each person placed their preferred methods at the top of the page, and their least favourite methods at the bottom (Methods Ranking Activity, figure 4). Survey results (tables 4 and 5) reinforce the same general pattern, showing a preference for qualitative methods: both groups surveyed ranked interviews at the top, and questionnaires with closed questions near to or at the bottom. The 'Methods Ranking Activity' shows this was not a universal view, but the following comments on individual methods should be considered in the light of this overall picture.

Individual interviews	14
Observations	11
Questionnaires with open ended questions	9
Video	9
Diaries or written reflections	8
Focus group interviews	7
Physical tests or measurements	3
Standard or validated tests	2
Questionnaires with closed questions	1
Other	1
Photographs	0

Table 4: Practitioners' survey: Methods ranked for efficacy

Individual interviews	12
Questionnaires with open ended questions	10
Focus group interviews	7
Observations	7
Physical tests and measurements	3
Standard / validated tests	2
Video	1
Questionnaires with closed questions	0
Other:	
Feedback and discussion with the dance practitioners and other members of the group;	1
Attendance	1

Table 5: Adults' survey: Methods ranked for efficacy

Methods Ranking Activity:
Practitioners Focus Group



Figure 4: Methods ranking activity

Reflections on mixed methods

'Different things will come out when different methods are used. It is about having a range of ways of asking the question' (practitioners' group)

As illustrated in the 'methods ranking activity', in practice a great diversity of methods are used, and practitioners typically described drawing on a range of these in any one project. In addition to choosing a method that was appropriate to the questions being asked, practitioners considered which approach the group would enjoy, and found some methods more accessible than others for particular participants.

Reflections on quantitative methods

Quantitative methods, especially validated scales, were valued for providing results that are generalizable across different populations, and for being accessible for people from other disciplines who can read and understand the findings. They were thus seen as useful for advocating the benefits of dance to a wider field, particularly to government bodies and funders.

A number of challenges of applying questionnaires and validated scales were identified:

- *Some were general concerns about this methodology:* practitioners thought participants were inclined to give what they felt were the most desirable responses for funders, and therefore questioned the reliability of data. Participants from all groups were concerned that closed questions (e.g. yes/no or multiple choice) limited potential responses and questioned the utility of an index set by someone external to the experience being measured. Practitioners noted that some groups struggled with the practicalities of reading and completing questionnaires, and found them often inappropriate to the kind of questions they wanted to ask which were more typically 'how' and 'why' questions.
- *Some concerns were more specific to dance:* dance and health practice often involves small groups of people and complex variables, which make quantitative measures less effective. There was concern that quantitative measures were biased towards things that are easier to test, not necessarily relating to things that were of value in dance. Widely used scales in health, such as anxiety and stress scales, were seen as negatively worded and thus often inappropriate to a dance class. There were several comments about the need to develop more appropriate scales.

There was limited mention of other quantitative measures such as physical tests or measurements.

Reflections on qualitative methods

Interviews were the most popular method for all participant groups. Focus group discussions of different kinds were particularly popular with young people's and older adults' groups, including both formal and informal discussions. Young people described the benefits in detail, including the open-ended nature of conversation, interest in hearing other people's reflections and having the opportunity to respond to and build on other people's comments; they found conversation a good way to reflect on subjective experiences, feelings, and movement.

Methods that encouraged **self-reflection** were seen as valuable by all groups. Some of the suggested formats included:

- Journaling
- Writing a 'letter to yourself'
- Making a photo diary
- Using a 'blob tree' – an image of 'blobs' in different expressive positions on a tree that participants can choose from and reflect on

Visual data was valued for enabling different ways of thinking about an experience, not relying exclusively on words. Film was mentioned by all groups for creating a rich record of a project, for allowing viewers to directly witness change in people's movement, and as a medium for presenting individual **case studies** in which participants could speak for themselves – something that is often greatly valued by funders and commissioners. Practitioners identified two key considerations when using film: first, to be clear about the purpose of using film – i.e. for dissemination of a project, or for evaluation. Second, to consider how film is being analysed and how dance practitioner knowledge can inform this.

A range of **arts based methods** were described, including several suggestions for using dance itself as a way to respond to or explore questions. Collage and creative writing were mentioned as ways of eliciting feedback. Performance was described both as an evaluation method and as a means of disseminating the findings of evaluation. Young people considered that the best way to evaluate dance was to be part of the experience, summed up by the comment, 'get them to experience dance themselves'.

RQ3: How can findings challenge/respond to the impact agenda?

