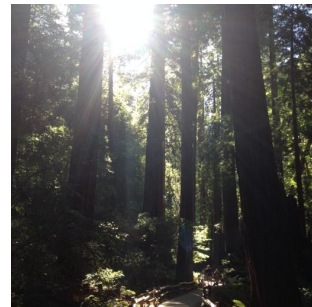


Filipa Pereira-Stubbs

Moving from Problem to Potential Dance and Wellness in the US

Churchill Report 2014



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Itinerary and Links

New York

Meet Me at MoMA, Museum of Modern Art, Laurel Humble

<http://www.moma.org/meetme/>

Dance for PD – Dave Leventhal – Mark Morris Dance Group, Brooklyn & Juilliard, Manhattan (meet the group four times)

<http://danceforparkinsons.org>

Dances for a Variable Population – Naomi Goldberg Haas, Manhattan

http://www.naomigoldberghaas.com/site/Dances_For_A_Variable_Population.html

Dancing with Alzheimer's - Peter Fodera – Stein Senior Centre, Manhattan (meet the group twice)

<http://www.5rhythms.com/classes/DancingwithAlzheimer-3878>

Montefiore Hospital – Peter Selwyn and Ronit Fallek, South Bronx (spend two days at the hospital)

<http://www.montefiore.org/healingarts>

Florida

Arts in Medicine, Shands Hospital, Gainesville, Florida (spend three days at the hospital)

<http://artsinmedicine.uflhealth.org>

San Francisco

Anna Halprin Performance & Class

<http://annahalprin.org>

Ruth's Table – Lola Fraknoi – Mission District

<http://www.ruthstable.org>

San Francisco General Hospital – CARE group & Blue Walcer – Mission District (meet with Blue Walcer twice)

<http://sfghwellness.org>

Dr. Miller at Memory & Ageing Centre – University of California, Bay Area (Dr. Miller double booked, so, very sadly, I did not get to meet him)

<http://memory.ucsf.edu/ourcenter/staff/bmiller>

DanceGenerators – Amie Dowling – University of California, Bay Area

<http://www.usfca.edu/artsci/pa/>

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Moving from Problem to Potential



Introduction

From September to October 2014, I spent 4 weeks in the United States, visiting three hospitals, researching how their Wellness and Arts programmes serve patients, staff, caregivers and the wider hospital community. Complimenting the hospital work, I met dance practitioners who work in the community with elderly populations. Moving from the East coast to the West coast, I visited New York, Gainesville, and San Francisco.

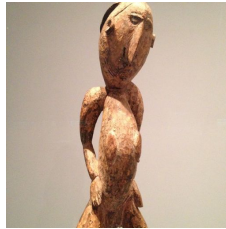
I looked at the principles behind the hospitals' Healing Arts, Arts in Medicine, and Wellness programmes. How are wellness programs embedded in hospital thinking and delivery. How are the arts delivered in hospitals, and to whom. What is the relationship between hospital management, hospital arts programme, and perceived goals for patients? What are the differences between the creative arts and the healing arts?

I considered how ideas around the creative potential of older people are being challenged. Notions we hold about the older person and their relationship to their body. People's relationship to ageing and their interest in self-awareness and self-development, within the context of living a richer, healthier and more balanced life.

I met individual dance practitioners to experience ways in which dance is used to engage with and benefit older people. I met and danced with people living with Dementia, Parkinson's and MS, as well as people living with cancer and drug addiction. I met and danced with healthy older people who dance to maintain health and well-being as well as a sense of purpose and meaning in their lives. I was thinking about how techniques and principles dancers work with are transferrable to all people, with and without illness, who have either returned to dance, or come to dance later in life.

Travelling through different communities, I experienced how dance transcended cultural differences, economic differences, health challenges and attitudes to ageing. People welcome and appreciate opportunities to enhance the quality of their lives - especially in becoming healthier, more connected and more expressive older adults. Even though ageing brings a host of challenges and issues, the need to be well and connected to others remains undiminished.

During my travels I danced for myself, and I visited art museums. These were my ways of anchoring my enquiry, maintaining my wellbeing, and nourishing my love of art. My own dances won't be documented in this report, although it will be noted that without my dancing experiences, my enquiry would have been an impoverished one.



Context of Enquiry

DanceMoves is a small Cambridge based company dedicated to promoting wellbeing and health in the community and in hospital through movement and dance programmes. In September 2013, DanceMoves, in collaboration with Damian Hebron, Head of Arts, and Debra Quartermaine, Falls Coordinator and Registered Nurse, devised and delivered a pilot dance project at Addenbrooke's Hospital in Cambridge. For 10 weeks, Debbie and I ran integrated and inclusive dance sessions, involving patients from the Department of Medicine for the Elderly wards, and the neuro-rehabilitation ward. Medical staff at all levels were invited to partake in the sessions, alongside their patients. As well as patients, we engaged with family members, and with healthcare assistants, physiotherapists, registered nurses, research nurses, ward managers, and student nurses.

A key focus of the sessions was to facilitate opportunities for staff to foster new and different relationships with their patients. Also, to experience and learn the creative, playful and healing processes involved in movement and dance, and to enjoy opportunities to relax as well. It offered staff the chance to bring their patients into a non-clinical space, to enjoy a non-medicalised approach to healing and well-being. The project stimulated consideration of how medical professionals can best join forces with arts professionals to deliver good health care.

Pain relief, stress reduction, relaxation, better hospital coping skills, enhanced hospital experiences, healthier life choices - these are important skills every patient needs. These are also the tools that benefit and support hospital staff in coping with the demands of pressurised work loads. To what extent can dance and somatic practice offer experiences that deliver these tools? In devising and delivering dance projects there are practical and cost implications around delivery, training and current structural systems. And finally, how can a dance programme fit within the context of a hospital wide wellbeing programme at Addenbrooke's?

In the delivery of dance to the Department of Medicine for the Elderly, all of the above issues are considered in relation to the older patient, where there is often a heightened degree of vulnerability and fragility. There are considerations around socio-psychological matters such as depression, apathy, impoverished resilience, cognitive struggle. How can older patients facing end of life enjoy techniques and practices that can uphold and generate good health and well-being.

The Hospitals

I visited three hospitals in the US. The Montefiore Hospital in the South Bronx, New York. Shands Hospital in Gainesville, Florida. And the San Francisco General Hospital and Trauma Centre in San Francisco, California. My trip was by no means an attempt to acquire a thorough and representative understanding of healthcare in the US, or wellness programmes in general. My findings simply reflect information gathered from the places and people I visited.

A consideration in my mind was which US experiences were transferrable to the UK, and which were unique to North America. I wanted to travel to the States because of general similarities to the UK, and

specifically Addenbrooke's Hospital in Cambridge. Western city hospitals with research facilities, large communities of patients and staff, hierarchical medical establishments, where the arts continue to be perceived as extra rather than core medical treatment.

The following is a brief introduction to the hospitals, and how I came to choose them in the first place.

Montefiore Medical Centre

I first heard about the Montefiore through a Cambridge 5-rhythms teacher, who knew of my interest in dance and hospitals. He had heard about a hospital in New York, where, allegedly, doctors were doing 5-rhythms dance. Intrigued, my enquiries led me to Peter Selwyn, MD MPH, Chairman and Professor in the Department of Family and Social Medicine, working both at the Montefiore and the affiliated Albert Einstein College of Medicine.

I wrote to Peter about this dance initiative, and he confirmed that medical interns had indeed taken part in 5-rhythms dance sessions; in fact this was currently an ongoing offer for staff. In this way, I was introduced to the Healing Arts Program at the Montefiore. The Healing Arts program is fairly new, set up in 2012, and is a collaboration between the hospital's Department of Family and Social Medicine and Human Resources.

The Montefiore is located in the South Bronx, New York. It provides medical services to over 2 million people in the Bronx, and Westchester County, and to the wider New York city area as well. In conversation with Ronit Fallek, Director of the Healing Arts program, I found out that several years ago the South Bronx area was the most economically disadvantaged community in the United States. Since then it has shifted to being second on the list. Over 50% of the hospital staff come from this South Bronx community.

I shared my initial findings about the Montefiore Healing Arts Program with my colleague Damian Hebron, Head of Arts at Addenbrooke's Hospital. He told me about the San Francisco General Hospital Wellness Centre. At this point the seed for applying to the Churchill Fellowship was planted. And grew.

San Francisco General Hospital and Trauma Centre

My main contact at SFGH is Blue Walcer MPH, Wellness Innovator and CARE Program Director. CARE is: Cancer Awareness, Resources, and Education, which Blue has run for twelve years, as well as facilitating the newly established Wellness Program alongside colleague Nasrin Aboudamos, the Community Wellness Program Coordinator. SFGH serves a culturally diverse and economically deprived urban community. Not only does SFGH work with the tide of immigrants and homeless that pour into SF, it also contends with all the undocumented immigrants who attempt to make a life in California. SFGH prides itself on its free and democratic health care. SFGH serves some 100,000 patients each year, and provides 20% of the city's inpatient care.

