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Fit for the Future

Dance and Well-being

Review of evidence and policy perspectives

How dance can contribute to ensuring healthy lives
and promoting well-being for all at all ages

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Dance and Well-being

FOREWORD

The European Dance Network (EDN) initiated the #DanceAndWellBeing campaign from November 2020 to February 2021 as a response to the many restrictions during Covid-19 and the disastrous impact of the virus on people's lives. Through this campaign, EDN started to collect sectoral data on the contribution of dance to good health and well-being and identified key resources focusing on the role of the arts in addressing the relevant UN Sustainable Development Goal.

Through the many activities co-organised with its members, EDN has acted to address the essential role of dance in our societies as well as to highlight artistic practices and sectoral needs, envisioning a renewed dance ecosystem after a period of crisis. The past year, and the grassroots initiatives it has spurred across Europe, have reinforced our belief in the role of dance in maintaining our physical and mental well-being. The global pandemic, its management by authorities across Europe, and the concrete impacts on health and mental/physical well-being made clear the necessity of investigating this topic. Looking at the value-driven approaches becoming predominant across Europe, in the network as well as in the dance ecosystem at large, we see that artists and dance professionals' practices are increasingly shaped by the notion of 'care'. Moreover, stakeholders, including policymakers, have an increasing awareness of the potential contribution of the arts and culture sector to the UN's Sustainable Development Goals.

As part of its 'Fit for the Future' series of publications, and thanks to the support of DEN Kennisinstituut cultuur & digitalisering and Dachverband Tanz Deutschland, EDN commissioned researcher Jordi Baltà Portolés (Trànsit Projectes) to collect some of the existing evidence in this area, alongside testimonials from artists, in order to present a typology of practices and formulate recommendations for public authorities and the dance sector.

We wish you an inspiring read!

*Yohann Floch
Secretary General*

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EXECUTIVE SUMMARY

The relationship between the arts, health and well-being has gained increasing attention in recent years, as attested to by the substantial number of projects, programmes, research initiatives and publications, as well as some policies and strategies. More specifically, there is extensive evidence of how dance and movement may be conducive to better individual and collective health and well-being. Indeed, at the heart of dance lies a concern with the body and its expressive abilities, an in-depth understanding of the balance required between physical and mental health, and how body expression and movement may be conducive to well-being, as well as an implicit acknowledgement of the need to care for one's own and others' bodies. These ideas are reinforced today by the centrality of health, well-being and care in all our societies following the Covid-19 pandemic, which serves as a backdrop to this report.

Exploring the relation between dance and health comprehensively involves considering how dance may contribute to better health and well-being, what strategies could be put in place in this respect, and what tensions could arise in this context. It also requires paying attention to the health and well-being of dancers, choreographers and other professionals in the field, including how working conditions and related pressures affect mental health.

In the context of the Covid-19 pandemic, between November 2020 and February 2021 the European Dance Network (EDN) organised the #DanceAndWellBeing campaign, a programme of online dance classes facilitated by artists associated with EDN members. The campaign built on the increasing awareness that artists and dance professionals' practices are shaped by the notion of 'care' and a set of transversal factors and values, including equality, accessibility, diversity and well-being. The present report continues that reflection, aiming to collect some of the evidence existing in this area and some testimonials from artists, to present a typology of practices, and to formulate recommendations for public authorities and the dance sector. It also aims to establish connections between work in this area and the Sustainable Development Goals (SDGs) included in the UN's 2030 Agenda for Sustainable Development.

Among the most significant contributions to the debate on the arts, health and well-being in recent years is the scoping review published by the Regional Office for Europe of the World Health Organisation (WHO) in 2019, which analysed over 900 publications published since 2000. It suggested that arts-based health interventions are uniquely

placed to address the full complexity of the challenges that being healthy and well are increasingly recognised to present. The scoping review established many connections between dance and health, in areas including improvements in mental health, subjective well-being, the reduction of cognitive decline, improvements in patients with degenerative neurological disorders, and contributions to health communication.

Those findings echo evidence emerging from the ground in many individual projects. Furthermore, across Europe there is an increasing number of initiatives that connect dance, health and well-being. This remains, however, an imbalanced landscape, with most examples coming from only a few countries, where a good combination of projects fostering access and practice of dance on the ground, supporting strategies and policies, and good mechanisms in research, knowledge-sharing, mutual care and capacity-building, lead to a well-balanced 'ecosystem' of measures. The report presents some illustrative examples, including some which have emerged in the context of the Covid-19 crisis, as well as identifying defining elements of good quality criteria.

