

Inclusivity and Imagination in Dance for Dementia and Parkinson's.

This essay explores the use of dance in Dementia and Parkinson's environments, comparing and contrasting through use of personal experiences and research. There will be particular interest towards the use of imagination within dance sessions and the response between people with each disease. A small section will address the influence of each disease on cultural norms and values and its relationship to the use of imagination. It will also highlight the concept of what inclusive dance is, with a particular focus on community settings, and how such sessions are ideally structured. There will be extensive academic research, included within this work, from a range of articles, books, journals and websites to support this essay and statements made within it.

The concept of inclusivity within dance settings is a growing interest within the sector; inclusivity can be defined as 'the practice or policy of including people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities and members of minority groups' (Oxford Dictionary, 2019). A recent event highlighting the growing increase in inclusivity within dance, as well as current culture, is the collaboration of dance company *Candoco* (a contemporary company that integrates disabled and non disabled dancers) and the professional dancers on the BBC show *Strictly Come Dancing* - a first for the TV programme. 'Candoco is to become the first contemporary dance company to appear on the BBC's *Strictly Come Dancing*' (The Stage, 2018). Other companies breaking the inclusivity boundary include *DV8*, *Stopgap*, *Anjali* and more. Examples of their inclusivity include *DV8*'s 'The Cost of Living (2004)', with disabled dancer David Toole's character being 'determined not to let his disabilities or society's prejudices get in his way' (DV8, 2019). Highlighting yet another company that is gaining an increased amount of interest due to their integration between disabled and non disabled dancers is *Stopgap* who 'value a pioneering spirit and are committed to making discoveries about integrating disabled and non-disabled people through dance' (Stopgap, 2019). *Stopgap* have also recently been used in the AQA GCSE qualification as a set work students need to study, showing even in the educational dance form, inclusivity is becoming widely spread, positively impacting the diversity and culture in modern day dance.

Dance inclusivity within a community setting generally refers to being open and involving those that are disabled (either mentally or physically) in hope that sessions are 'engaging people creatively and safely in a dance style, or exploring dance ideas and forms of their own' (People Dancing, 2019); regardless of a disability, the opportunity to explore dance is key in community artists' ethos.. These sessions aim to integrate 'able-bodied' dancers with 'less able-bodied' dancers, however in the dance industry it was not uncommon for group specific sessions, in community dance, to be held instead i.e. disabled dance groups and 55+ years old groups. This is an idea that has become outdated. Dance artists are increasingly becoming aware of the importance of inclusion, almost disregarding the labels of disability and age and focusing the importance on each bodies uniqueness and how it can move (Quin, Rafferty and Tomlinson, 2015). There proves an argument in current societies that disabled people are disabled more by the environment and those within it than their actual disability - this partially forms the social model of disability (Mental Health Foundation, 2015). Dance is an excellent means of communication and offers many opportunities to challenge social and cultural traditions;

'As a means of communication, dance is used to lure and keep mates; define and perpetuate gender roles; form and cultivate social and cultural bonds; and even express societal and political expectations and preferences. It can also be used as a weapon for rebellion. Additionally, dance can be a means of improving cognitive abilities which allows for greater communication in especially older adults', (Rounds, 2016).

This poses a suggestion that although people with dementia and parkinson's may suffer from being treated more disabled - if these conditions can be classified as a disability - than they actually are: dance is an extremely useful tool in helping people, not just with these two conditions, but disabled individuals in general, show modern culture and society they are just as able - on top of health benefits.

