

Small Steps

By Jeanne Mettner

■ Participatory arts

The therapeutic benefits of dance.

On a sultry Friday morning in May, a windowless banquet room in the Maplewood Community Center is transformed into a dance hall. Chairs are placed in a circle in the middle of the tile floor. In one corner, a man plays a jazz tune on a digital piano. Two dance instructors mingle with students before the start of the 60-minute lesson. Finally, the students—people with Parkinson’s disease and their caregivers—take a seat and begin stretching and moving to music ranging from Pachelbel’s *Canon* to *The Charleston*. Smiles abound.

Welcome to Parkinson’s Dance, a weekly event sponsored by HealthEast’s Passport Program and the Capistrant Center for Parkinson’s Disease and Movement Disorders at Bethesda Hospital in St. Paul. Modeled after the Dance for PD program produced by the Mark Morris Dance Group in Brooklyn, New York, the class uses specially trained dance instructors to help participants with limited mobility explore movement. This morning, they do kicks while seated, tap their feet, move their arms, and perform a flamenco dance. “The goal is to encourage an interactive experience and to socialize; many participants tell me that this class is one of the things they look forward to all week,” says Erin McGee, outreach coordinator for the Capistrant Center.



A patient and caregiver take part in the Parkinson’s Dance, a program designed specifically for people with Parkinson’s Disease. Photo by Kathryn Forss.

Therapeutic benefit

The weekly dance class is not therapy, nor is it intended to help patients achieve measurable health outcomes or even to improve function. Rather, it helps them find ways to express themselves, says Suzanne Costello, artistic co-director of Stuart Pimsler Dance and Theater in Minneapolis, which has held similar classes for people with Alzheimer’s disease and other forms of dementia, stroke survivors and those with other chronic conditions at Mayo Clinic in Rochester, North Memorial Medical Center in Robbinsdale and in several other cities including Columbus, Ohio; Torrance, California; and Chattanooga, Tennessee. “That is not to say that there isn’t therapeutic benefit, because there is,” she adds.

Indeed, some evidence points directly to the benefits of arts programs that include dance. In the landmark Creativity and Aging Study published in *Geriatrics* in 2006, Gene Cohen of George

Washington University's Center on Aging in Health and Humanities examined the effects of arts participation on adults age 65 and older in Washington, D.C.; Brooklyn, New York; and San Francisco. At the 12- and 24-month marks, those who participated in arts activities—including painting, pottery, dance, music, poetry and drama—reported better health, fewer visits to health care providers, less medication use, improvement in mental health and more social involvement than those who were in a control group. In June 2003, the *New England Journal of Medicine* published results of a study on leisure activities and risk of dementia in the elderly. The research team, led by Joe Verghese at Albert Einstein College of Medicine, found that among 469 adults 75 years of age and older, participation in activities such as reading, playing board games, playing musical instruments and dancing was associated with a reduced risk of dementia. Interestingly, of the nine “physical” activities analyzed (including doing housework, swimming, walking and bicycling), only dancing was associated with the reduced rate of dementia.

Something about dance

Dance often is being combined with other activities. At North Memorial Medical Center, for example, Costello and her team developed a class for stroke survivors that involved not only dance and movement but also writing and storytelling. In one session, instructors asked participants to write down (or have their caregivers write down) their memories of the exact moment they had their stroke. After describing the feelings connected to that memory, participants then worked with instructors to translate their emotion into a nonverbal gesture, which eventually led to more creative movement. “Because we come from an artistic focus rather than a therapeutic focus, it was interesting for us to have them find some expression for the moment of change in their life,” Costello says. The company has applied for a grant to offer the class at other sites in the Twin Cities. Although they didn't measure outcomes, “there were beautiful stories that came out of that program,” Costello says. “One woman was in a wheelchair, not able to move, and by the end of the six-week program, she was out of her wheelchair.”

For the Dancing Heart program developed by Kairos Dance Company in Minneapolis, which was piloted at six long-term care facilities in the Twin Cities, instructors chose a theme (for example, weather) and then explored it during the class using music, movement and storytelling. Researchers from St. Catherine University in St. Paul studied how the program affected participants, some of whom had had strokes or heart attacks or were living with Parkinson's or Alzheimer's disease. Data gleaned over 36 weeks indicated they saw improvement in balance and stabilized memory and depression scores. Participants and their caregivers also reported increased socialization, improved “physicality” and an enhanced sense of personhood.

“There are interesting theories being investigated as to why dance is effective—we may be helping create new neural pathways,” explains Maria Genné, artistic director at Kairos Dance. “But one of the revealing things from the St. Kate's research—and one of the reasons I believe the classes are successful—is that they allow people to be creative and successful in the moment; there's a timelessness about it.” Kairos is currently offering classes at Fairview Ridges Hospital, Park Nicollet's Struthers Parkinsons Center and Carondelet Village in St. Paul.

All about the fun

When the Friday morning Parkinson's Dance draws to a close, instructor Marsha Ovitz has participants stand up and hold hands. Silently, she turns and bows to the dancer next to her, who returns her bow before turning and bowing to his own dance partner. The gesture is passed along to each person in the circle. It's a simple-but-powerful ritual that seems to further bind the participants. "In the medical model, we so often push physical therapy, push rehab, push 'get better.' Here, we're having fun and enjoying dance," McGee says. "It's making a big difference in the quality of participants' lives."