

‘Dancing for Health’: A Pilot Research Study



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1. Introduction

This project (funded by King's Cultural Institute as part of the Arts in Health and Wellbeing initiative) was a collaboration between Dr Claire White, Reader in Physiotherapy at King's College London, and the Learning and Participation and Research teams at Trinity Laban Conservatoire of Music and Dance.

The project studied *Dancing for Health*, a creative dance programme at Trinity Laban for adults (18+) who have experienced an acquired brain injury (ABI) or stroke. This weekly, 2-hour class, is delivered in specialist dance facilities led by a highly-experienced Dance Artist and supported by specialist neuro-physiotherapists. The *Dancing for Health* programme is of particular interest because it offers a creative and artistic dance experience, in a safe, positive and sociable space focusing on ability rather than disability.

The research project explored dance participants' experiences and the perceived benefits of the *Dancing for Health* programme. The emphasis on creativity in the *Dancing for Health* programme is a different approach from the majority of dance and health interventions which predominately provide repertoire, syllabus or dance routine based delivery. In addition, such programmes are often designed around quantifiable physiological or psychological improvements; the *Dancing for Health* programme, in focusing on creativity and ability over disability, provides activities which may be valuable for participants in a number of ways. An initial review of related research found little that was relevant concerning creative dance with ABI or stroke.

This project sought to identify the most important outcomes for people with ABI and stroke, and, as a pilot study, began considering what methodologies might best be deployed to evaluate impact which more fully includes participant "voice".

2. Methodology

The research was conducted in two strands:

A meta-ethnographic synthesis of qualitative evidence (conducted by KCL MSc physiotherapy students and overseen by Dr Claire White) explored the experience of participating in creative dance (and a range of other art forms) for people with ABI and stroke.

A total of 7 semi-structured interviews were conducted by the Trinity Laban Research Fellow, including class participants (who were able to give informed consent), a participant's carer, the physiotherapists who support the class and the class practitioner.

Interviews explored the perceived benefits of the class, including questions exploring physical, psychological and social outcomes and the general experience of taking part, with a particular focus on the class' creative emphasis. Using phenomenological data analysis, interviews were then coded and themed, with findings detailed below.

3. Meta Ethnography: Summary of Findings

The King's PI and MSc student researchers attended a *Dancing for Health* class to observe the environment, dance practice, participant experience and to experience the creative concept. They also met with the research fellow from Trinity Laban to understand more about the practice of creative dance and the current evidence base for creative interventions

in health. The researchers described these as important activities that highlighted the potential transformative nature of the creative process for individuals and contributed to discussion during the researchers development of the criteria for the meta-ethnographic study. The process of meta-ethnography described by Toye et al (2013) was followed to identify the aims of the review, identification of studies, screening, appraisal, data extraction and synthesis.

The meta-ethnographic criteria discussed and determined by all researchers included: study population (adults with ABI), intervention (all creative arts interventions) and research/report design (qualitative approach including data in form of creative arts participants experience). The decision to include all creative arts interventions (instead of creative dance alone) was taken to ensure the focus of the study was on the unique contribution of the creative process as the critical component of interventions. A systematic electronic search was conducted across 6 health, psychological and creative arts databases. Searching the Proquest Performing Arts Periodicals database permitted the inclusion of alternative publications such as dissertations, newspaper articles and conference proceedings. Sixteen qualitative reports were included in the review as shown in Figure 1 and Table 1.