Still in England, through e-mail conversations, I was introduced to the work of Jill Sonke, dancer and Assistant Director of Arts in Medicine, thus providing me with my lead to Shands Hospital in Florida.

Shands Arts in Medicine and UF Centre for Arts in Medicine

Shands Hospital is located in Gainesville in northern central Florida. Apart from its hospital complex, Gainesville is known for its enormous university campus, and its rural landscape of natural springs and lakes. Shands Hospital, after the university, is the top employer in Gainesville. The Arts in Medicine (AIM) program is a part of UF Health Shands Hospital and UF College of Fine Arts, and is nationally renowned as an established and comprehensive education and research centre for the arts in healthcare in the US.

Over my 3 day visit I was granted access to clinical areas and patients, meeting practitioners, Tina Mullen (Director of AIM) and Jill Sonke, (Assistant Director). Jill Sonke is a dancer, and has brought her extensive dance expertise to AIM, both as artist in residence and as assistant director. Her expertise, and the work of her dance therapist colleagues held particular interest for me.



Hospital's Wellness Programs

Each wellness program asserts and articulates the use of the Creative Arts, and Healing Arts to deliver wellness. Different emphasis is placed on how the programs are divided between staff and patients, and the wider community. Arts in Medicine has been running for 20 years, and is the most comprehensive and developed program of the three hospitals. Both the Montefiore Healing Arts Program, and SFGH Arts in Wellness Programs are newly established, having begun two and a half years ago at the Montefiore, and three years ago at SFGH.

The “art of” introducing the arts to patients, families, medical practitioners and wider communities is key in ensuring programs are established well, and can therefore grow well. It is also an direct indicator of the values and goal of the hospitals. The consideration of semantics in securing understanding and support from both hospital management and the general public is essential.

Summarising across the three hospitals, we see:

Wellness Programs exist TO:

Promote wellness practices.

Transform healthcare environments.

Promote the quality and experience of hospital stay.

Support a holistic view of health which believes that the physical, emotional, mental, social and spiritual aspects of a person are interconnected and their very interconnectivity is essential to improving health and wellness.

Enhance quality of life, and spiritual and emotional health and wellbeing.

Wellness Programs are FOR:

Patients - at all levels of physical abilities and or limitations. Inpatients and outpatients. Wider Community.

Staff/Associates.

Family and visitors.

Students of medicine and healthcare and the arts and arts therapies.

Wellness Programs are achieved THROUGH:

The visual, literary, contemplative and performance arts, through arts and aesthetics, creative arts therapies, integrative medicine, relaxation techniques, and other healing approaches.

and VIA:

Programs, clinical services, education, and research.

I have had to limit myself to describing one or two aspects of each hospital's programme, with brief reference to other programs. I will concentrate on the healing environment at Shands, the introduction of dance and relaxation programs for staff at Montefiore, the caregiver support centre at Montefiore, and the CARE program for patients at SFGH. I also describe the situation at Shands re dance as an art form and as part of the integrative medicine model. A key consideration that arose for me, is where is the frontier between creative arts that heal, and healing arts that employs creativity? Which is more acceptable to the traditional medical thinking and therefore which is more likely to flourish well in a hospital environment?

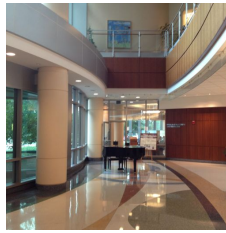
Background to Hospital Goals

Ronit at the Montefiore explained that under Obama's health initiatives there has been a shift in hospital goals. Whereas hospitals are always focused on treating patients, they now also have to consider helping people heal as *effectively* and *efficiently* as possible, so as to prevent readmission. For out-patients the focus is on chronic disease management, both in the community and at home, and on keeping people out of hospital. Patients should now receive *good quality* hospital experiences, and they should receive the tools and education to manage their health better, and to be able to make the kind of health choices that will help prevent their return to hospital.

At the same time, as Blue Walcer at SFGH told me, an effect of Obama's Affordable Care Act, is that patients can expect increased control over their health care and to make choices about their health care. The Affordable Care Act aims to make healthcare more affordable and of a higher quality for all Americans - changing the system of insurance that was previously in place to now include uninsured people or those whose insurance did not provide adequate coverage and security. There is also the emphasis on preventive health care, as advocated by Kaiser Permanente, the largest integrated managed care consortium.

Hospital management is recognising that they are obliged to provide their patients with the means to engage and participate more positively in their hospital stay, so that patients will receive and integrate treatment more effectively, with better long-term results. It is also recognising that by providing staff with opportunities and practices to relieve stress, bolster positivity and resilience through fostering wellbeing, as well as cultivating a sense of being valued and important components of the hospital, staff function better, and better functioning staff means better functioning patients.

PART ONE: The Arts in Hospital



Shands Foyer

The Hospital Environment at Shands

At Shands, beautifying and enhancing the hospital environment is a priority in the Arts in Medicine Programme and is considered in three ways: through interior design in new construction and in renovation of old spaces, through the acquisition and management of a collection of art, and through exhibitions. My first meeting at Shands was with Tina Mullen, director of AIM and also an artist and interior designer. The Arts work both through passive and active engagement Tina tells me - the question is, how do the arts influence the space you are in, and how does that contribute to your well-being. The South Tower, a new wing of the hospital is spacious; there is an abundance of light from double storied ceiling-to-floor windows. Tina explains that the design objectives were to facilitate ease of navigation and relieve stress. The reception area is clear, gleaming, with a welcoming and friendly receptionist.

Strikingly, there is a grand piano in the foyer of the South Tower - again, shifting the normal perception of a hospital space, and what might happen there. Not just a token object, the artist-in-residence musician regularly performs, sometimes in a concert setting, sometimes simply to fill the space with beautiful and relaxing soundscapes. Upstairs, where families are waiting on operations, large comfortable sofas and coffee tables stretch across a wide waiting room - from here you are still connected to the wall of windows and the piano music. There are TV's here, a concession to habitual needs and high levels of stress exacerbated through boredom.

In the clinical units, patient's rooms are placed along one side of the corridor, clinical rooms on the other. The patients rooms are highlighted through soft lamps above each door, guiding the eye calmly along that side of the corridor. On the other side, the doors are practically invisible - no need to draw attention to the medical work going on, Tina asserts. At the end of every corridor there are ceiling to floor windows, extending the gaze out into the horizon. In this tower of the hospital, patients have their own rooms, and they are spacious. Ample room for activities to take place comfortably alongside medical equipment. Even in the older hospital buildings patients are allocated two to a room. The only location I witness that bears resemblance to UK wards is one Intensive Care Unit.

Tina's colour scheme draws inspiration from the the rural northern Florida landscape. On the walls are paintings of well-known places of natural beauty - the springs, and the lakes. Tina ran a project inviting staff to bring in their photographs, a selection of which she had blown up, framed elegantly, and mounted on the walls throughout the South Tower, thereby not only engaging staff directly with beautifying their work space, but also connecting them with their creatives selves.

In older parts of the hospitals, Tina has also been able to change and beautify spaces by simplifying and enlarging spaces, such as bringing in interactive art walls, and adding details - as you get in the elevators that take you up to the children's wards, there is a silver rabbit painted onto the floor, inviting you to 'hop on'. The elevator ceilings and walls are decorated and back lit; getting in and out is fun, and provides distraction.

A key milestone in the development of AIM was the Healing Wall, done in 1996. Artists were commissioned to work with teenagers and children who were dealing with chronic illness. Creating painted tiles - each tile commemorated an essence of an individual's story, sometimes relating to the illness they were fighting. These tiles were brought together and mounted and lit in the main entrance to the hospital. This was significant in that for the first time, the arts were publicly recognised and valued as being important in giving patients the chance to express themselves as people as well as patients. It upheld the premise that the arts do have a place in a hospital setting, and can play a role in transforming illness.

The Hospital Environments at Montefiore

The Montefiore is made up of numerous complexes of old and new hospital buildings - the hospital covers block after block. Newer buildings, like the Children's Hospital are built with beautiful design - bringing in light, space, and art to ensure simplicity, clear signposting and distraction. The reception is decorated with the words "We are all explorers on a journey to healing". Inclusive, and reassuring. The wall behind the main reception is covered from ceiling to wall with an image of the universe - a tiny dot and arrow announce 'You are here'. Offering both something beautiful to look at as you walk in, and a means of contextualising individual human lives. Overt but in a gentle way. And fun.

In the children's hospital, the art therapist contributed work made by children to be displayed in cases built into reception desk areas, walls, and corridors. As you move through the units, the individual and colourful perspectives and insights of young patients leap out at you. The art therapist tells me how fond staff become of these pieces, referencing them as part of their daily routine, for example "taking the spider route to get to the umbrella ward", and claiming to be affected when the cases are changed.