When taking part in inclusive sessions as a leader or volunteer, People Dancing (2019b) recommend these following guidelines to ensure full safety and enjoyment for the participants involved:

1. 'Allow time for participants to respond to the dance leader.
2. Give help on a 1 to 1 basis if someone has difficulties (eg hearing / vision loss) or asks for help.
3. Resist the temptation to intervene if someone is not moving in the way you would expect.
4. All contributions are valid and there is no wrong way to respond (unless movement is inadvisable on medical grounds).
5. Do not passively move participants' limbs.
6. Join in the activities and show a positive response. Your interest and enthusiasm is more likely to encourage participation than repeating dance leader instructions.
7. Try to stay for the whole session and only permit those interruptions that are absolutely necessary (eg respond to non-urgent phone calls after the session)' (People Dancing, 2019b).

Inclusive community dance sessions can range in length between 30 minutes to an hour. This sort of time frame for each session allows there to be a substantial amount of time to get through activities and dances, whilst not overly pushing them to the point they could injure themselves or tire (particularly in the elderly).

Currently in the UK there are over 850,000 people living with the progressive conditions of the brain, labelled dementia (DementiaUK, 2019) and is a common illness that typically affects those 65 years old and above (McKeel et al., 2007). 'Dementia, like disability in general, is a multi-dimensional phenomenon' (Shakespeare, Zeilig & Mittler, 2017); the hypernym 'dementia' relates to a plethora of conditions (over 200 subtypes), the most common forms being - Alzheimer's, vascular dementia, lewy body dementia, frontotemporal dementia and mixed dementia (DementiaUK, 2019). Due to each version being its own illness, there are a vast amount of symptoms presentable, often making it difficult to diagnose. Dementia is most commonly known for its detrimental effects on the psychological wellbeing, however there is also a significant impact on the physiological elements of each being. The psychological impact varies - the brain's nerve cells are damaged by the dementia, resulting in messages to and from the brain being disrupted causing several issues (DementiaUK, 2019), including memory loss, poor concentration, confusion, mood changes, difficulty speaking, difficulty in completing daily tasks and physiological impairments (NHS, 2017). Physiological impairments include muscle weakness or paralysis,

uncontrollable shaking, proneness to falling and difficulty walking or moving - particularly at a slower rate (NHS, 2017; DementiaUK, 2019). To be general, dementia can be distinguished by its progressive decrease in cognitive function causing interference with daily life and tasks (Knopman et al. 2001).

Dementia currently isn't labelled as a disability in itself within the UK, but rather categorised as a mental health disorder - mental health conditions are classed as disabilities (if having long lasting effect on daily life) in the UK under the Equality Act 2010 (Gov.UK, unknown). Shakespeare et al. (2017) argues that from a semantic, epidemiological and legal point of view, dementia is equally a disability within itself, the same as other degenerative diseases such as Huntington's disease and Multiple Sclerosis.

Currently throughout the world, researchers are yet to find a cure for the various forms of dementia; Alzheimer's Association (2019) note on their website that for most forms of dementia there is 'no cure and no treatment that slows or stops its progression. But there are drug treatments that may temporarily improve symptoms' (Alzheimer's Association, 2019). Within 13 years, a study revealed that 101 different medical drugs had failed in their attempt to cure the illness (Leibing, 2018), highlighting the complexity and highly debilitating nature of dementia; a recent article suggests that a cure is unlikely to be found within the next decade (Regan et al., 2019). With a cure still unfound, it is suggested that prevention is the way forward for dementia; lifestyle changes and different forms of 'training' (mental and physical) has seen beneficial responses from patients with dementia, including the slowing down of the diseases (Regan et al., 2019; Leibing, 2018). In terms of physical training for people with dementia, dance is a popular choice of activity; 'dance programs, as with other arts- and leisure-based programs, have been implemented strictly for therapeutic purposes as a non-pharmacological means to generate social and behavioral changes and improve "hedonic" conceptions of quality of life' (Kontos & Grigorovich, 2018).

'Since the beginning of the 21st century there has been a marked escalation in projects and approaches using dance with people living with a dementia. In the UK the work of Richard Coaten has been central to fostering understanding about the intrinsic value of movement, dance and the imagination for people with dementia' (Zielig, Killick & Fox, 2014). Dance for Dementia can be described as a form of therapy, more so psychotherapy, that is undertaken by people living with dementia as a source of treatment as reported by several researchers (Hill 1999; Violets-Gibson 2002; Kowarzik 2004; Hayes 2011).