Figure 1. PRISMA flow diagram for article selection

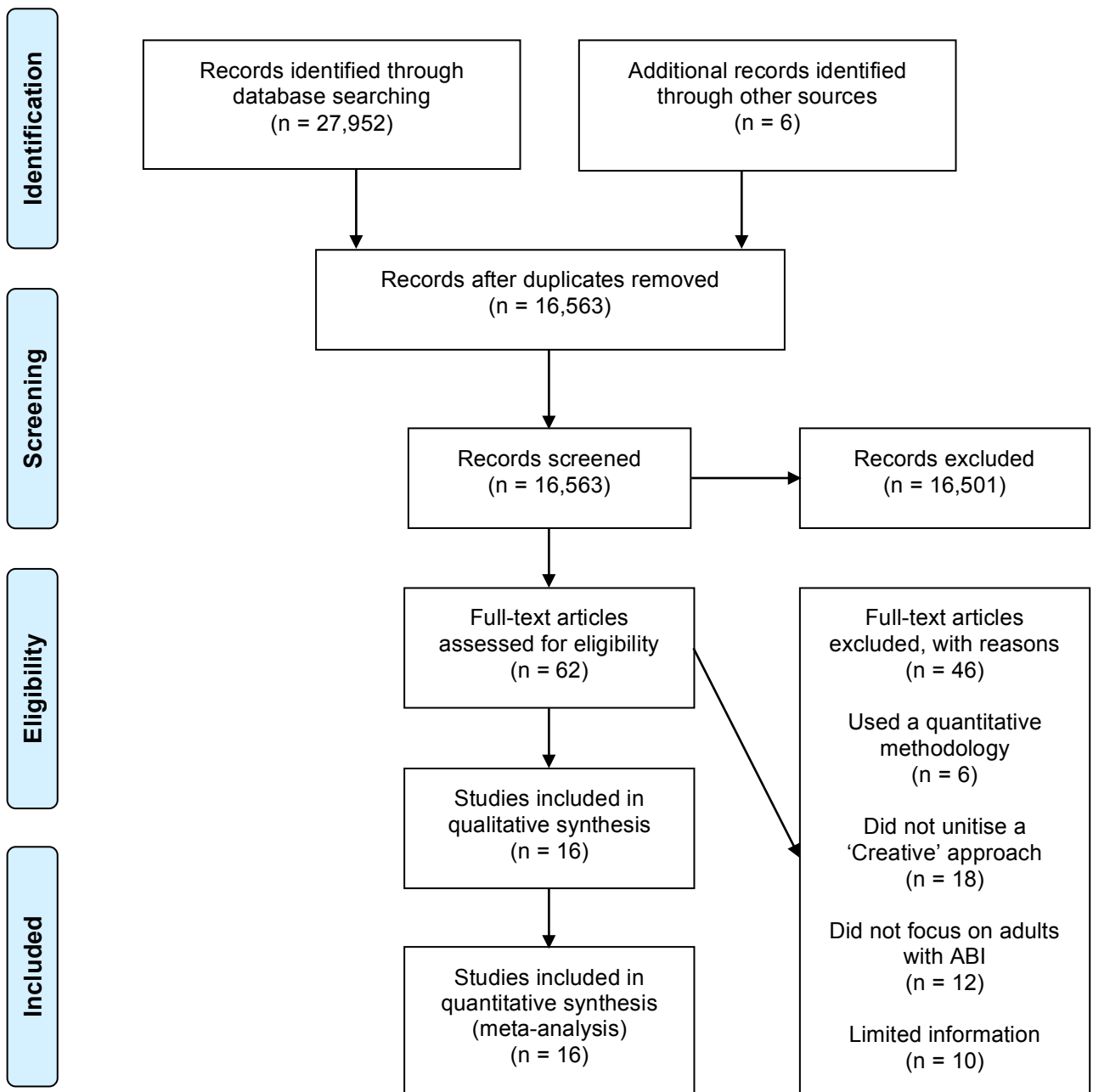


Table 1. Study characteristics of the papers included in the meta-ethnography

Source Paper	Research Aims	Sample Population	Intervention	Data Collection & Analysis	Key Findings
Ali, Gammidge & Waller (2014) ²⁸	“To explore the effects of a total of 12 art therapy groups” – To see if engaging in interactive art therapy group sessions would reduce anxiety and depression.	6 male individuals with stroke, undergoing rehabilitation Aged 69 (38-85)	Group interactive art therapy – drawing & painting using white paper, pencils & crayons, making clay figures, drawing on an iPad & taking photographs using a camera. Biweekly for 6 weeks.	1. Participant observation 2. Individual semi-structured interviews 3. Patient feedback Thematic analysis	“Art therapy may contribute to improvement in confidence and installation of hope with possible benefits on anxiety and depression.”
Beesley et al (2011) ⁵	“To qualitatively explore the experience of community dwelling stroke survivors’ participation in an arts health group programme & possible health benefits to quality of life & wellbeing.”	11 individuals with stroke 7 females, 4 males Aged 42-81 Time since stroke: 8 months – 7 years	Group art programme – painting on canvas, charcoal, wax resist & drawing. Individual projects with an opportunity to contribute to a larger group artwork depicting their journey through stroke recovery. Weekly for 8 weeks.	1. Focus groups 2. Individual semi-structured interviews Qualitative analysis using grounded theory approach incorporating constant comparison.	“The implementation of an arts health programme after stroke made a substantial impact on well-being and quality of life.”
Sit et al (2014) ²⁹	“To examine the potential value of a creative art-based activity as a caring modality for promoting holistic well-being among chronic stroke patients” – “To explore the feelings and meanings that stroke patients derived from their experience in leisure art-based creative	24 individuals with stroke 13 males, 11 females Aged 40-68 Time since stroke: 1-5 years	Leisure art and creative activities including colouring, clay making, candle jelly decoration, decorating a photo frame, drawing and making a gift to a group friend.	1. Individual semi-structured interviews Qualitative content analysis	“The findings indicate the value of engaging chronic stroke patients in leisure creative art-based activities. These activities stimulate their minds, engage their bodies, and rejuvenate their spirits, thereby enhancing their holistic well-being.”