Designated Healing Arts Spaces in Hospitals

A big task for any hospital is finding space for arts activities to occur in. At SFGH an old cafe was converted into the Wellness Centre. It isn't large, and it isn't beautiful - having no windows or natural light, and no art pieces, but significantly, it is a room specifically available for activities and groups run by the Wellness Team. When I visited, I walked through a Bollywood dance session to get to the office, which is located, Blue jokes, in what used to be the old refrigeration room.

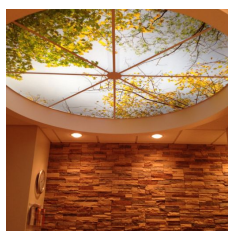
At the Montefiore, there is one designated room for staff to receive treatment. Located on one of the units, it serves that unit and another floor. It is a small room, with just enough space for a sofa and two armchairs, a bookshelf of books, and a low coffee table. It is gently decorated - warm colours, soft and muted lighting, and a scent of fresh lavender in the room; music is playing quietly. Walking into the room, your senses are instantly soothed. It's a space to rest, to temporarily let go of responsibilities and receive attention instead. There are plans to create a second room, on the cancer wards.

Otherwise, at the Montefiore, arts activities for patients and staff happen on the units, in patient's rooms, by bedsides, in conference rooms, and unit offices. The holistic nurse, who works part of the

time in the designated relaxation room, will also set up wherever she can, “...generally there’s a conference room, or someone’s office that I set myself up in and they know the days and times when I’m going to be there - or I walk around and remind them all - give them a spritz of lavender and say come and see me”. In the children’s hospital, arts activities happen in designated ‘living room/play’ areas - spaces that are set up for children to relax, take time out from their beds.

Because of its urban location and being predominantly an old building complex, space at the Montefiore is at a premium. A nearby park is frequently used by Human Resources to deliver events for staff. It also encourages staff to spend time outdoors pursuing healthy activities. Finding space for the staff dance sessions is a difficulty - the huge and rather lush conference hall is used, but bookings need to be placed 16 months in advance.

AIM is furthest along in making space for arts activities and groups; but even here, in purpose built rooms, space is shared with other programmes. There used to be a designated room for staff. Known as the Serenity Room, it was developed in partnership with the nursing administration. It was simply a place where staff could go to rest, have quiet, reflective time. Meditation classes, and a weekly dance class happened here. It was open for 6-7 years, but was constantly a problem - access to the combination lock was difficult, the space became a dumping ground needing regular cleaning before activities could begin. A month prior to my visit it had been finally closed down. Tina showed me the Meditation Rooms - a chapel space and a meditation room - both exquisitely decorated. Here, individuals are invited to directly experience the calm and equanimity a beautiful and tranquil space can provide.



Caregiver Support Centre at Montefiore

Caregiver Support Centre at Montefiore

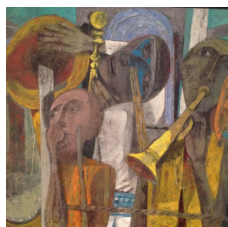
At the Montefiore, there is a designated area for caregivers, the Caregiver Support Centre. Randi Kaplan, director of the centre, prefers to call it a devoted space. Its purpose is to provide support, encourage relaxation, reduce stress, offer a space for confidential and private listening and conversation, and for care givers to seek out information. It’s a space where families and friends endure long waits to hear news, or to make complex decisions about treatment care.

Located on the ground floor of the main hospital building, the centre consists of a large room. Two smaller rooms sit off to one side, with Japanese sliding doors for privacy if needed. There is a small office area, doubling as the reception area. There is no natural light, but the ceiling has a large round light fixture that is a back lit photo image of sky and greenery, and there is ample lighting, all adjustable to create different moods. As you walk into the reception area, your attention is held by a glass wall of water. There are comfortable sofas and a round meeting table. Yielding into relaxation is immediate - you’ve just come off a white, impersonal corridor linking clinical areas, into a haven of calm and a shift from clinical to personal.

Importantly, Randi's team promotes the benefit of bringing medics to this space to deal with families.

Its so powerful when they (families) don't have to get up and gather their belongings and leave the space that has become safe and comfortable and the surgeon comes down to them. I've seen it. When they have to go up they have to sort of gather all their belongings, and then they say where do I go, where do I go.... when all it takes is a couple of extra minutes for the doctor to come down.

Randi tells me the service is respected and valued amongst consultants and management. This must be so, as there are plans to open up some more space at this centre, creating more private rooms. A second centre at a different area of the hospital had just been opened the week before.



Staff wellbeing - Healing arts and Creative arts for staff

Each of the Wellness programs places varying emphasis on delivery to staff. The very structure and content of the programs is built in response to the division of programming between staff and patients. Partly this is in response to the logistics of delivery, and partly differences in attitudes to what constitutes a healthy hospital community.

Staff Wellness at Shands

At Shands AIM, artists in residents from all modalities deliver wellness programs for staff. Like the other two hospitals, dance and holistic somatic techniques form part of staff programs - dance classes, meditation and yoga. AIM is long-standing and well established but at the time that I visit the hospital, the established dance and meditation sessions for staff were not well attended. An example of an intervention with staff was a project set up by two artists called 'Readers Theatre'. They worked with both the day staff and night staff on a unit who were not getting on. The intent was to collect stories from nurses on different shifts, and to form a bigger connection between the staff by helping them tell their stories to each other.

Montefiore Associates

The job of looking after staff wellbeing who are referred to as associates, is divided between Human Resources run by Kayla Monks, and the Healing Arts program. Half of Ronit's time is spent programming for staff, and half for patients and community. The Healing Arts programme provides holistic techniques and integrative medical modalities, aromatherapy, massage, yoga and mindfulness techniques and arts activities such as dance.

The Healing Arts program for associates is about increasing staff productivity, increasing morale and reducing stress. The staff union claims that members emphasise the need to have space and time "to just relax and collect our minds". The Healing Art program for associates promotes the potential to build personal resilience, increase feelings of connection and positivity, foster supportive working relationships, improve empathy, performance and quality of care and facilitate the processing of work-related grief and bereavement. The largest participation in the arts programs come from nurses and staff. Janitors, cleaning services and food services are most resistant to attending programs. After that it is management and physicians who attend the least.

Relaxation Program at Montefiore

I am told that stress amongst nurses and primary health providers can be very high - especially in high intensity units - palliative care, oncology, and surgical units, for example. HR are running a one year pilot program where Jeanne Keney in her capacity as holistic nurse, alongside two music therapists, visit specific units once a week. Each unit gets a half day of service and during that half-day staff can sign up for individual sessions up to half an hour each. The sessions can be shorter if they need them

to be; staff can also come together if they want to. The point of the program is to help staff relax and alleviate stress.

Jeanne uses imagery, guided breath work, and visualisation techniques. She will also use clinical aromatherapy and mindfulness based stress reduction. Yoga and stretch exercises balance the effect of a nurse going back out onto the floor in that relaxed state - taking a couple of minutes to bring them back to cognitive focus. Jeanne tells me,

I use the word focus a thousand times a day - it's all about refocusing, rebalancing - we know from nursing research when a nurse is focused, she's less like to make medical errors, documentation errors, not be totally frustrated with her job so that she a. calls in sick, b. requests transfer, c. walks out the door.

Time is required for a program like this to work, to allow staff to experience and be exposed to integrative modalities they might not have heard of. It takes time for staff to realise the positive benefits and to appreciate how the techniques and effects can be integrated into their regular daily life as well as their work place. Try these breathing exercise with your toddler, Jeanne tells mothers; positive effects are not limited to the workplace. A little bit, consistently, is what builds up interest and momentum. Staff perceive this time as opportunity to *not* be assessed, *not* be judged, *not* be part of the checks and balances system, to be away from peer judgement.

Originally the program was planned to just be for nurses but after the first week Ronit realised it made sense to not create divisions as to who could and couldn't attend. Primarily it is nurses and nursing assistants who attend. It is important that nursing assistants come along as well and feel valued and cared for by the hospital. Vital to the programs' success is support on the unit. For example, on one unit there is an assistant to the nurse manager "who is wonderful", and encourages everybody to sign up and to go along...he makes time to make sure that they sign up, and makes sure that there is coverage. "Miraculous", says Jeanne.

5-rhythms Dance for Associates at the Montefiore

It was due to Peter Selwyn's personal interest that 5 rhythms were introduced to Montefiore. Peter met and danced with Gabriel Roth, creator of 5-rhythms, in the last years of her life, and was awed by the dance form's ability to integrate mind, body and spirit - like nothing else he had experienced before. Upon meeting Peter in person, one is impressed by his open mindedness, dedication, practicality and directness. He has been involved in many difficult health initiatives, and believes in taking direct routes to make things happen.

He shares his holistic take on medical practice with me, explaining his rationale for introducing 5-rhythms to the hospital.