'Dance Movement (Psycho) therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is founded on the principle that movement reflects an individual's patterns of thinking and feeling. Through acknowledging and supporting clients' movements, the therapist encourages development and integration of new adaptive movement patterns together with the emotional experiences that accompany such changes' (ADMP UK 2016, p 1).

According to Gajjar (2017), research has shown that exercise in those with dementia has significantly improved their cognitive abilities after 6-12 months; 'Many studies showed that the hippocampus and gray matter volumes increased with corresponding clinical observations including improved memory and cognition. Magnetic resonance imaging (MRI) imaging also demonstrated improved neural connectivity' (Gajjar, 2017).

'The participative arts [dance] refer to professional artists that conduct creative or performing arts projects in community settings with people living with a dementia and their

carers' (Zielig, Killick & Fox, 2014). As mentioned by Zielig et al. Dance for Dementia is a form of dance held generally in the community by community dance practitioners; in order to try and make this as inclusive and safe as possible, many artists allow carers into the sessions also, along with volunteer dancers. The sessions, based off of personal experience, typically involve a lighter, less intense warm up (in comparison to a typical dance session), a small phrase that can be developed week on week, partnering dances, prop work, creative based improvisations and a cool down. All of these activities support the opportunity for sufferers to improve on their wellbeing, as well as social interactions and expression.

Parkinson's disease is a progressive neurological condition that affects the brain's ability to produce a chemical called dopamine; dopamine controls the brain's ability to send messages to the body, affecting its movement (Parkinson's UK, 2019). Similar to dementia, Parkinson's` disease is caused by a buildup of proteins in the nerve cells, blocking signals passing through and production of brain chemicals (Williams-Gray & Worth, 2016). Currently in the UK there are 145,000 living with the degenerative disease (Parkinson's UK, 2019). Unlike dementia, most symptoms present themselves in a physiological form with only a few psychological symptoms that can be present. Parkinson's has three main symptoms - tremors, bradykinesia (slowness of movement) and rigidity of muscles; these three symptoms are often referred to as parkinsonism (NHS, 2016). These symptoms typically present themselves asymmetrically and the absence of one element from the parkinsonism set usually indicates an alternative illness (Williams-Gray & Worth, 2016). Other physical symptoms include: balance problems ('postural instability and falls are a typical feature of PD' [Williams-Gray & Worth, 2016]), nerve pain, anosmia, insomnia, excessive sweating, blood pressure drops - causing dizziness and fainting - and sexual dysfunction, plus more (NHS, 2016). Unlike dementia, Parkinson's presents only a few psychological symptoms - depression and anxiety, and/or cognitive impairments including dementia that leads to other problems such as hallucinations and delusions (NHS, 2016). In its simplest form, Parkinson's can be defined as a deficiency of dopamine in the brain, causing a slow, yet progressive, disruption in the brain's ability to send messages to the body causing the symptoms of parkinsonism (American Bicyclist, 2011).

Parkinson's is accepted by the UK government as an illness that qualifies individuals with the disease for various disability allowances, as stated in the 'Blue Book' parkinsonism qualifies you as disabled - 'Listing 11.06' (Disability Benefits Centre, unknown). Although parkinsonism qualifies those with Parkinson's as a disabled, it can be argued that the psychological symptoms of the neurodegenerative disease also labels them disabled, as research has shown cognitive impairments such as depression and anxiety correlates to higher rates of physical disability (Leroi et al., 2011).