	engagement.”		Weekly for 7 weeks.		
Walker et al (2016) ³⁰	To “present the therapeutic process for a senior military service member who struggled with years of untreated symptoms of PTSD and moderate TBI.”	Case study of an active duty service member in his fifties with PTSD and moderate TBI. Time since traumatic experiences: 7 years	Art therapy treatment involving clay mask-making, box-decorating, & painting 15 sessions over 2 years.	1. Patient reflection 2. Therapist notes 3. Patient narratives 4. Patient artwork Analysis not disclosed	“Art therapy and acupuncture [...] helped the patient manage & partly overcome some of the recurring debilitating symptoms of PTSD & TBI.”
Morris et al (2016) ⁸	“To explore stroke survivors’ and artists’ beliefs about participatory visual arts programme participation during in-patient rehabilitation to identify benefits and potential mechanisms of action.”	11 individuals with stroke 6 females, 5 males Aged 61-91	Tayside Creative Engagement Intervention (TCEI): participatory visual arts intervention – drawing and painting, printmaking, textiles, 3D modelling 8 sessions over 12 weeks.	1. Semi-structured in-depth interviews Exploratory qualitative approach. Framework approach.	“... art participation positively influences mood, self-esteem and some aspects of recovery. These may be achieved through enhancing hope, control & confidence.”
Prakash (2012) ³¹ (Abstract only)	“To gain a deeper understanding of the lived experience of young adults who had a stroke, as well as the implications of body image (BI) and self-esteem (SE).” – To “explore the possibility of dance/movement therapy as a positive and holistic approach in the rehabilitation process, specifically with relevance to BI and SE.”	4 individuals with stroke. No further details provided.	Dance movement therapy. No further details provided.	1. Individual interviews Data analysis based upon Moustakas’ modification of the Van Kaam method of analysis of phenomenological data (1994).	“... moving was a positive & empowering experience. DMT had the ability to help the patient forget, if only temporarily, the limitations in the body, & was also a visceral reminder to help the patient accept these limitations. With adequate support in a safe environment, the patient could overcome feelings of self-consciousness by accepting the new BI, which would then enhance SE.
Berrol (1990) ¹⁴	“To illustrate the use of dance/movement therapy in	Case study of a male with severe	Intensive day-treatment programme:	1. Patient feedback 2. Patient	“As a therapeutic modality, DMT can be conceived as ‘a holistic process in