Existing literature suggests that, in projects connecting the arts and health, good health outcomes cannot be achieved without arts outcomes being achieved. Among the factors that may enable successful arts and health interventions are the use of context-specific methods, the engagement of skilled artists or artistic organisations, suitable venues and settings, and the involvement of context-specific partner health organisations. Work in this area should also ideally involve long-term approaches, a consideration of the health and well-being of dance professionals, and learning opportunities.

The report suggests that work on dance and health can contribute to the achievement of some of the targets included in the SDGs. In particular, targets 3.3 (which deals with communicable diseases), 3.4 (promotion of mental health and well-being), 3.5 (prevention and treatment of substance abuse), 10.2 (social, economic and political inclusion of everyone), and 11.7 (universal access to safe, inclusive and accessible spaces, including for vulnerable people). Individual and collective engagement in dance, which can contribute to better health and well-being, and the integration of dance in health communication campaigns, are the two main ways in which the connection can be established.

A set of specific recommendations towards EU institutions, national, regional and local authorities as well as agents in the field of dance closes the report. Among them are the following:

- * EU institutions, as well as national, regional and local authorities, in their respective areas of competence, should take into account the transversal role of culture in the achievement of the SDGs, and promote it in the relevant international forums, including the UN.

- * EU institutions, as well as national, regional and local authorities, in their respective areas of competence, should increase attention to the health and well-being of culture professionals, including the impact of Covid-19 on physical and mental well-being, and what measures could be adopted to address this.

- * In their participation in the Council of Ministers and OMC working groups, EU Member States should share knowledge about good practices as well as about the obstacles and difficulties found in strengthening work around culture, health and well-being.

- * The European Parliament should foster discussion and policy development on the consideration of access to culture and cultural participation in approaches to health and well-being, with a view to strengthening the consideration of cultural aspects in European approaches to health and well-being.

- * The European Commission and Member States should work together to foster research in areas related to dance, health and well-being, including by promoting the exchange of methodologies and results, the establishment of common approaches and the implementation of joint research projects.

- * National, regional and local authorities, in their respective areas of competence, should take measures to foster access to and participation in dance for everyone, as an exercise of the right to take part in cultural life, as well as a contribution to health and well-being.

- * In countries, regions and cities where projects connecting dance, health and well-being have only been occasional, public authorities should discuss with stakeholders in these fields on the potential of exploring and supporting joint projects.

- * In countries, regions and cities where significant experience exists in connecting dance, health and well-being, attention could be paid to scaling up small-scale initiatives, where relevant, evaluating projects, and ensuring that results of existing research are integrated in project design and implementation.

- * The dance field as a whole should continue to foster a reflection on the implications of care in the context of dance, and how this can be connected to broader social discussions around care.

- * Dance stakeholders should continue to exchange methodologies and examples of projects connecting dance, health and well-being.

- * The dance field could partner with European cultural organisations for the promotion of projects that explore the intersections between culture, health, well-being and care, including both the impacts of culture in terms of health and well-being and the implications of considering health, well-being and care within cultural organisations and in the work of cultural professionals.

I. INTRODUCTION

The relationship between the arts, health and well-being has gained increasing attention in recent years, as attested to by the substantial number of projects, programmes, research initiatives and publications, as well as some policies and strategies. While the purposes and activities of projects in this area are highly variable, they often share an understanding that active participation in arts and culture can be a factor in enhancing health and well-being. This is in line with contemporary approaches which adopt more holistic perspectives on health and well-being, emphasising the importance of multisectoral collaborations.¹ More specifically, as this report will show, there is extensive evidence of how dance and movement may be conducive to better individual and collective health and well-being.