Within the UK, as well as the world, there is not a cure for yet discovered for Parkinson's. It could prove difficult and timely when it comes to finding a cure that treats all, with Jenner (2017) claiming it's not a single disorder, but in fact an individual disorder; the disease needs treating case by case. Currently, various forms of treatments are being trialled within the UK including: 'Stem Cell Therapy, Repurposed Drugs, Gene Therapies and Growth Factors, as well as new drugs to tackle dyskinesia and hallucinations' (Parkinson's UK, 2019). Due to the unreliability of treatments in current society, prevention is being looked at by many to limit the un-diagnosis of Parkinson's until late progressive stages, in order to find a cure that can stop, or even reverse, the disease. Current studies show that

the only justifiable primary prevention is physical activity (Ascherio & Schwarzschild, 2016). This could be seen to imply that dance (as a physical activity), is an excellent means of preventing the development of Parkinson's disease into a more advanced state.

Dance for Parkinson's can be seen in the form of a community dance class, or specifically designed programmes such as English National Ballet's Dance for Parkinson's. These programmes have been apart of a wide range of research into the benefits of dance on those with Parkinson's, and designed specifically based on the results of the studies; the structure of sessions allows the dancers to 'develop confidence and strength, whilst temporarily relieving some participants of symptoms in everyday life. Classes are expressive, creative and promote feelings of freedom from the physical and social constraints of having Parkinson's' (English National Ballet, 2019). Typically, artists are gaining accreditation in their training for such sessions as research has specified particular musts in order to achieve the best outcome (Houston et al., 2015) however some community artists undertake research themselves, combined with their inclusive teaching approach.

In Houston et al.'s (2015) study, she concluded that there are several benefits dance activities can give to those with Parkinson's:

1. Encourage feelings of inclusion and positive social interaction
2. Promote a sense of community that is particularly meaningful, motivating and energising for people living with Parkinson's
3. Aid fluency of movement
4. Help people with Parkinson's communicate and express themselves.

Various pieces of research (Westbrook & McKibben, 1989; Berrol, Ooi & Katz, 1997; Hackney et al., 2007).have shown a multitude of physical benefits dance produces. These include improved gait, balance, movement initiation, mobility and control (Earhart, 2009).

Through personal experience, sessions are ideally structured by starting with rhythm exercises i.e. clapping a beat, followed by seated movement, followed by supported standing movement, followed by creative and improvisational tasks. Quite often sessions would end with touch work to connect everyone together and improve everyone's' social interaction.

Imagination can be defined as 'the ability to form pictures in the mind/something that you think exists or is true, although in fact it is not real or true' (Cambridge Dictionary, 2019). In relation to this essay, imagination refers to the ability to create images and visualise things that aren't in a physical form, within dance sessions. 'The arts heal by activating the imagination... If we can liberate the creative process in our lives it will always find the way to whatever needs attention and transformation' (Mcniff, 2004)

Use of imagination has been linked to somatics; the use of imagery 'could become the primary creative stimulus for helping expanding the arena of mind-body (and therefore dance) training' (Batson, 2009). Taking this into consideration, somatic practices incorporated into dance programmes for dementia and Parkinson's patients would be an extremely useful strategy used by the leaders to enhance their health (in relation to their disease, as well as general health). Somatics ['a more "natural" approach to rigor, in dance training, based on listening to bodily cues arising from breath, touch, imagination and movement' (Batson, 2009)] has been proven to positively impact participants' connection to their mind and body, as well as cognitive improvement and physical improvements 'including increased muscle length and flexibility, improvements in posture and muscle relaxation, reduced anxiety, as well as elevated mood, enhanced ability to learn, and increased clarity of thought' (Williams et al., 2016). As mentioned above, somatic practices are a great

technique to incorporate into Dementia and Parkinson's dance sessions for the health benefits, but the question is posed whether these programmes incorporate somatics into each dance session, or dance is incorporated into a somatic session.