	the treatment of an individual with severe brain damage.”	TBI Age 35 Time since TBI: 4 years	dance/movement therapy (DMT), psychotherapy, cognitive training, special education and physical therapy. Twice weekly group sessions and weekly individual sessions of DMT over 2.5 months	observation Analysis not disclosed	which movement is a catalyst for positive change. It is an approach that adds alternatives and new dimensions to rehabilitation treatment programmes, augmenting the therapeutic potentials of rehabilitation’.”
Demers & McKinley (2015) ¹³	“To determine the feasibility of a modified dance intervention as an adjunct therapy designed for people with subacute stroke, in a rehabilitation setting.”	9 individuals with subacute stroke 7 females, 2 males Aged 47-78 Time since stroke: 1-6 months	Group dance intervention: warm up, technical exercises, improvisation, a short routine and a cool down Biweekly for 4 weeks	1. Patient feedback 2. Patient observation Analysis not disclosed	“Dance is a promising treatment intervention that can be used as an innovative adjunct therapy to target multiple impairments in individuals in the subacute stage of post-stroke recovery, in a hospital setting. [...] the participants perceived dance as an enjoyable social and physical activity, which contributes to treatment adherence.”
Berrol, Ooi & Katz (1997) ³²	“To determine the efficacy of dance movement therapy with a population of older adults with TBI and stroke.”	60 individuals with non-progressive neurotrauma (e.g. stroke, TBI or cerebral aneurysm) 62.9% female Average age: 74	Dance/movement therapy: warm up, theme development and closure Biweekly for 5 months	1. Patient questionnaires 2. Video recordings 3. Group discussion Content analysis	“DMT would enhance the physical, psychosocial and cognitive function of older adults with neurotrauma.”
Guerrero et al (2014) ³³	To “examine Nordoff-Robbins music therapy within interdisciplinary rehabilitation treatment.”	15 individuals with stroke Gender not disclosed Aged 21-65	Integrated music therapy/occupational therapy Creative music-making: improvised and pre-composed live music	1. Video recordings 2. 1-year follow up group interviews Analysis not disclosed.	“[...] interactive music-making served as a means of simultaneously enhancing participants’ physical, cognitive, emotional, and social engagement. Rehabilitation goals were addressed in the context of overall well-being, cultivating participants’ self-awareness and empowering them to

		Time since stroke: 6+ months	Biweekly for 6 weeks		take a more active role in their rehabilitation.”
Thornberg, Josephsson & Lindquist (2014) ³⁴	“To investigate how persons with stroke experience participation in rhythm and music therapy.”	17 individuals with stroke 10 males, 7 females Aged 38-76 Time since stroke: 2-16 years	Ronnie Gardiner Rhythm and Music (RGRM) therapy: consists of elements of music, rhythm, movements and spoken expressions. Weekly for 10 weeks	1. Semi-structured interviews Phenomenographic approach: familiarisation, condensation, comparison, grouping, articulating, labelling and contrasting	“Participation in RGRM seems to have helped the persons come to terms with their changed bodies, leading to feelings of being connected with their bodies. A feeling of change in competence occurred when an ability to carry out the tasks was simultaneously achieved.”
Glassman (1991) ³⁵	To demonstrate the “value of music therapy and bibliotherapy as treatment modalities within the rehabilitation process.”	Case study of a female with a TBI Age not disclosed Time since TBI: 2 years	Individual and group music therapy sessions: vocalisation and use of instruments Use of song lyrics to express emotions Over 2 years	1. Discussions with patient Analysis not disclosed.	“... therapeutic value of music for Lori was the identification with lyrics of songs which enabled her to acknowledge and express her feelings of anger and frustration.”
Haste & McKenna (1999) ³⁶	“To investigate the clinical effectiveness of a short course of dramatherapy (an eclectic term encompassing all the arts therapies), delivered in a one-to-one interaction, in a sample of 10 patients in a neuro-rehabilitation unit.”	10 individuals with TBI, stroke, cerebral tumour removal or Guillain Barrie syndrome 5 males, 5 females Aged 34.5 (16-69)	One-to-one sessions using various artistic forms of creative expression; using visual images, objects, music, making materials, maps, myths and legends, poems, relaxation techniques and visualisation to create sound recordings, storied, pictures, landscapes and sculptures.	1. Semi-structured interview 2. Checklists filled in by therapists 3. Patient observation Grounded theory	“Dramatherapy made an important contribution to the healthy adjustment of some patients both to hospital life and to acquired disability.”