If I had to articulate the rational in medicine and in healthcare, clearly, people focus a lot on treating physical pain, the physical body, physical symptoms...(but) there is increasing focus on teaching people to be open to emotional healing, through having an open heart, or empathically being able to connect with patients or to other people. But somehow having to be mindful and focusing on being present in their bodies is never mentioned or never even being thought about...that's at least the idea to bring that dimension into peoples lives as health care providers, learning to take care of themselves.

One of the first workshops was for medical interns, as part of their training. Interns joined in because they were told they had to; Peter made sure he was right there doing it with them. Peter perceives the benefits of the interns experience to be enhanced working relationships and increased self-

understanding.

The interns...definitely enjoyed it. These...are people that all work together, they have to work together, clearly they're committed, they're committed not just to medicine but to social medicine, community and health care, and are very idealistic in many ways but to see them in a setting where they're out of their comfort zone, and doing this, and also, doing it together...I was watching it and thinking how could that not affect how they work together over the next year.

Peter and Kayla have incorporated 5-rhythms into the employees wellness programs; it is now in their schedule of activities, meeting once a month in a large conference room called the Grand Hall. These sessions don't draw a big crowd; the fact that they happen at all is due to Peter's advocacy. As he says, no one else in the hospital had an agenda for doing this kind of dance for staff. He knows people come out of curiosity, and only a few come repeatedly. But he feels it connects with the delivery of health and wellness for staff, and wants to pursue it.

As the first session of this term was scheduled during my visit, I was able to join in with the session. In brief, 5-rhythms was created and pioneered by Gabrielle Roth in the sixties, who was influenced by Gestalt and transcendental psychology. The intention is to experience and harness the energising and therapeutic benefits of dance by following and creating your own movements, your own dance. The mind is encouraged to yield or join with the wisdom of the sensing body. Roth describes the practice as a soul journey, and says that by moving the body, releasing the heart, and freeing the mind, one can connect to the essence of the soul, the source of inspiration in which an individual has unlimited possibility and potential.

The class is advertised as,

A unique opportunity for physical and emotional release and healing. It is designed for people of all ages and physical abilities and is a lot of fun...You don't have to know how to dance or even like to dance - all you have to do is let yourself move. It's a great way for people who care for others all the time to take care of themselves and relieve stress.

After the session I ask two associates how they found the experience. They tell me that they felt "relaxed and energised" by the class. Prior to coming they felt "tired and broke down". "For 45 minutes you really don't think about much". Asked if they would recommend it to friends, they answered affirmatively. Only one of them had taken the class before.

Viability of Dance?

Ronit's experience of trialing different programs and modalities has shown that some modalities are simpler to deliver than others. She stresses the importance of knowing the demographics and culture of your staff population. Over 50% of the staff at the hospital come from the same South Bronx neighbourhood that they serve. In her experience, at the Montefiore, a dance program like Zumba or salsa will be far more successful than 5-rhythms.

When I ask Ronit about how realistic it is to offer expressive movement, she answers carefully, wanting to honour the thinking and energy behind Peter Selwyn's initiative.

If we were to try to offer really expressive movement to the unit - where would we do it - I have no idea.... so for me I just made the decision that music is something that can be active or can be receptive....its something that can be used therapeutically or just for relaxation or for pleasure, communally or individually....and people get it, people love music...the doors really open....in terms of building a programme, would rather not constantly have to be convincing people over and over and over again.

Ronit emphasises the comparative simplicity of the music therapists' goal - "The music therapists use instruments, voice, guided imagery, different techniques just to help people relax, and that's really *really* it, that's the only intention behind it." They play music in the unit, where they can. It is powerful, effective, and clearly a staff favourite.

Staff Wellness at SFGH

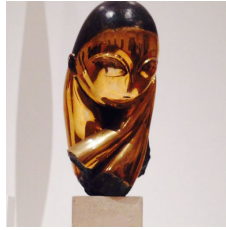
The Wellness Program at SFGH was identified as part of the hospital's strategic plan three years ago, in anticipation of the Affordable Care Act. It receives core hospital funding. In brief, there are various components to their Wellness Program at SFGH.

One component is the Active Living Initiative - Working on Wellness (WOW) Most of the classes are body centred, ranging from big energy impact dance classes like Zumba, Salsa, and Afro-Caribbean dance, to gentler movement sessions like yoga and Chair Stretch & Boogie, to quieter body techniques like massage and mindful meditation. When I ask Blue why they chose dance and movement as a principle modality she answered,

We believe that if you're going to go on this wellness journey, you're going to accept that you want to be more active... it has to be fun or you won't do it. Dance is fun. We tried to do a lot of dance that's culturally relevant to the patients and staff that we see. And we just started Afro-Brazilian - it's really good, it's really popular...it's my personal favourite...it's joyful.

It helps that there is a designated space to dance, and a wide range of dance styles and instructors offered. Blue and Nasrin developed the class program in collaboration with a local acclaimed dance school.

When I ask why the classes do so well, Blue answers that in part it is because SFGH is such a huge facility - with about 4,500 staff, about 220 staff pass throughout the program weekly. It is random and arbitrary as to which units are allowed to use the program. Certain managers actively encourage staff to come along. And yet in the same hospital there will be staff who have no idea a wellness centre even exists. Food services and housekeeping are the least likely to try out any of the programs - Blue believes that this is partly due to the fact that the latter don't use computers, which is still the main method of disseminating information. Although the Wellness team are constantly trying to broaden their presence, there is no one way to connect with everybody.



Patients' Wellness at SFGH

I have looked at how the Arts are used to enhance the general hospital environment, and how the creative and healing arts can help staff in their capacity as care-givers. I will now look at how patients benefit from the Arts. The foundation of Arts and Wellness programs are built on a belief in person centred care, which in turn entails the holistic attitude that health integrates the physical, mental, emotional and social aspects of the person.

CARE: Cancer Awareness, Resources and Education at SFGH

At SFGH emphasis is placed on social determinants of health care issues (such as housing status and neighbourhood safety) economic determinants, and cultural differences. Patients' health and wellness is improved through increased community cohesion. Attention is paid to the importance of building community through the appreciation of peers, and through fun and engaging classes and activities. Opportunities to engage are free and open to all.

Activities are practical and on the whole delivered in group settings. They are offered by wellness instructors, and wellness innovators like Blue. There aren't arts therapists working within the program. The main modalities are dance and movement. Otherwise there is food and cooking classes, and meditation, relaxation and yoga classes. There is also Oncology Massage and Healing Touch for cancer patients who receive care and treatment at SFGH.

A core weave through the program is the adaptation of classes and programs to the rich cultural and ethnic diversity of patients. Many of the programs offered are presented as classes - a course of classes, with a graduation ceremony, and time for reflection and feedback built in. Blue tells me that people like to learn in community. They come to classes as much for the group support as for the activity benefits. Different communities view the classes differently. For the CARE group, there are three groups - one in English, one in Spanish, one in Chinese. The Chinese group refer to the program as 'the lectures'. The Spanish group refers to the program as 'la reunina' -the get together, and the English group refers to the program as the dinners. Blue continues,

What's very sad and distinct about the English speaking community here is that they are profoundly socially isolated - people who don't have any family, don't have any close connections - once in the CARE group I asked people to identify your closest relationship, and about half the people named a social worker, or a social service provider.

During our initial e-mail correspondence, I was invited to deliver an expressive movement session to the English speaking CARE group. Before the formal start of the group, participants arrive for their free meal (essential to the successful running of a group - people are hungry) and informally begin catching up with each other. Blue begins the group with "check in". Each person is invited to say how they are, share their diagnosis if they wish, or pass. It is noticeable that the men talk extensively about their feelings, pain symptoms, and medical complications – whilst most of the women give succinct reports, and several pass. I reflect on this later, and wonder whether the men have less social

opportunity to share, and so make the most of the group time to do so, whereas the women possible have ample opportunities to share more privately. As people share, other group members take up their story – offer advice, prayers, express their concern, communicate solidarity, and blessings. It is a hugely caring and supportive group. Again and again people say that without this group they could not manage their symptoms.

To introduce the movement part of the session I begin with techniques to focus on awareness of breath, body functions, and body parts, and inviting people to try a bit of improvisation to wake up the body. I feed in small choreographic themes, and invite the group to have a go. I work slowly and calmly, and use very plain language. I start with gentle music, and then move onto US pop anthems. My intention is to make this dance experience seem as normal as possible. I encourage people to access parts of themselves that work well, I'm constantly reminding to trust that they know what they need to do.

We created small intuitive and improvisatory duets, we choreographed in groups, and shared our pieces with each other. Of course it turns out this is a group that loves to move, loves to dance, know the words to the songs, and sing and clap along. The energy is high, there is a lot of laughter, and pride that in such a short time, dancing has been achieved. We end back in a circle, taking turns to send an expressive gesture into the group, which this group with its attachment to sharing hugely appreciate.