Through personal experiences, it was apparent that sedentary dementia patients had little to no use of their imagination. Creative tasks that involve the use of the imagination were put forward to the dementia patients, in a care home, with either a prop or no physical object. Towards the starting of these sessions, a particular task was used; using the imagination to visualise they had a ball in their hands, and either play with its size or pass it along to the next person in the circle. All but two responded well to this task, and were able to visualise an imaginary ball in their hands - these two coincidentally seemed as though they were in the earlier stages of dementia. Dementia Care International (2007) note that earlier staged dementia (First and Second stages) use their imagination significantly to fill gaps in their memory; they 'create a little story to fill the memory gap' (Dementia Care International, 2007). The other participants struggled to visualise something that didn't exist - their imagination and creative brain have almost disappeared. In later stages of dementia, the use of language and verbal communications fades from the individual and facial expressions and gestures (non verbal communications) become used instead, with Dementia Care International (2007) quoting, 'the person may also start expressing needs, wants and feelings increasingly through body language – using gestures and actions' (Dementia Care International, 2007). This suggests that their imagination has suffered the destruction of dementia, as even the (what may seem as) simple task of creating a sentence is difficult. Imagination 'Enables the creation, sharing and elaboration of ideas that couldn't have been conceived of in a single human mind' (New Scientist, unknown), so loss of language indicates loss of imagination, supporting the statement made at the beginning of this paragraph (dementia patients have little imagination) and a reasonable response in the task if this is the case. However, by the ending of the sessions this task gained a positive response by nearly, if not, all participants; 'Dance programmes support the expressive capabilities of people living with dementia' (Skinner et al., 2018).

Another task set that incorporated the imagination was using a prop (scarfs) and improvising with it. At the beginning, most participants would copy one of the leaders in the room, however week on week more and more people were developing their imagination and creativity with the prop - at a quicker rate than the other task mentioned). This could imply that cognitive abilities such as using the imagination, can only be achieved when focusing on the one aspect - imagining a ball, as well as playing with it and passing it on may be too much to think about all at once, whereas using a prop allows the focus to be more specific to one thing. Alzheimer's Society (2019) support this statement when stating on their website that dementia patients have trouble planning and thinking - a difficulty in thinking suggests complex tasks where more than one thing is involved prove harder for the individual to accomplish. This also raises the question that developing imagination through tasks similar to this - using a prop - enables the brain to develop its cognitive ability, in order to process more than one thought or task at a time.

Dissimilar to dementia, personal experiences in a Parkinson's dance environment has allowed an understanding that Parkinson's sufferers have a reasonable hold on their imagination. Within each session, an equal amount of imagination work and copying work were set; creative and imaginative tasks mainly focused on improvisational movement. Improvisation requires a sound level of imagery/imagination, creativity and expression, with

Collins (2014) stating, 'Dance improvisation is the act of creating and performing movement spontaneously, without premeditated thoughts, allowing the artist to explore personal expression and creativity' (Collins, 2014). Tasks included improvising across the space in response to a theme given, such as 'Pirates', and improvising with props such as cloths. Every single participant gave a positively unique and different response each time, suggesting Parkinson's disease has little effect on the imagination. Research has evidenced that Parkinson's patients have higher levels of creativity; 'Parkinson's patients understood more of the pictures, had a wider range of interpretations with more metaphorical, symbolic meaning, over their counterparts without Parkinson's' (Chang, 2015). These results come after two groups were tested on their creativity through 'interpret[ing] abstract pictures, answer questions aimed at provoking imagination (such as, "What can you do with sandals?") and explain imaginative metaphors' (Chang, 2015). The ability to use the imagination in improvisational creative tasks week on week stayed consistent throughout all participants in the dance session, also showcasing sheer delight and enthusiasm for what they were doing. Unlike dementia, Parkinson's doesn't necessarily affect the cognitive process of thinking and solving, in turn not affecting their communication. Using improvisational dance, allows the individual with the disease to communicate and think about multiple things through a physical, non verbal medium - something society may think sufferers may not be able to do, due to the physical debilitation Parkinson's presents.