			Weekly individual one-to-one sessions for 5 weeks		
Baumann et al (2013) ⁹	"To explore the potential for using a person-centred, artist facilitated, one-to-one arts programme to improve the emotional and mental well-being of patients"	18 individuals with stroke Aged 52-88	One-to-one art sessions: 2D art, 3D art, music, creative writing movement, combined arts 4-6 one-to-one arts sessions	1. Individual semi-structured interviews Framework approach	"Arts interventions [...] provide a positive and valuable experience for longer staying stroke patients, contributing to their mental well-being during an otherwise distressing illness and hospital stay."
Soshensky (2008) ³⁷ (<i>Abstract only</i>)	Undisclosed	Individuals with brain injuries No further details provided.	Artistic project/performance: Creative exploration/development through music, visual art, creative writing, dance, film	1. Patient essay/interviews Analysis not disclosed	Artistic project/performance "can be interpreted as having a positive impact in client self-awareness, motivation, well-being, and social management"
Smith (2004) ³⁸	"To explore the use of creative activities to enhance the self-esteem of individuals who have sustained an acquired brain injury (ABI).	Case study of 5 individuals with ABI (including the author) 4 females, 1 male	'Creative enterprises' – woodwork, water colour note-cards, decorating picture frames, painting flower pots, stained glass	1. Observation 2. Discussion 3. Field notes 4. Focus groups Participatory auto-ethnography with triangulation	"Engagement in creative activities is a positive addition to ABI rehabilitation because of its favourable impact on self-esteem."

A reciprocal translation qualitative synthesis was completed and 6 key themes were identified that describe the experience of participation in creative interventions for people with ABI including: Expressing emotional adjustment; An avenue for escapism; Permitting social interaction; Gaining insight into abilities; Becoming empowered; and Enhancing wellbeing. Finally, a single line-of-argument synthesis that seeks to link and explain the key themes was proposed that describes how participation in creative arts permits opportunities that contribute to enhancement of personal well-being.

Figure 2. Line of argument synthesis: opportunities elicited by engagement in creative therapies that contribute to an enhanced sense of wellbeing



Limitations of the review

Due to the time constraints of the current review, researchers were unable to search the grey literature, thereby possibly missing potentially relevant unpublished work. In addition, during the search phase a software problem occurred with the ProQuest Performing Arts Periodicals database and only 3262 articles out of 5,116 identified by the search were accessible for screening.

Conclusion

The findings of the meta-ethnographic synthesis will aid in the development of methods to evaluate the impact of *Dancing for Health* and to explore the reasons behind how participation in creative interventions contribute to enhanced well-being.

4. Semi-Structured Interviews: Summary of Findings

Semi-structured interviews were conducted with 7 people involved in Dancing for Health classes:

- Three class participants (who were able to give informed consent)
- One participant's carer
- Two physiotherapists who support the class

- The class practitioner

Interviews transcripts were subsequently coded by two Trinity Laban research fellows and the following broad themes identified:

- The role of a 'creative' space
- Physical outcomes
- Psychological outcomes
- Social outcomes
- Access and Barriers

Themes are discussed below, each broken down into the various coding terms that were agreed. It should be noted that due to the relatively small number of research consultants who took part in the interviews (including just one carer from a possible nine) our analysis does not explicitly divide findings into different 'groups' of respondents, but seeks instead to clearly show when different standpoints or emphases emerged between different groups of respondents.

4.1 The role of a 'creative' space

- All respondents interviewed talked positively about the **creative environment** nurtured by the practitioner. This creative space is welcomed by participants as an opportunity for self-expression and for feeling 'liberated', also offering participants a sense of agency and achievement. Participants and physios also noted how certain creative tasks supported participants to explore new movements with a certain lack of self-consciousness, sometimes resulting in positive physical outcomes (e.g. enhanced functional movement – see below).

Participant: *[On being asked their most important reason for coming:] 'Probably in that it's dance – 'cause I have a social life outside of this – [it] would be the creative enjoyment.'*

Participant: *'For me [being creative] is very familiar. It makes me feel at home again with my old self, but in a new way. So it does two things, in that way. It connects but is forward-looking, for me. So it's important for me.'*

Participant: *'[The practitioner] creates, even with a small group of people, she creates ... we do standard stuff, and then there's always time for something creative to do, which is really good.'*

Participant: *'It always feels good to be creative, it's liberating and inspiring.'*

Physio: *'Being in a creative environment that's non-clinical is just amazing. But you know that you're going to be physically supported to be able to move and to dance.'*

- The sense of **fun and playfulness** conjured in classes through creative activities was widely commented on – making the class an uplifting space,

with this playfulness also promoting a sense of closeness between participants in the classes.