Building on developments in policy and practice across several Member States, European Union institutions have also acknowledged these connections. The New European Agenda for Culture argues that cultural participation improves health and well-being and quotes existing evidence according to which “cultural access is the second most important determinant of psychological well-being, preceded only by the absence of disease”.² The Council of Ministers of Culture’s current quadrennial work plan (2019–2022) has cohesion and well-being as one of its priorities, and emphasises that cross-sectoral cooperation between culture and social care and healthcare, among other areas, has a significant effect on cohesion and well-being.³ In March 2021 the European Commission launched a call for a preparatory action entitled ‘Bottom-up Policy Development for Culture and Well-Being in the EU’, which should result in a mapping of existing practices and the implementation of a set of pilot activities, thus confirming increasing interest in this area.⁴

At the global level, health priorities have a significant position in the UN’s 2030 Agenda for Sustainable Development, the roadmap for progress between 2015 and 2030, which includes 17 Sustainable Development Goals (SDGs) and 169 specific targets.⁵ Although the Agenda devotes only limited space to cultural aspects, and a specific ‘culture goal’ is missing,⁶ it has often been argued that, given their transversal role, “cultural aspects will play a pivotal role for the overall 2030 Agenda to be successful”.⁷ This applies also to the achievement of SDG 3, entitled ‘Ensure healthy lives and promote well-being for all at all ages’. As the Regional Office for Europe of the World Health Organisation (WHO) has observed, intersectoral action connecting the arts, health and well-being may contribute to the achievement of SDG targets that deal with communicable diseases (3.3), the promotion of mental health and well-being (3.4), and the prevention and treatment of substance abuse (3.5).⁸ The arts may contribute to achieving these objectives either by fostering the active engagement of communities in artistic practices, or by providing spaces for information, communication and awareness-raising on health issues.⁹

These developments are reinforced by the centrality of health, well-being and care in all our societies following the Covid-19 pandemic, which serves as a backdrop to this report. In this respect, exploring the relation between the arts and health comprehensively involves, among other things, considering how the arts, including dance, may be significant contributors to better health and well-being, and what strategies could be put in place to expand this benefit. The tensions that may arise in this context, including the fear of dance being ‘instrumentalised’ in health contexts, and how this may be negotiated, should also be considered. This concern was voiced by some of the artists involved in the EDN’s 2020–2021 #DanceAndWellBeing campaign,¹⁰ when surveyed after their participation: while all artists welcomed the connection between the arts and health, seeing it as something intrinsic to their work, the misgivings of some of them were captured in the comment of one participant that “*I would love to think that dance does not have a role [in health and well-being], but rather that dance is an aim. An aim to keep moving...*”.¹¹

On a separate note, a comprehensive exploration of the relation between dance and health also requires paying attention to the health and well-being of dancers, choreographers and other professionals in the field, including how working conditions and related pressures affect mental health. As also pointed out by some of the artists surveyed, this is an area of increasing concern: “*I feel that dance when approached with the intention of spreading well-being can have enormous benefits. It can be liberating for people who are not used to dancing in their daily lives and can help break patterns and routines. Of course I think the dance world itself is fraught with mental health issues and often sacrifices the mental health of the individual dancers in service of the industry. All the more reason I thought this campaign was a step in the right direction of reframing how dance [could] be approached and practiced... I know many people who don’t normally dance who really found solace and empowerment through this campaign.*”¹²

The key mission of the European Dance Network (EDN) is to cooperate in securing a sustainable future for the dance sector and to improve relevance for diverse dance among society.¹³ In the pursuit of this mission, EDN initiated the #DanceAndWellBeing campaign as a reaction to the many restrictions to training, practicing, learning, rehearsing and presenting dance across Europe during the Covid-19 pandemic. Between November 2020 and February 2021, 17 weekly online dance classes led by artists associated with 12 EDN members took place. Participation in the dance classes was free of charge and neither prior dancing skills nor a dance background were required.

The campaign built on the increasing awareness that artists and dance professionals' practices are shaped by the notion of 'care' alongside a set of transversal factors and values, including equality, accessibility, diversity and well-being. In this context, and through its campaign, EDN wanted to reaffirm the essential role of dance in our societies and in maintaining physical and mental well-being. EDN is also aware of the potential connections between dance practices and policy and societal goals such as those outlined in the SDGs. All of these aspects underpin this publication.

This report cannot do justice to the extensive number of professionals, companies and organisations which have explored the relations between dance, health, well-being and care over the years. It aims however to review some of the evidence available, to highlight some of the main approaches and enabling factors identified, and to provide some recommendations for future development from a policy perspective, including in the context of the SDGs. This should hopefully be relevant to EDN members, other dance professionals and organisations, governments, research organisations, and other stakeholders with an interest in the field that connects dance, health and well-being.