While the word *impact* in the context of the arts is often used in general terms to explain participatory engagement, the *impact agenda* is a term used in academia to more specifically refer to a changing viewpoint about the **purpose of research**. The impact agenda is a drive to encourage researchers to demonstrate the broader societal impact of their work in addition to the intrinsic value of the research itself. The challenge with the impact agenda in dance is that research that is diverse enough to capture the nuances of dance may not be accepted by traditional publication platforms. Even research

that does make it through to publication may not lead to wider impact due to funding and other restrictions under which the arts, and specifically dance, currently exist.

Focus group participants acknowledged the importance of evaluation and research in providing a **rigorous evidence base** that would enable dance to be more fully recognised by funders, commissioners and government for its potential in contributing to health and wellbeing in differing populations and across the lifecourse. There are ongoing tensions within this debate around the challenges of using standardised / scientific approaches to measure the impact of creative arts, questions of objectivity / subjectivity, what counts as evidence, how different voices are given space and what kinds of research 'count' beyond the instrumental. Some of these themes have been addressed in the sections above. Discussion directly on this topic within the focus groups was less extensive than on the other questions, and addressed the question from a primarily practical standpoint around four themes:

- Funding
- Developing the evidence base
- Advocacy
- Partnerships



Figure 5: Focus group discussions on the 'snakes and ladders' of the impact agenda

Funding

Funding was seen as central to the impact agenda. A need for **more funding** in two areas was identified:

- To create strong networks amongst dance practitioners allowing them to support one another and feel part of a professional network with a status that was equal to other professionals – in particular medical staff – with whom they work.
- Supporting research and evaluation involving dancers in the development of relevant dance and health methodologies.

The **relationship between dance practitioners / dance organisations and funders** was addressed, including the need for an open relationship that allowed for flexibility and dialogue in terms of the monitored outcomes of projects, and willingness to allow participants to set the agenda for evaluation. Utilising evaluation primarily as an advocacy and assessment tool produced by dance practitioners and organisations for funders was seen as problematic.

Developing the evidence base

There was broad concern that many of the current approaches to dance research and evaluation are not supporting the aesthetic, artistic and creative impact of dance effectively. It was felt that dance is not often measured on its own terms when compared to other interventions. Work needs to be done on establishing appropriate measures for evidence that is relevant to dance, and gaining recognition for these measures.

Advocacy

A need was identified to build recognition by government, commissioners and funders for the impact of dance, the value of dance methods, and of dancer knowledge. Practitioners felt that dance participants could often be successful advocates for the impact of dance and this could be utilised more effectively. Participants in all groups felt that more and better use could be made of film to advocate to a wider audience, particularly to health and care professionals.

Partnerships

Working effectively in partnership with health and care staff was seen as a crucial step towards addressing the impact agenda. In order for this to happen, practitioners felt that more needed to be done to establish a common language that acknowledged dancer expertise, and a *'dance understanding of body, wellbeing and healing, rather than just a medical understanding'* (practitioners' group). Three areas of work were identified here:

- Firstly, to **involve medical and care staff** in the work themselves, so that they can build their own understanding of dance, and of embodied responses to dance.
- Secondly, to build partnership work into **training** for both dancers and medical staff. There were positive reports from where this was already happening. Although professional development and training for dance practitioners did not come through as a strong element in our findings, as a major theme in the field, it may merit further consideration.
- Thirdly, to develop **cross-sector research** aimed at developing a common language for dance and health practice and research, and including organisations which have the respect of the medical profession.

Discussion

This section brings together the findings of the systematic literature review and focus groups, including comments on significant similarities and differences. It focuses on:

- Interrelating themes and the complexity of dance's contributions to health and wellbeing
- Definitions
- Researching and evaluating ephemeral contributions
- Methodology
- An ongoing lifecourse approach to the relationship between dance and health
- Acknowledging dance practitioners' expertise
- Involving participants

Interrelating themes and the complexity of dance's contributions to health and wellbeing

The systematic literature review and focus group data draw attention to the complexity of dance's contributions to health and wellbeing with seven and five interrelated themes respectively. Although there were differences in emphasis leading to different thematic structures across the two datasets, there was considerable overlap of material. Ideas about meaning-making, presence and touch (in the literature review) and embodiment, inclusivity and positive emotion (in the focus groups) interconnected with higher-order themes, drawing attention to **under-researched contributions of dance**. The findings indicate a need to accept the **complexity of dance's contribution to health** in order to understand, research, and evaluate it appropriately.

Definitions

The literature review points to the need for clearer and more nuanced definitions of key terms including 'dance', 'artistic' and 'dance for health', since definitions were consistently lacking.