Participant: *'I feel I have license to enjoy myself and to be creative, with a sense of play.'*

Participant: *'I really like the group activity... like the travelling where we go in groups, or... where we were going through each other and doing the Busby Berkeley type. So when we manage to achieve some sort of group activity that works, but also on a personal, social and relationship level, that's really nice.'*

Carer: *'The overriding characteristic of [the practitioner's] class is that you're laughing and smiling right from the off, and that's the background even though some of the time you might be more serious and serious in intent. So there's this kind of playful, invitation to be playful, which I love.'*

- The **skill and sensitivity of the practitioner** was widely emphasized.

Participant: *'Her approach is very playful. It's deceptively playful. She's got a serious agenda behind it... She's very sensitive and uses her personality to engender and encourage and to engage, so she will fit whatever her vision is around us and allow us to do things in a way that's best for us.'*

Participant: *'Stella is amazing person... She involves you even when you can only do a little bit of what's going on.'*

Carer: *'There's something about [the practitioner's] openness and her positivity and her humour and her playfulness that's very infectious and sets a tone for the class.'*

Physio: *'There's a real talent that the dance artists have to be inclusive and find ways around including everybody in a task. So it's like a celebration of people's differences.'*

Physio: *'Although I worked with people with head injury for many years, there are people I don't feel completely at ease working physically closely with... I've really learned from the dance artists and how they're interacting and communicating... [they] have such an amazing, natural way working.'*

- Interviewees talked frequently about the class **feeling safe** – both physically (in terms of the physios' presence acting as a 'safety net') but also in terms of the class offering an environment where participants can feel at ease with their abilities and express themselves in an inclusive environment.

Participant: *'I used to find I was frightened [of] falling, 'cause I've had quite a few falls. But there's always someone... Lately my movement has got worse. And there's always someone here that will help me.'*

Participant: *'I know I'm with people who have got similar issues and similar problems, and yet they can also give me space and not be in my face about it, so it's very good in that respect.'*

Practitioner: *'I think that [the reason participants first come is] because it's with other people who may have suffered from a head injury or stroke – they feel that it's an environment that understands their conditions, and that is appropriate for their physicality... that gives people the confidence to know that it's not any old dance class and we're not going to ask them to do Strictly Come Dancing in jeans.'*

Carer: *'I think there's two levels of togetherness. One is the support from physio. So somebody she knows who can trust and who has a lot of insight into the way X will most comfortably move. So that's very good. A big ingredient in the class. Then on the other hand, people who are classmates in that class, they also know about working within physical limitations. It's true in both classes that people will be careful and wanting X to be involved. So there's a lot of positive interaction.'*

- The class was also valued for being non-hierarchical/participant-led and also non-clinical. Respondents discussed how the **creative emphasis and improvisatory structure** of many activities allows participants to feel they 'can do', supporting participants to explore their abilities at their own pace and feel 'empowered', rather than to 'test' their abilities against a set choreography etc.

Participant: *'You don't feel as though you can't do anything, everybody can do something.'*

Physio: *'It's a lovely class because it's free. I mean there are not lots of strict rules. There's right or wrong. So, I think that's very important for this population of exercisers because you can get disillusioned with exercise pretty quickly if you think, oh I'm doing it wrong.'*

Physio: *'It's a creative dance class, so what I really love about the class and this unusual role is that it's not medically focused. It's not impairment focused. It's about the creativity and about the dance. So I see that very much in my role, to facilitate that, to allow that to happen, and not to be intrusive and I try not to use the medical terminology.'*

Practitioner: *'There are so many levels in which you're trying to allow the participants to be creative and to have choice, and choice is about creativity as well... So even something about how you discuss a creative task and how they take it on board is allowing that person choice... but my main thing is about that they have the choice in how they move their bodies... so that you're not dictating a movement to them. You're allowing them to find that movement for themselves. And I think that's really empowering for the participants, or at least I hope it is.'*

- It should be noted that the practitioner and physios suggested that the **freer, more creative elements of the class** sometimes prove **more challenging**

for some participants with greater cognitive impairments (participants who were not able to be interviewed in this study).

Practitioner: *'The response to creative work is generally positive. Sometimes it's harder for those with cognitive issues to follow what the idea is, and so then they need somebody to support either from within the team... But if the idea is clearly explained... or has some kind of diagram or written instruction, then it's easier for them to follow... but generally I find, with those cognitive difficulties, they much prefer the more didactic teaching.'*

- Limited commentary noted that feeling part of the wider creative community of Trinity Laban as an institution was a benefit of participating.