'As we create forms - through dance...- we take possession of our experiences rather than letting our responses get stuck within us as symptoms. As we detach from what seem the insistent imperatives of our lives and allow ourselves to wander and wonder, play, upset and reverse our familiar world orders, we begin to find voice, give shape, colour, pattern and coherence to more of what we feel.' (Tufnell, 2017)

Throughout the sessions with the dementia dancers, it was apparent that olden culture from when the dancers were growing up were still very relevant to them in this modern culture we live in now. '[if] you develop dementia in old age your cultural reference points are likely to be very different to the ones in your immediate surroundings' (Botsford, 2017). This was most evident when male dancers avoided working with male leaders in partner tasks. In between the eras of the 30's-50's, when most of the dancers grew up, dance in culture meant men only partnered women, partly because men are seen as dominant and good leads, while females are seen as submissive and good followers, but also because it was seen to be homosexual when two of the same sexes partnered up, something that was very frowned upon in those decades. 'Men expect to control the structure of the dance... out of a need for dominance' (Brightly, 2013). There poses the suggestion that dementia sufferers lack in adaptation to culture, in dance as well as generally, due to the destruction of imagination within their brains - the more imaginative an individual is, the more likely they are to go against olden culture, into more modern, in search of creativity and exploration: they will become more susceptible to dance with same sex partners.

Contrary to this, Parkinson's dancers were much more open and enthusiastic about dancing with a same sex partner. Following on from the suggestion made above, it would seem appropriate and somewhat conclusive to say that the high levels of creativity and imagination possessed by Parkinson's dancers', may be an important factor in their ability to adapt to modern cultures values, particularly in dance.

Overall, dance as a form of prevention and therapy is an extremely valuable and useful activity that can be used in community inclusive dance sessions, as well as specific

target group dance sessions i.e. Dance for Dementia and Dance for Parkinson's. It offers immense amounts of health and social benefits, including improved cognitive abilities, such as imagination, planning, thinking and expressing; other examples are improved physical health, improved gait and balance. These types of sessions are designed to entice the general public into dancing through an inclusive approach, to make all feel able in a joint social and communal passion that is dance, regardless of age, race, sex and disability.

It is apparent that often disabled people are disabled more by their surroundings and those within it, than their actual disability. The aim of the growing interest into community dance sessions is to counter the previous statement and show that disabled dancers are equally as good as able dancers; an inclusive approach allows integration between all to showcase each individual body and its unique way of moving.

With regards to imagination, different groups showcased different responses. Parkinson's dancers had high levels of creativity and imagination, really enhancing their ability to express themselves, as well as improve other cognitive functions. It could also be argued that the imagination pushes your boundaries of where your limits are, therefore challenging the participant to develop physical strength, control, coordination and flexibility. Parkinson's dancers also have a better sense of adaptability and a positive relationship to the societal and cultural norms and values of the time, possibly fuelled by the highly developed imagination, gained through dance programmes. Dementia dancers originally showed relatively low levels of creativity and imagination; gradually their capability towards improvisational tasks increased, further developing the multi-tasking element of imagination at a later stage. By the end of the sessions, there was an evidence in confidence increase, physical ability, enjoyment, imagination and cognitive functions. The lack of imagination first exhibited by the dementia patients, combined with the older cultural values, suggests that losing creativity and imagination damages your ability to relate, accept and adapt to relevant and current cultural values and norms, particularly in structured dance the dementia dancers grew up with to now.

Finally, when analysing research into somatic dance practice, which is closely linked to imagination, mind and body, the outcome poses a suggestion that inclusive dance sessions, including dance programmes for specific illnesses/disabilities, are actually somatic technique fuelled, rather than dance movement fuelled. If this is the case, sessions would improve the physical and mental bodies, along with quality of life, similar to the programmes Dance for Dementia and Dance for Parkinson's.

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