CARE group at SFGH

The feedback forms reflect the sense of fun and depth of ease the participants reached. “I feel alive again” is one comment that stood out. One of the members, a huge tall Cuban man whose medical treatment mishaps have blighted his profession as a musician and his life in general, enveloped me in a huge hug. Disconcertingly, he had been close to tears when he first arrived, his discomfort was so intense; he informed us he was ready to give it all up. Total delight then to watch him moving smoothly through his dance steps, his pain and sense of despair completely forgotten.

Essentially, there is emphasis on group support and camaraderie, and the incentive of having fun, and of getting immediate benefits, like a free meal, and a feel-good factor is essential. Without these, patients would not access the Wellness program.

Arts and Dance for Patients at Shands

In Florida the demographics are very different; the hospital caters to patients with health insurance policies in place. Although AIM was run out of a cupboard for years, it is now a fully fledged operation with 18 artists and art therapists contracted to work with patients across the whole of the hospital complex. Artists are billed as artists-in-residence and work in all arts forms - visual arts, music, words, movement, and dance and then in a slightly different context, yoga, qi-gong, tai chi, breath work, mindfulness, and massage. The team meet weekly for two hours, sharing case studies and co-planning new developments. Tina Mullen oversees the meetings - offering every practitioner in turn commendation, support and advice (if needed). This is a wonderfully supportive, affirmative, and

collaborative network.

Jill Sonke introduces the general reason for the arts in hospital,

There's a sense when you're ill that you're stepping out of your life, to go and wait to get well. When you give people an opportunity to create, to make something, there's a sense of productivity and accomplishment and that you just don't find when you're just waiting, being a patient.

At its simplest, art is restorative because it allows time away from being a patient, and reminds you to connect with the whole of yourself. Jill talks about enjoyment, connection, distraction. Relieving patients momentarily of thinking and worrying about treatment. I spent a morning shadowing the integrative medical practitioner; he showed me an old poster for a now finished program for children with chronic illness and pain. The program offered Power, Peace, and Purpose - precisely the concepts you would want to get hold of when your life has been thrown adrift by illness and its side effects.

Jill talks to me more specifically about dance, and the bedside dance projects she used to deliver.

Dance can really help heal the divide that happens in the body - sometimes when we're not well there's the sense that our body has let us down, and we can be disappointed in our bodies, let down by our bodies... and when we're in pain we just don't want to be in our bodies. So what I've seen people doing who dance in those moments, when they're in that space where they're not feeling good in their bodies, if they can have a few moments of dancing and have a joyful experience in their bodies, they can really close that gap a little bit, reconnect with their bodies and, and you know, appreciate their bodies, or even feel more empathy for their body.

Jill emphasises the importance of play, of the energy that is generated through play and joyfulness in movement. Dance is also about connection, moving intimately with another person in a non clinical and sterile way. People in hospital are hungry for touch, and connection.

Integrative Medical Practitice at Shands

In recent years Shands highlighted the need to investigate more closely how all hospital practitioners worked with patients. Under this scrutiny, artists were perceived by hospital management to not have sufficient certification to deliver clinical treatment. It was also felt that there were too many risks involved, especially in dance. Because of the heightened emphasis on patients experiencing high quality care in hospital there has been a drive to minimise potential setbacks during hospital stay (falls, bed sores, infections).

A result of the changes in hospital protocol and policy was that dance could no longer happen in the hospital. Dance continues to be offered but only by the movement therapist, as the arts therapists are seen to have the right kind of certification. Interestingly, the movement therapist who was moved to become part of the integrative medical team, moved back to the Arts team, feeling her work to be more akin to the arts practitioners, also finding it difficult to be line managed by two different directors.

Whilst AIM had always provided massage and yoga to staff, these services couldn't be provided to patients, due to a perceived lack of medical expertise in the practitioners. Through a coincidence of growing patient demand for holistic treatment and the acquisition of a specialist medical practitioner, an affiliated programme developed three years ago - The Integrative Medicine Program. With the new specialist post established, the opportunity was seized to build up an integrative medical practice at the hospital with a small team of integrative medicine practitioners and instructors, transforming a non-medical-based practice to a medical-based practice. The team includes two yoga practitioners, a martial arts practitioner/massage therapist, a mindfulness practitioner, a holistic nutritionist/massage

therapist, a hypnotherapist, a tai chi instructor, and a nurse coordinator.

Integrative medical practitioners have access (limited) to patients' notes. They are requested to deliver services (called 'orders'). A doctor will order massage for a patient – because they are stressed, and not coping well with their hospital stay. Or a nurse might order a session of Tai Chi to facilitate relaxation through breathing. If a patient does not respond well to the interventions of the integrative medical practitioner or art therapist, treatment will be withdrawn. There is high demand for these interventions, and little money to employ new practitioners, therefore interventions are strictly managed. The Integrative Medicine programme was funded by a private donor – for three years – and it was explained that he expects to see the money used wisely, and put to good effect if he is to consider continuing funding.

Training and courses to redress the perceived lack of artist expertise are in the process of being devised and will be piloted across the US in the very near future. Artists will have to increase their training, although the decision to ask artists to secure extra certification will depend on individual hospitals. Of course, I feel it is tragic to not have dancers practicing in the hospital, especially dancers of Jill's calibre. I suspect my feelings are shared by some, but it is explained that this is a necessary precaution and that ways will be found to bring dance back. The reservations do not apply to outreach programmes, and to research programmes where dance continues to be offered.

I am interested in how Jill describes the differences between dancers and dance therapists. She talks of diagnosis, treatment objectives and clinical and didactic treatment which is the therapist's domain, as opposed to the dancer's domain of engaging with feelings or experiences as material without trying to alter them. Both require observation of boundaries around touch, engagement, vulnerability, feelings and direction. Both engage, but therapy treats. It is impossible to reduce this complicated and important frontier to simple definitions, but this is an issue that merits serious consideration by hospitals when they come to consider dance with patients.

Dance and Risk - Healing Arts for Patients at Montefiore

The Healing Arts program at Montefiore is in the early stages of working with the hospital to increase awareness of the benefits of creative arts modalities, and gain their support to finance pilot initiatives. At the time of my visit, the Healing Arts program for patients consists of one artist in residence, a painter, who works in oncology, and two music therapists who work in palliative care. The music therapists also deliver environmental music therapy. Currently the music therapists deliver bedside work, or work in open unit spaces.

For two years, Ronit was the only staff member overseeing the program; in the last four/five months, she was able to bring in a program coordinator, Kristen, who is also one of the music therapists. Kristen is the only other full time staff member; similarly to Ronit, her time is divided equally between programming for patients, and programming for staff. Ronit was only able to ask for and get an assistant because, after two years, enough pilot programs had been run to ensure that hospital managers could understand what they were being asked to finance. The hospital also has 7 other creative arts therapists on staff who work in the children hospital and in psychiatry. My limited understanding is that they are separate from the Healing Arts program. I am currently pursuing clarification around the relationship.

Dance isn't currently being offered to patients. When I first wrote to Ronit to ask her about her program, and whether it offered dance, she responded,

We have had significantly more success offering movement-based activities to staff than to patients, largely owing to the fact that there are fewer legal and liability issues when providing services to employees than patients. We have had to work with our legal and risk management offices to get approval for all types of programs and so it is important to know where your hospital stands in terms of liability issues and where the door is more open. One of the primary reasons I decided to start with programs delivering music and art is that those modalities don't involve patients moving and so the risk factor is very low.



PART TWO: DANCE AS A PRACTICE AND AS PROCESS

Dance usually conjures rhythmical movement, music, a sense of a social occasion and performance. In the world of health, dance is more about expressive movement, somatic movement and dance/movement therapy. There is a belief that the body holds consciousness and kinaesthetic knowledge. Movement can be experienced, sensed, regulated and shaped from within rather than from an external source. Using breath, touch, imagery and sensed movement, individuals and groups can be guided into self-understanding and expression.

When you engage with the body you are engaging directly with the processes of life and therefore, of ageing. Dance transforms obstacles into potential material and problems into opportunity. The ability of dance practitioners to attend to physical ability, vitality and engagement is by no means exclusive to ageing, but is crucial and fundamental.

In dance with older people, expression and meaning are core concepts. How to express who we are and the stories of our life through dance. How to tell some of who you are, especially when you have lived for many years. How to also find new meaning through movement expression, choreography. Creating and celebrating opportunities to consider where and why we fit in within the context of our personal history and our current community.

THE DANCE TEACHERS

For the purposes of this enquiry, I looked at dance teachers who engage with older people who have come to dance in non-traditional ways or who have come to dance because of ill-health. By non-traditional, I mean people who have not trained to be dancers, or who have learnt a dance form. By understanding how “regular” people can engage with dance to great benefit, the case for introducing dance to hospital settings can be made stronger.

Dancing with older people involves recognising problems and obstacles. Ageing naturally brings with it change in the body. Specific age related illnesses such as Alzheimer’s (some forms) and Parkinson’s, create physical and cognitive difficulties. I sought out and met dance practitioners who specifically and directly employ dance to address and ameliorate the realities around acute and chronic health problems.