Participant: *'The building is very welcoming. It's a place where creativity and Laban's ethos is very apparent.'*

4.2 Physical Outcomes

- The impact on **proprioception** and overall **'body awareness'** was mentioned as a positive outcome of the class by both participants and physios.

Participant: *'The physicality helps me to use my body better and stay in touch with my body.'*

Participant: *'It's very good for my rehab physically... and for proprioception.'*

Physio: *'Through the creativity they're exploring their bodies and doing things in ways that they never really knew that they could. They're not even consciously trying to do something new, they're doing it subconsciously, and then afterwards they realise what they've found that they can do.'*

- Positive physical outcomes in terms of **posture, alignment** and **balance confidence** were noted by physios and by a limited number of participants (in passing).

Physio: *'Most people when they first arrive are quite self-conscious and that affects posture... Posture can be quite flexed because people are fearful of falling... and apprehensive about trying things. Even within the first class, you can really see that change... Their head will lift up, their eyes will engage, and that has a knock-on effect down the body to then have more upright posture and seeing people standing, feeling, being guided as well to use both feet symmetrically. So within one class you can see someone becoming more upright and trying things and weight-bearing more through one foot that they don't normally weight bear through, but also over a course of a term or a course of a year, there are certain individuals who have just progressed dramatically, and they're walking much better, they've got better exercise tolerance, they've got better posture, and obviously they're probably doing things outside of class, but I really believe that the main drive to bring those changes has come from the confidence they've gained from coming to the class.'*

- Some key improvements in **functional movement** were noted by participants and physios.

Participant: *'[The class] really helps in washing cause of all of the twisting and I need to strengthen my core and balance, so it really helps with balance, strengthening [my] core, the way my foot turns over...'*

Participant: *'Generally being able to use my body better, feeling more secure and safe. So, for instance, I didn't used to be able to get up off the floor unassisted. When I first left hospital, if I fell I'd be stuck on my back like a beetle with my legs in the air. Couldn't get up, couldn't roll over onto my knees, but dance has helped me with all of those things.'*

Physio: *'[A participant] talked about they could never use their towel to dry their back. And they suddenly realised: 'hang on but we reach behind our heads, behind our backs in class, so why can't...' - And, then they started trying to use their towels.'*

- There was also some general commentary from participants about feeling like the class allows them to **'push' their own physical boundaries** (see also 'safe space'). Physios talked about how the creative impetus of the class encourages participants to explore their bodies with new energy and curiosity, often resulting in positive physical developments for participants (although at times there is the risk that participants may also move in ways that are not particularly helpful to their recovery).

Participant: *'[The practitioners] make it easy to explore your body and its limits.'*

Practitioner: *'The creativity's so important, because if I was just directing their movement, I'd be doing the same movement patterns. But by moving creatively, it allows them to open up new movement patterns for parts of the body that have been affected.'*

Physio: *'There is a play in the creativity that leads to the physical benefits.'*

Physio: *'Our role [is] not just to keep people safe, but possibly to enable people to maybe be a bit more adventurous than they would normally be. So, I can hold, support, facilitate, whatever you want to call it, and enable the person to do a bit more.'*

Physio: *'For me personally, it meets so many of the things I feel I can't reach in a normal, clinical practice.'*

4.3 Psychological Outcomes

- Participants talked about their **mood, confidence** and **well-being** being enhance, and participants reported growing feelings of **empathy** and **mutual support** with fellow participants that had a positive value.

Participant: *'It's the highlight of the week and lifts me.'*

Participant: *'I know [the classes] affect my mood 'cause it makes me feel better.'*

Participant: *'It has [had an impact on my well-being]. I think it's something I don't even notice in many ways, but I get home and my wife goes, "You look oxygenated, and you've worked hard to give your body something it needs."*

Participant: *'It makes you want to do things... it's so easy when you're not feeling so good about yourself and everything, just to curl up and, and [the class] just makes you feel like doing something.... You want to participate.'*

Physio: *'I would their confidence has skyrocketed within the class. I think you probably heard the stories of how [a participant's] life is dramatically... I think that it really has been integral to his journey, coming to class, to then get the confidence to explore more of his artwork.'*

- Participants talked about the positive impact of **physical touch** and the value of making **tender and/or playful physical contact** with others **through dance**.