Contrasting definitions of the terms 'aesthetic', 'artistic' and 'creative' emerged through the focus group data. For some, 'aesthetics' referred to **physical appearance** and **visual perspectives**, and 'artistry' and 'creativity' were defined as **art-making** or choreography. These understandings sometimes carried some negative connotations, evoking exclusive and restrictive ideas, and leading to questions about the **status of the artist** and who gets to make art. For others, **felt experience**, a view from the inside, and **personal expression** were foregrounded. Definitions of 'aesthetic' and 'artistry' included notions of **authenticity** and **truth**, and 'creativity' was described as an **inclusive imaginative process**. These understandings would benefit from further enquiry in order to positively extend our understanding of the aesthetic, artistic and creative contribution of dance. For instance, discussion of

co-creativity in the literature review points to a strong new area of research and indicates that involvement in relationally-driven dance experience has the potential to contribute to wellbeing.

Researching and evaluating ephemeral contributions

References to notions of felt experience, personal expression, authenticity and truth lead us to consider what we might learn from researching and evaluating the more intangible and ephemeral contributions of dance. Focus group data points to the challenge of finding an appropriate vocabulary and means to articulate elusive properties of physical and phenomenological experience. Issues of establishing a shared vocabulary also arose in discussions about the importance of working in partnership with health and care staff in order to address the impact agenda.

Methodology

While practitioners voiced concerns that the methods and scales developed in different fields employed to evaluate data were not always appropriate, the **benefits of generalisability and transferability** were recognised. This necessitates consideration of what methodologies are most appropriate for investigating the aesthetic, artistic and creative contributions that dance makes to health and wellbeing. In both the literature review and focus group data, there was a bias towards **qualitative and mixed research methods**.

The literature review particularly shows a need to delve deeper into questions of **underlying epistemology** and **ontology** to interrogate assumptions which are perhaps not being heavily enough critiqued currently. Through doing this, we might create space for new and different arguments for how dance can contribute to health, and how we might appropriately research and evaluate them, whilst simultaneously engaging **different kinds of stakeholders** in the debate. Part of this conversation will need to focus on creating space for new methods and understanding of appropriate **rigour criteria** within different contexts (e.g. in health-funded programmes such as social prescribing).

Although only occasionally finding their way into peer-reviewed articles, **grey literature** was included in the literature review. This was an acknowledgement that this is where more varied methodologies and **emergent understandings** of the aesthetic, artistic and creative contributions that dance make to health and wellbeing may be found.

While focus groups indicated a need for **greater recognition of the impact of dance**, practitioners and participants identified the **primary purpose of evaluation** to be practice and programme development, with funding listed in second place. The **primary audience for evaluation** was therefore considered to be the dance community including practitioners and participants.

This raised questions about the **reporting formats** most commonly used, which, according to the focus groups, are written reports. The literature review also drew almost exclusively on written documents. Practitioners considered that this pattern resulted from a need for cost-effectiveness, but several focus group participants reflected on **video** as a **more compelling** approach to dissemination and evidencing impact. Video has the potential to evidence dance on **its own terms**, representing something of the artistic experience, sharing participant experience and testimony, and speaking more to the **personal expression, authenticity** and **truth** of the physical and phenomenological experience. In light of these observations, it becomes important to plan for such evidence in evaluation and research design, taking **time and labour** into consideration for funding.

It is interesting to note that photography was omitted in focus groups' ranking of evaluation methods, perhaps indicating the limitations of this method for capturing the impact of dance as a temporal art form, or for the inability of a fixed image to speak to the complexity of dance's contributions.

An ongoing lifecourse approach to the relationship between dance and health

While some elements of dance might be considered as elusive, it is suggested that they have a **lasting impact** beyond the dance intervention and shape how people lead their lives. This is one of the recommendations from the literature review which indicates that it is time to expand the geographical, lifecourse and health condition scope of this kind of research, which might in turn contribute to a **less problem-solving, more ongoing lifecourse approach** to the relationship between dance and health.

Photo credits: Front cover, right hand side; contents page, p.5 and p.6: Trinity Laban Conservatoire of Music and Dance photos by Roswitha Cheshire. Front cover, left hand side: Dance in Devon photo by Gemma Smith. P.9: Dartington Making Company photo by Dance in Devon. P.18: Dance in Devon photo by Dan Martin.