Greater mobility, greater expression, social connection and greater meaning - Naomi Goldberg Haas



Mott Street Senior Centre

Naomi Goldberg Haas is a contemporary modern dancer, with strong roots in ballet, modern jazz, Pilates and Yoga. She is passionate about the benefits of technique and form. Her classes and programs are “all about strong and creative movement, to communities of peoples of all ages”. Since 1995, she has been working extensively with older people. Naomi is the artistic director of the company ‘Dances for a Variable Population’ which delivers free workshops programs to seniors in community centres in Chinatown, Harlem, and Queens. She creates and choreographs intergenerational work for public performances, introducing young modern dancers to performance with older dancers. She also teaches classes for older people who want to dance again, or indeed, dance for the first time.

For Naomi, dance is about “greater mobility, greater expression, social connection and greater meaning.” She encourages participants to explore and increase their movement range, body awareness and ability and use of the space around them through a breadth of language that invites different experiences. The principles of the dancers’s world are good for everyone -alignment, connected movement, core strength and coordination - gaining these abilities through dance is powerful and important for seniors.

It is important that people learn how to dance meaningfully in relationship with other humans, and in relationship to their individual stories. This is particularly poignant and important for older people. I began my day with Naomi with a group session at Mott Street Senior Centre, a Chinese community and ended it with dance classes for older dancers who want to get back into the studio. Regardless of age and frailty, Naomi maintained a rigorous routine through all of her sessions- insisting on a total commitment to perfecting the movement. Through attention to detail, the beauty and magic of dance reveals itself; herein lies the benefit of dance. Dance is important and beautiful, and it’s essential to have access to this importance and beauty.

After the class I ask one woman why she comes: “Well, for me ... I just really love personal expression – thats what I enjoy – its very invigorating, I feel more alive, and its also very good when you want to try to keep your figure – it really helps... you have to look in those mirrors, and that is the moment of truth...its a wonderful way to express oneself.”

One gentleman tells me he comes because he wants to figure dance out, like you need to figure out a cricket game – impossible to know the rules until you do it. I ask him if he enjoyed it. NO WAY he exclaims loudly and vehemently, I hate stretching, I hate exercise, but you gotta do it right? I can’t give up? I’m never going to be a dancer but you gotta do it! And then more shyly, Do you think I’ll pass? Maybe she won’t let me back in...

I talk to a participant after the class: “Its a fulfilling part of my life that I wouldn’t have if I don’t dance...so I follow her because she’s one of the few people that can work with older bodies I find. Dancing makes me feel good and I think anyone that dances feels that euphoric.”

Naomi tells me,

The most important thing an older dancer does is inspire older people. You can't underestimate the power of inspiration because really I think that's something that works really well. We have many public site performances, public site workshops, we put what we believe right out there.. its not closed...truly anyone is welcome. So much of the work is how you inspire people to move, get more people moving, get more people seeing each other together – that's golden, right? Thats golden.

It's all about the group: 5-rhythms & Dementia and Peter Fodera



Stein Senior Centre Dementia Dance Group

I came across this group through my correspondence with the New York 5-rhythms community. Peter Fodera set up and leads the group, who meet weekly at the Stein Senior Centre, Eastside, midtown Manhattan. Peter's initial interest was sparked when he witnessed his father-in-law's positive response to music and song - seeing him come alive and move freely when he heard his favourite tunes. Peter felt he wanted to create opportunities for more people with Alzheimer's to experience and enjoy the benefits of free movement and good music in good company.

He approached Sandy Daniels, manager of the Stein Senior Centre, who embraced his ideas fully, even though she jokes she wasn't quite sure what she was letting them all in for. Nor did Peter quite know what to do initially. In the early days, in conversation with Gabrielle Roth, she reminded him that the seniors would let him know what they needed, what worked and what didn't. Peter tells me she always said that people come in at whatever level they're comfortable at - don't make assumptions that what you're doing is not enough - just see where it can go.

Peter exudes a strong sense of all being just fine and good as it is. No need to change. Not immediately anyway, and certainly not carelessly or quickly. He believes in individuals being themselves, establishing the group as a safe space. He compliments and beams delight whilst continuously encouraging a bit more. Volunteers and colleagues attentively move to support possible and potential new directions.

For Peter, dance is about movement without taught steps. Too often, people dance comparatively. He's not interested in that. He wants people to come into their own bodies in their own time. He uses breath and touch to encourage his participants to gain awareness of their body parts. It's about playfully recollecting and reconnecting with the body. Considering, in the moment, what needs protecting, what's not moving. His technique is to offer connection, to encourage people to come into relationship with their bodies, to come into relationship with the music, and importantly, to come into connection with one another, and the group.

Sessions begins with us all sitting round the table to check in with one another. True New Yorker style, the conversation is frank and to the point - "Look at it this way, you may be losing your marbles, but you've all remembered to come here today!" Everyone joins in the laughter...indeed, making it to this group is a good thing. Life is good here in this group. We get up from the table end of the room and head to the chairs end. Everyone is mobile in this group, although there are a few who are struggling with stiffness of gait.

Mood and quality of rhythm in music in 5-rhythms work is key, and teachers draw on a wide range of eclectic music during one session. When a classic Sarah Vaughn number comes on it seems to be a cue for people to get up and start dancing in pairs. Not everyone gets up, some people seem content sitting and watching. The general rule seems to be that everyone - volunteers, teachers, seniors - is encouraged to dance as they feel moved to. This is a dance group where individual style and attitude is welcomed, and what matters is that the group stays together in energy and attention.

The group is about having something nice to do rather than something boring or difficult to struggle with. Underpinning this easy attitude is the belief that in 5-rhythms body, mind and spirit come together to give you a full sense of yourself - so for those who are struggling with cognitive impairment, having time when body and spirit, rather than mind, is dominant, offers relief and respite from the sense of wrongness that confusion creates. The dance group emphasises process, not product. Peter says, "You want them to touch that place in themselves that feels they are dancing."

The effect of dance is cumulative over the weeks and months. Over time Peter has noticed his dancers becoming gentler, and more receptive. They know who's in the group and whose missing. They have built relationships with each other. They have relationships to the music that comes back to them when they begin to dance. It was only when the group sat together at the end of the first week and engaged in a lengthy conversation about dance that the Alzheimers became apparent - repeated phrases, unconnected sentences. Tangential comments. And people floating off into their own worlds. During the dancing there was focus, relationship and a sense of a group of people coming together.

Dancing in the Studio - Dave Leventhal's Dancing for Parkinson's program



The third dance practitioner I visited was Dave Leventhal, director of the internationally renowned Dance for Parkinson's program. Dance for PD classes are held at the Mark Morris Dance Group in Brooklyn and in Manhattan, at Juilliard. Dance for PD began through an invitation from the Director of the Brooklyn Parkinson Group, Olie Westheimer. As Dave puts it, the genius of the idea was that it was a realisation rather than a development - meaning that neither Olie nor the original group of teachers set out to invent a way to teach dance to people living with Parkinson's. The process began slowly. Prior to teaching the group, Dave and his colleagues knew nothing about Parkinson's.

I asked Dave what he feels dance does for the people coming to the class.

Dance is transformative. It's the combination of physical, emotional and social - it transforms how people feel about themselves and their place in the community... it changes their view of themselves, it changes their identities. It gives them a sense of physical freedom that then translates into emotional freedom or emotional release - those two are so entwined, especially for something like Parkinson's where you're bound and you're pulled... I feel free to be *myself* - and not view myself as a patient, as somebody with a chronic disease, but see myself as a full-blooded fleshed human being again rather than distant parts that are having problems. There is a lot of disconnection in Parkinson's, not just the physical coordination but the disconnection between how you feel on the inside and how you look, disconnection between what how you want to express yourself to the rest of the world, and the way that your body does that for you. So I think the experience here is unifying, people find for at least an hour, a chance to be just one being expressing in time and space, and I think that really is what it's about. That's dance.

Iconic Juilliard – part of a complex of beautiful building spaces, shored in next to grand Lincoln Centre. I sit with one of the volunteers and she emphasises just how much effort it can take people to come along to these sessions – it can take up a significant part of their day to get to the class and back home. But they come. It's the Mark Morris company, it's Juilliard, it's Dave Leventhal. It's the lure of dance. One woman tells me "I never used to dance. I started at 65, six months after I was diagnosed, and now here I am at Juilliard – I never thought this is how I would get to Juilliard."

It's a beautiful studio space. An extraordinary pianist accompanies inspiringly and beautifully. In the centre, Dave Leventhal, and another teacher. Volunteers are integrated into the group – joining in with the dancing, carefully but unobtrusively supporting. There is a sense of our being a regular dance class, a dance company in fact. People get a lot out of seeing themselves as a part of something bigger than themselves. It feels great and important to just be there – even if you can't do it all, it's a good place to be. It's interesting watching Dave teach, watching how people respond to him. They clearly adore him; his gentle but total enthusiasm brings radiant smiles to people's faces, and they really throw themselves into moving.