Participant: *'It can be quite touching, I mean literally touching, the trust issues and the caring for each other, as well as sparking, inspiring each other with human clowning.'*

- To a lesser extent, participants talked about the value of 'being in the moment' and the importance of the class in offering some **stability** as part of a weekly routine.

Participant: *'It's made me much more stable over the years, in terms of providing a routine, providing a social certainty and a replacement for my what-would-have-been a hectic lifestyle [previously].'*

- Several participants talked about sometimes **feeling frustrated with their own bodies and physical abilities** in the class.

Participant: *'Sometimes I feel tired and frustrated with my own body, other times I feel uplifted and inspired, and sometimes greatly amused.'*

Participant: *'There are still times when I don't want to join in because I don't feel very good about what I'm doing.'*

- The physical impact and psychological impact of taking part is **closely paired** – often with almost no perceptible difference between the two for some respondents at times: the class has a positive bearing on participants' positive mental state which in turn yields physical benefits – or a general sense of 'feeling better' holistically – and vice versa.

Carer: *'I think the fact that she feels good about herself most of the time in the class, carries over into a can-do attitude to other physical things we're doing.'*

4.4 Social Outcomes

- Some participants talked about **making friends** through the group and the general **social aspect** of the group was greatly valued. The importance of the group as a site of **group camaraderie** was emphasized by participants, carers and physios – that attendees perceived a great value in being with people who face similar challenges and are in similar situations.

Participant: *'It's very good [...] in a social way. It provides me with a new outlook, and new friends, and new faces who are in similar situations.'*

Participant: *'I know I'm with people who have got similar issues and similar problems, and yet they can also give me space and not be in my face about it, so it's very good in that respect.'*

Participant: *'Lovely people come to dance class. They're all different shapes and some have got disabilities but everybody works really hard together.'*

Participant: *'I'm very keen to, since my event, to have a connection to others, and the class provides that, and I'm aware how fragile we all are. And the class, in a quite ... I'm not sure of the word. In quite a unspoken way acknowledges that, that we all are fragile and allows us to be boisterous and safe and still be understanding our fragility.'*

Practitioner: *'I think the reason that [participants] keep attending is social, most definitely. There's a really high level of them wanting to see each other again, and I know that they ask me to apologise to the other members if they can't make it.'*

- The carer interviewed observed a change in their thinking about ideas of limitation and difference within this population group - that the group had challenged what they realised were certain prejudices.

Carer: *'I was thinking about this the other day, I think I came with certain baggage of prejudices against people who'd had stroke or acquired brain injury, and then noticed that they're also very playful and lively people.'*

4.5 Access & Barriers

- It was interesting that several of the participants interviewed already had a background in the arts.

Participant: *'I came because I always liked dance, since I was a child. Not since I was a child. I did dance at college. I did the sort of stuff that we do now, at Laban... So that's what intrigued me about it.'*

- When discussing prompts to attend, interviewees (two physios and one participant) talked about the importance of a tenacious individual able to personally persuade a participant to attend.
- Physios discussed the barriers to attending that they perceived, notably the physical and logistical challenge of getting to the class each week.

5. Methodological Challenges and Questions

In terms of researching the group as a whole, it feels crucial to find a way to clear the ethics procedure that allows us to **engage with all project participants**. The research as it stands (understandably) only accounts for half the group and thus feels somewhat imbalanced and skewed towards a particular kind of participant experience.

There are **challenges posed by the interview process** itself. Despite our best efforts to reassure research consultants beforehand, class participants evidently found the prospect of a 'research interview' quite stressful, noting at its end that they'd been anxious in the run up to being interviewed and that speaking at length was a challenge. Participant interviewees said they'd been relieved and pleasantly surprised by the actual process but this barrier is worth noting – and one participant who we'd hoped might consent to an interview did not want to take part in the research project. In developing the research further, it will be important to explore other research modes that place less emphasis on individual's speech in a one-to-one setting.

Highview attendance was quite thin over the term we were conducting interviews – including missing the end-of-term celebration where interviews were provisionally agreed to take place. Finding a way to **engage more positively with Highview carers** seems crucial if we embark on continued research with Dancing for Health.