II. DANCE IN THE PERSPECTIVE OF HEALTH, WELL-BEING AND CARE: KEY CONCEPTS AND ISSUES

What do we mean by health, well-being and care?

In 1946, the WHO defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The enjoyment of the highest attainable standard of health is understood as one of the fundamental rights of every human being.¹⁴ This broad notion of health, as comprising physical, mental and social aspects and relating to a wider sense of well-being, may be seen as prescient.

Indeed, recent decades have seen a shift from a medical model of health based on illness and clinical settings to a social model based on well-being, prevention and the community. More attention is also devoted to non-communicable diseases and the management of chronic or long-term conditions (such as diabetes, respiratory disease, strokes and dementia), as well as to mental health, which is often interconnected with physical health and has a direct impact on life expectancy.¹⁵ As will be seen, there is significant evidence of the connections between dance and the management of non-communicable diseases, chronic or long-term conditions, as well as mental health.

A particular implication of the affirmation of health as a human right, with relevance in the field of arts and health, should be noted. Over the years, policy, practice and research on health have paid attention to social inequalities, given the existing evidence on how different lifestyles and unequal access to healthcare have an impact on health levels and life expectancy. Despite increasing reflections on cultural rights and on inequality in access to arts and culture, there is still much to learn from fields like health on how to foster universal access to culture.

However, research has suggested that work in arts and health may serve to partly compensate these imbalances, since “[in] direct contrast to the normal demographics of publicly funded arts, people accessing arts activities through health routes tend to be experiencing poor health. Disadvantaged and marginalised groups are disproportionately affected by ill health and, as a result, are well represented within arts and health activities. In a reciprocal relationship, the arts provide a route to better health and wellbeing while health provides a route to overcome persistent inequalities of access.”¹⁶ Therefore, work done in the field of dance and health, particularly when adopting an inclusive approach or involving members of disadvantaged communities, could be seen to contribute to both the right to health and the right to take part in cultural life.

As the aforementioned definition of health shows, the WHO establishes a connection between health and well-being. While no agreed definition of 'well-being' exists, this is generally assumed to be a subjective, individual perception, which relates, among other things, to satisfaction and happiness. Since research has often found that cultural participation contributes to happiness and satisfaction, positive connections between culture and well-being can be established.¹⁷

Reflections around the notion of 'care' have come to the fore in a variety of ways and contexts in recent years. Care may refer to how members of a community are concerned with one another, as well as how humans relate to and look after the planet. In its everyday implications, care relates to the recognition and valuing of the work of those who look after the health and well-being of others – a set of tasks which have often been overlooked and poorly remunerated, or even unpaid, and whose critical role has become more evident during the Covid-19 crisis.¹⁸

These debates, and reflections on what care means in the arts, were already visible before the pandemic. In October 2017, for instance, EDN and Dance House Lemosos organised an atelier entitled Common Ground: To Care, which aimed to address the implications of 'care' towards audiences, and the building of long-term relationships between artists, dance organisations and audiences based on care. While there was agreement on the many positive meanings of caring, the need to prevent care from becoming a patronising approach was also discussed – in terms of relations with audiences, this should involve caring for and caring about audiences, rather than taking care of them.¹⁹

The need to have a critical reflection around the meaning of care has also been voiced by Scottish disabled artist Claire Cunningham. In a recent conversation with artist Luke Pell, Cunningham referred to 'carer' as a 'loaded' word, because of its patronising, charitable implications – "something that [is] done TO disabled people or FOR disabled people but is often not understood as an active thing or a thing that people have control over or have agency in".²⁰ Yet performance itself can also be understood as an act of care, "where it feels like there is a real choice that this performance or the act of witnessing it is essential to it... as opposed to [those performances where there has not] been a care or an attendance to... the fact that an audience will be there".²¹

Furthermore, Cunningham and Pell also agree in understanding caring as a 'radical' act – in the words of Pell, "we need to care harder to shift things... Criticality can also be care."²² A more political understanding of care may be at play here, one which connects with those authors who see care as central to different, more balanced forms of relation within and between communities²³ and to social and economic models that place human beings at the centre: "... care is a broad and expansive category covering near all of our social being, even where the economy and governments seek to obscure and/or monopolise care,

consciously or otherwise... What we value has a meaning only in relation to others, upon whom recognition depends. How we do more than merely survive during and after the pandemic, and the measures taken, is up to all of us. We cannot let everything be decided for us, no matter how afraid we might be."²⁴

As the next sections will discuss, there is strong potential, and substantial existing evidence, for how dance and other artistic practices may be connected to these understandings of health, well-being and care.