Dave loves teaching these classes.

...the participants are the best students I've had -they're totally engaged, they're hungry for movement, they're hungry for ideas, they have challenges, but they really want to be there...I also love the idea of essentialising movement as a teacher...I come to this class and really think about what are the elements that I really want to work on and how can I make them accessible without dumbing them down - that's the

challenge, and as a teacher I really like that challenge.

He points out that many teachers make the mistake of thinking they have a responsibility to improve people, to improve symptoms. He doesn't see this as being the goal of the classes - with these classes the goal is for people to have smiled, to have enjoyed themselves. "Have they felt their bodies differently than they did before the class. Have they connected with the music? Have they learnt something about dance that they didn't before, or practice something that they wanted to do better, rather than have we worked on a specific symptom?"

People spend enough time, too much time, focusing on symptoms.

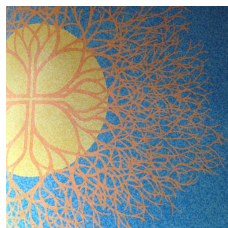
People have enough chance to work on symptoms, I think that's where the Arts can come in - this is the magic of the arts - they are fun, *and* they have some very palatable benefits that are not necessarily made stronger by highlighting them; in fact sometimes they're made stronger by underplaying them.

Dave talks about an improvisation sequence during class - if he presented it as being *good* for people to control qualities of movement, it would be less fun, and people would lose interest. It has to be playful...it has to be freeing and fun.

The motivation to come along is huge - Dave tells me that people come along regardless of the state they are in. Parkinson's is particularly devilish in that movement ability will vary wildly even within one day, let alone from week to week. For example, people experience freezing - where muscles stiffen and movement stops entirely. Freezing can happen for several seconds or minutes at a time and is not the same as going "off" when movements are less controlled or are difficult.

Continuing on the theme of improvisation - Dave tells me it offers a sense of release when people are given opportunity to make up movements on their own, to express on their own. Feedback from participants was that they wanted more chances to improvise. Research suggests that people uses the brain in different ways when improvising. When people follow and mirror the teacher, this is good, but improvisation, generating movement on one's own, offers a more embodied experience. Good to have both.

Ruth's Table - Lola Fraknoi



Ruth Osawa original work – mosaic piece outside Bethany Centre Senior Housing

In planning my journey, I found the National Association for Creative Ageing, a website for the positive opportunities, communities and initiatives happening throughout the US for older people. The association is clocking changing attitudes to ageing. “Arguably, one of the most profound changes is a new way of seeing older adults: moving from a "deficit" approach that stresses losses, to an "asset" approach that stresses strengths, potential and achievements.” And, "There is no denying the problems that accompany ageing. But what has been universally denied is the potential. The ultimate expression of potential is creativity." Dr. Gene Cohen, author of *The Creative Age: Awakening Human Potential in the Second Half of Life*.”

Through the website, I discovered Ruth's Table. Located in the heart of the Mission District, Ruth's Table is a centre for creative learning, housed in the Bethany Centre Senior Housing, serving the senior population in the Mission District in San Francisco. Mostly Latino, Chinese and recently, Russian communities. The first floor of the housing centre has been given over to an arts centre, created and run by the Director of Community Programs, Lola Fraknoi, an artist in her own right.

Lola's vision was to transform the ground floor of a typical senior home space into a vibrant, fresh and interesting arts space. Determined that art work would not be patronising and condescending to the seniors, original artwork hangs on the walls, donated by artists connected to the centre. Lola's goal is to facilitate integration and inclusion - she ensures that both the residents and the wider community access the programs she delivers.

Lola waves away the myths that stalk elders - that they love children, that they are wise...They are people just like you and me she says - its a full spectrum. She tells me she has an affinity for elders - she understands them. When I ask whether families have a large role in the centre, she waves her hand dismissively - what's family? Suggesting that residents often have to negotiate new family constellations and relationships.

Residents are initially wary of her suggestions and ideas - reluctant to step outside their cultural identities and try something new. Salsa for the Chinese residents? Calligraphy more their thing. Lola provides both. Lola sees herself as a trickster first and foremost - she uses her warm and friendly personality to woo and seduce residents into joining in - “I am a clown - I'm not scared of making a fool of myself,” she tells me. If she wants a dance program to work, she throws a party - residents love a party, no one can resist a party, and in that way, she introduces non-dancers to the fun of dancing, introduces isolated elders to a wider community, and introduces a wider community to the elders.

I join in with the movement exercise class, held twice a week, in a large white gallery type room. People from the community are welcome to come along, but it is all residents who attend. It is a vigorous and thorough exercise session. The class program is called *Always Active*, and was designed specifically for older bodies by Dr. Christian Thompson, professor at the department of exercise and sport science at the University of San Francisco. The program is funded by the City of San Francisco,

and is free for all participants. It is advertised as a program to lower risk of falls, and to help seniors enhance their well-being through exercise and health education.

The session is thoroughly enjoyed by the participants. Very much an exercise class, focusing on strength, coordination and mobility, it is imbued with fun and friendliness. At one point we break into a classic YMCA routine - with much gusto and mirth. Lola explains to me later that her other teacher is a dancer, and brings more expression and creativity to the group, which she much prefers. But as she has seen such improvement in the seniors' movement and ability to get about, she supports both teachers.



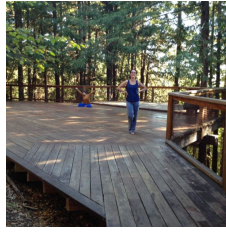
The older body, the older dancer - Amie Dowling

Through Lola, I met Amie Dowling, Assistant Professor of the Dance Program at the University of San Francisco. Amie created DanceGenerators - a intergenerational dance company formed from USF students and Senior Bay Area Adults, aged 17-72. Dance Generators have run workshops at Ruth's Table; some of the current dancers in the company were first introduced to the company at those workshops.

As an older dancer Amie enjoys a richer movement range and fresh, mature narratives - enriching her choreographic material and content. Restrictions make it essential to keep dancing – so as to better understand, experience and integrate the challenges into every day life. It is also about redefining what a dancer is, and rebalancing ideas around limitation and potential. Dancing at an older age gives you new ways of being in the body, and it shifts your visibility as an older person. People see you in a different way when they find out you dance.

Why older people dance is a varied as every older person...why does anyone dance?.. Maybe they danced when they were young, and they remembered it and they were told they couldn't do it pass the age of 30, and all of a sudden they're having this other opportunity. Or maybe they've never danced before and they're looking for something that will allow them some new ways of moving their body. I think the second half of life is often about reinvestigating parts we've left behind. What we've used is no longer sustaining us in the same way and so we're open to new ways...I think people also come to it for health reasons - I'm going to get in shape - I'm going to dance... I do think its a byproduct of coming to dance class.

I ask Amie how she recruits older dancers? It has been in a variety of ways - from literally stopping people on the street because they look physically engaged and vibrant, to meeting people at workshops run by Ruth's Table, and other senior centres, word of mouth, articles in the press. Older people need to be interrupted in their assumptions about themselves, and if you can let them know that you see their potential in a different way, you can encourage them to try something new. Particularly in senior centres, older people will default into expected roles, and it's hard to shift them away from that. There is also a sense of discomfort around ideas of self-expression in older people who come perhaps from academia settings - there's the feeling that dance is not intellectually stimulating. Amie cautions that in some settings she doesn't use the word dance, because of what people associate with the word, and talks about movement instead.



Anna Halprin's deck

Anna Halprin - Dancing at 94

The last dance practitioner I meet in San Francisco is Anna Halprin. Famously still dancing at 94, she is officially a “US dance treasure”. The first weekend I am in San Francisco I am fortunate to catch Anna performing alongside Simone Forti, 80, another East Coast dancer with a long and illustrious career in experimental movement and theatre. A week later I participate in one of Anna’s mountainside classes, and catch a snippet of time after the class to talk about dance in older age.

Anna Halprin began dancing in the 30’s, and has been an inspiration for generations of choreographers and performers. She was an early pioneer in the expressive arts healing movement. “I believe that if more of us could contact the natural world in a directly experiential way, this would alter the way we treat our environment, ourselves, and one another.” Anna was Simone’s teacher, both have been leaders in the post modern dance movement - championing exploration, experimentation and expression to create work.

In the post performance discussion, both Anna and Simone refer to the heart of their practice – exploring movement expression, collaborating with other dancers, and artists to create meaningful dance. They tell us that they are still exploring, and bring issues around ageing into daily studio practice. They feel young dancers have a hard time today - in their day they had much more freedom, time, and far fewer expectations and rules. Neither women see the ageing process as a hindrance to making work. In answer to questions around ageing and inspiration – their answer is get into the studio space, return to your body, to bodies for inspiration. Famously, Anna said, “Aging is like enlightenment at gunpoint.”