Acknowledging dance practitioners' expertise

Both the focus group and the literature review data lead to reflections on how **dance practitioners' expertise** and contribution could be **better utilised** in research and evaluation. Practitioners' ability to observe and understand changes in body and movement in dance terms could be drawn on more extensively and productively put into a more balanced **dialogue with medical understandings** of the body in research. Increasing recognition of this expertise would also help address other methodological concerns, which included concern that dance was not often measured on its own terms, and that research often lacked clear descriptions of the dance practices and interventions involved. Exploring **performance as a means of disseminating** evaluation and research findings could be an important avenue to consider and may better match the experience of participation and speak to the elusive contributions of dance.

There is a need, therefore, to fund research that **involves dancers in the development of relevant dance and health methodologies**, exploring how dance knowledge and frameworks could be better utilised, whilst acknowledging the need for research to be conducted in a way that will be recognised, validated and understood beyond the dance field.

Involving participants

The importance of participant voice in research was discussed in the literature reviewed, and was also considered in the focus groups, including discussion of involving participants in **research design**. Inviting participants more consistently into the conversation may help to **expand the evidence base**, connecting with an interest in subjective felt experience, inclusivity, and relationality that has featured in definitions of our key terms. Recognising what participants determine as meaningful and impactful about dance and a **willingness for participants to set the agenda** may also contribute to the **impact agenda**.



Conclusion and Recommendations

The findings from the systematic literature review and focus groups have responded to the research questions addressing the aesthetic, artistic and creative contributions that dance makes to health and wellbeing across the lifecourse, identifying a series of themes across both sets of data that in many respects overlap, although each has offered different nuances of understanding. Consideration of the methodologies appropriate to investigating these contributions showed some bias towards qualitative methods, but more pressingly both a need and an enthusiasm from the field for further methodological development in the area. There has been some consideration of how these findings may challenge or respond to the impact agenda, and this discussion is yet to be concluded, with the symposium, Bodies of Evidence, still forthcoming at the time of writing. Outcomes of the symposium can be found here: wceh.org/projects/dance-health-and-well-being

It was the intention of the research that it would lead to a greater awareness of the importance of interrogating these topics, and to share a more sensitised understanding of how dance functions in the health context amongst a wider audience through the symposium and reporting, with a view to impacting the debate in this area in the future. We therefore conclude this report by looking to the future with a series of recommendations based on our findings:

Recommendations

- Further exploration of the seven key synthesised themes of the literature review [SLR], and of the five key synthesised themes of the focus group findings [FG]
- Greater acknowledgement of the combined physicality, relationality, artistry and self-expression that dance entails [SLR]
- More discussion and articulated definitions of key terms such as 'dance', 'dance for health', 'artistic' and 'aesthetic' [SLR & FG]
- A greater breadth of geography, health conditions and points in the lifecourse to be researched and evaluated in relation to aesthetic, artistic and creative contributions [SLR]
- A more complex, and less isolated, view to be taken of the interrelationship between factors contributing to health and wellbeing [SLR & FG]
- More could be made of the connections between research and evaluation in this area and psychological theories and models [SLR]
- More ambitious mixed methodology work could be undertaken [SLR]
- Identity and creativity, and derivatives such as dispersed identity and co-creativity are highlighted as worthy of further attention [SLR]

- Fledgling factors such as touch, vulnerability, affect, presence, trust and embodiment are key but little understood and worthy of greater attention, including exploration of appropriate methods and vocabularies to address these topics [SLR & FG]
- More varied understandings of key factors would be beneficial, e.g.
 - Aesthetics, especially as part of challenging deficit models of various health conditions [SLR & FG]
 - Articulating differences between self-esteem and self-confidence [SLR]
- Greater space for discussion of the role of different epistemologies, ontologies and methodologies in relation to how to appropriately research and evaluate different concepts, and for conversations related to appropriate rigour criteria and judgements [SLR & FG]
- Attention to what approaches such as phenomenology, critical theory and posthumanism have to offer the field [SLR]
- Greater experimentation with new methods, appropriate to varied methodologies [SLR & FG]
- More co-research and evaluation with participants and dance practitioners to include their voices and perspectives [SLR & FG]
- More cross-sector research involving respected dance and health partners [FG]
- Continuing to make sure that appropriate claims are made for appropriate methodologies/methods [SLR]
- Further attention to how evaluation results are shared, responding to the primary audience for evaluation (identified as members of the dance for health community) as well as the need for improved advocacy for the work [FG]
- More strategic use of existing standardised scales in evaluation to improve advocacy to funders, commissioners and government [FG]
- Development of new scales and methodologies that measure dance on its own terms, incorporating a movement language from dance [FG]
- Better use of film and individual testimony to advocate the benefits of dance to a wider audience [FG]
- More effective partnership work developed, including involving medical and care staff themselves in dance for health work [FG]
- Include partnership work in training for both dancers and medical staff [FG]