Anna tells me it is important to view ageing as material to bring to the dance studio – she can’t imagine *not* working with her ageing body. It is essential for older people to overcome fears of falling, or fragility, and engage with movement so as to be able to know their frailties more fully, and more positively. To my opening question – why should older people dance ? Anna just looks at me and replies directly, “Why not?” Fair enough. A clumsy question.

What's the problem? Movement is the essence of life and as you get older you need to maintain that essence of life which is movement. Dance has a reputation for being done by younger people – seems to be the image most people have, think about – but dance maintains a sense of positiveness about who they are, where they are in their life, and its enjoyable. They have to get over that initial prejudice they have around the word dance.

Being Anna Halprin, she doesn’t experience the usual difficulties in recruiting older participants – her 94 year old dancing self is enough to prove to people they can do it. She shares how exciting it is for her to witness older dancers experience an awakening zest for life which lifts them into doing much more than they thought possible. She tells me that she becomes a trickster and cajoles people into trying out some movement and then brings them into awareness of their dancing selves.

Meet me at MoMA

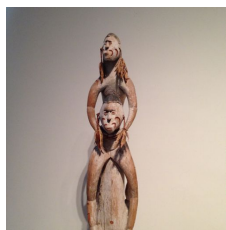
Meet me at MoMA is part of New York's Museum Of Modern Art's educational program. The program is nationally and internationally acclaimed; I was particularly interested in the integrative and inclusive nature of the program.

Meet me at MOMA has been running for 7 years, and is now being replicated by many other main museums in NY. On the day I visit there is a large and busy crowd of people being greeted warmly and noisily at the film desk by Laurel Humble, Assistant Educator of the Community and Access Program. There are 5 groups heading out that afternoon, each group having about 15 people in it – including carers, families, educator and volunteers. After the session I met with Kerry, the artist who delivered the session, and then with Laurel.

Kerry tells me the format the educators use is OBSERVE, DESCRIBE, INTERPRET, and CONNECT. That's the matrix onto which she weaves each groups' individual qualities and attitudes. The program is educational and about supporting a broad audience to understand and appreciate art, but, it is so much about welcoming people in, and ensuring they are socially and culturally engaged. Kerry asks general questions first, such as, what do they see, what do they notice, and what do they think. She is asking for first impressions, for candid responses. She is inviting conversation. She repeats responses so that everyone catches them. I asked her what she hopes her participants get out of it. "To feel present, to feel visible, to be seen by someone. Its not just about the Art, its about connecting people."

I had asked both Laurel and Kerry how the art works for a session are selected. There are very practical considerations: large-scale work, visual pieces with something happening, too abstract don't work, too much detail also doesn't work, and most practically, available galleries. I also asked what is the selection process for groups, and how are groups determined. Programs are advertised as being for individuals with early- or mid-stage Alzheimer's disease; mostly people self-select based on that. There are certainly some individuals who are in the later stages of the disease, the majority of whom started coming to the program years earlier and have progressed in the time since.

When new participants call to register they aren't asked to verify their stages. Laurel finds there is variation in how people classify their loved ones, she prefers to ask if there is anything they would like the MoMA team to know about their loved ones. The reasons for this are largely practical- even if the team could get more info they wouldn't necessarily be able to pass it onto the educator for that person on that day- but it also allows the educational team to enter the experience with an open mind/clean slate.



Considerations

Illness affects the person; it is the person who ultimately has to deal with it. Engagement, resilience, and understanding of holistic health - these are empowering and imperative abilities for people to have. Especially the elderly, who commonly suffer from depression, disorientation, and apathy when entering hospital, particularly when staying for a length of time. Their sense of helplessness and loss of control can impede treatment. It is important to find means whereby they can build positive relationships with their health carers and regain a sense of their value, thereby lessening their sense of being burdensome and directionless.

It is unquestionable that older people can still access and enjoy a wide breadth of creative potential. Understanding the connection to the body to be a core essence of life highlights how important it is for older people to literally move their problems into potentials. By leaning into the very issues that cause challenges, rather than avoid or deny them, a much wider understanding of self and personal growth is achievable. The evidence of older people, especially older people with health issues, doing so successfully goes some way to arguing the case that it is time to change notions about the creative potential of older people who seek to live a richer, healthier and more balanced life.

Good hospital practice is increasingly about delivering health programs that encourage patients of all ages to find alternative and additional ways to healing & health - through the help of professionals, and through their own initiative. It is well established that the arts go some way in creating the right healing environments and providing the right processes to help people heal. Dance is an arts form that deals directly with the body, and as such is extremely well placed in hospital to provide healing and wellbeing.

Like all the arts, dance engages creativity, imagination, and playfulness. It also specifically offers vitality and vigour, and changed physiological functioning. It is about moving in relationship, and enjoying touch and shared expression in creating connection. Engaging in dance reconnects the disconnected body, it returns a sense of ability and wholeness in bodies that feel broken or damaged through ill health.

How people come to dance - how they are invited in, where they do it, and what they engage with and what they get out of it - these are questions that dance teachers and artists have to consider. These are the very same questions that are highlighted in bringing dance to the healthcare setting. Unavoidably, there are complications in introducing dance to hospitals. Dance projects must dovetail with hospital goals. It is important to find a good fit between the parameters of a medical ward, the dance form and project costs. Whilst there are serious considerations around risk averse hospital policies and protocol, it is worth remembering that dance teachers deal with risk and unknowns, but their belief in dance has allowed them to embrace and shift frontiers in dancing with people who don't fit the traditional parameters of dancer material.

Small pilot projects grounded in understanding and support contribute best to evidencing the work's efficacy. Although it is often the case that individual practitioners effect much needed positive and rich

change by sheer strength of mind and passion, ideally one would also think about how to build a program that engages an eclectic, and mutually supportive team of artists to deliver a comprehensive program, engaging across areas of treatment, training and research. How can such a team be maintained and supported over enough time to ensure significant legacy. This begs the question of appointing program directors who can be both hospital management and arts leaders.

There are wider issues to be considered concerning the medical attributes of the arts, the role of artists in delivering healing arts, and the demand for scientific evidence. Interesting issues are being raised about artists' expertise and certification in treating patients. There are uncomfortable perceptions of the differences between general arts practice and real medical intervention. How does one consider the irony of stopping the very activity that has been proven to reduce risk of fall, because people might fall whilst doing it?

There is ongoing research to be done (much *is* being done) in neuroscience - exploring questions such as how far does dance go towards restoring neurological functioning? To what extent can regular engagement in dance reverse deterioration of cognitive function? What parts of the brain are activated during the processes of choreography, and to what extent can that activation be considered to be healing?

A major aspect of healthcare is now focused on preventative measures. Prevention focuses on people maintaining good health, particularly in the light of the quickly growing population of longer living older people. Body and mind are facets of being and therefore of ageing; engagement in movement practices allows one to directly explore, address and shift changing physiological and psychological states of being positively.

One key difference between the UK and the US is the latter's ability to take on new projects and ideas fully and enthusiastically. Direct funding allows for direct progress to be made. Holistic and integrative medical models are treated as serious and important, meaning arts practices are more readily accepted and supported. There is a more open, can-do attitude which gives space for new ideas to be seeded more easily. There is much resistance here in UK hospitals that stems from traditional division of roles and skills. For creative work like this to be done, it needs to be supported at all levels of medical staff and management.

Next steps

In Addenbrooke's a second round of integrated dance sessions began in January 2014. My travels coincided with the midway point in the project. Since my return I met with Damian Hebron, Head of Arts, to consider how several more small pilot projects can be initiated in the children's wards, in the ante-natal unit, and in the pain clinics. We have also started a program of taster dance sessions for staff. An aim is to bring in several other forms of somatic practice - Structural Integration work and Mindfulness. We are finding ways for Addenbrooke's to generate, support and build a body of work that can evidence the benefits of dance in hospital. The goal is to develop ongoing relationships with the research team at the Cambridge Institute of Public Health and the neurosciences department.

Since my return I have initiated two new dance projects in the community - one for the Dementia Community, and one for an elderly community centre, run by Age UK. DanceMoves is setting up a training session around Dance and Older People, inviting colleague artist Diane Amans to Cambridge in the spring of 2015. I have been in touch with leading Cambridge museums and galleries to discuss devising dementia and dance sessions in their settings, bringing opportunities for people to dance in

beautiful and renowned settings.

My target for this next year is to visit dance practitioners working with the elderly here in the UK. I hope to attend training courses and conferences around dance movement therapy and somatic practice. I hope to find ways to encourage training for care workers and hospital staff at all levels who are working with older people to encourage more engagement with and understanding of the benefits of dance and movement.

My target over the next three years is to set up programmes that allow older people with early onset of symptoms to have dance programs they can attend regularly, to mitigate the symptoms for as long as possible. For there to be long term commitments and attendance, allowing for ample time to negotiate new relationships, positive sense of self in the face of a changing identity, and to have opportunities to be and feel well for as long as possible. Rather than manage difficult and inexorable situations, it is necessary to create a culture of prevention.