How do dance and other artistic practices intersect with health, well-being and care?

"The body is central when considering health and well-being and, for dance, the body is a vital element: as a vehicle for movement to happen, perceptive and receptive towards the world and as a compass for being present in space and time. Through this constant movement of connecting the internal with the external and vice versa, dance can activate the body and the perception towards a more sensitive, listening-oriented way of living. Furthermore, dance as a social practice, or a collective practice, can act as a setting in which to train being with others, balancing individual and communal dimensions, needs and intentions. In our score practice, this aspect of single and community is central and we perceive it as an area in which dance can contribute to a more balanced way of being in the world, away from individualism and isolation."²⁵

The connections between dance, health and well-being are manifold and include a wide range of approaches and settings. For the sake of clarity, this section presents some of the main terms that are used in this context, drawing on existing literature, including material related to the arts and health in general.

In a document published by Arts Council England in 2018, which compiled existing evidence, Richard Ings and John McMahon drew a useful taxonomy of arts and health interventions.²⁶ Its main components are summarised hereafter, with additional commentary as to their relevance in the field of dance:

a) Targeted interventions, which include those activities that are designed specifically to connect the arts and health and which are generally conducted in health and care settings, such as:

* **Arts in health and care environments** (e.g. hospitals, surgeries, hospices, care homes), including in particular arts interventions aimed at improving the design and experience of physical environments (e.g. murals, public art, design of spaces, etc.) – this seems to have limited relevance for dance.

* **Participatory arts programmes in health and well-being**, including individual and group arts activities intended to improve and maintain health and well-being in health and social care settings, community locations and people's own homes. This is an area where many dance activities have taken place, as shall be seen.

* **Arts therapies**, including arts activities offered to individuals, usually in clinical settings, by accredited health and care practitioners. This is also an area where dance activities are frequent, and in which generally less attention is placed on creative aspects, since the main focus lies on the impact in terms of health and well-being. Work in this area is also sometimes termed 'dance/movement therapy' (DMT), which has been defined as "[using] dance and movement to promote insight, integration and well-being, as well as to diminish undesirable symptoms in various clinical populations.... The body in motion is both the medium and the message. DMT recognizes the moving body as the centre of the human experience, and that body and mind are in constant reciprocal interaction."²⁷

* **Arts on prescription** (also known as 'culture on referral'²⁸), which involves the referral or self-referral of people in psychological or physical distress to engage with the arts. As explained further below, dance is one of several activities included in programmes of this kind.

* **Arts in healthcare technology**, involving the integration of technology into arts in health projects. There is less visible evidence of this in the field of dance, although it is likely that some projects have been undertaken and will continue to increase.

* **Arts in public health education and promotion**, including the use of dance and other arts activities in the context of public health campaigns and related awareness-raising initiatives.

b) Broader arts and cultural engagement, including how standard arts activities in everyday life may also have an impact on health and well-being, even where this is not their intended objective. The core work of dance organisations, and its effects in terms of health and well-being for those involved, whether this is measured or not, would be an illustration of this.

c) Creative healthcare, namely the increasing awareness of arts and culture among professionals in health and related areas. Specific implications of this are as follows:

* **Medical training**, including the use of the arts in the training and professional development of health and social care professionals and to improve healthcare. As shall be observed, there is some evidence of the integration of dance activities in these frameworks.

* **Medical and health humanities**, including the integration of knowledge related to the arts, humanities and social sciences in studies around health, well-being and social care. This would include, among other manifestations, artistic representations of health conditions, or the literary exploration of sensitive topics in health and related areas. There is some space for dance activities to be integrated in this area.

As Ings and McMahon argue, further to this taxonomy based on settings, goals and methodological approaches, other analyses on arts and health are structured on the basis of their target groups and the human life cycle (e.g. childhood, adolescence and young adulthood; older adulthood; end of life). They may also address specific health and well-being conditions, such as mental health or disability. While a detailed analysis of the implications of dance in each of these individual areas lies out of the scope of the present report, some evidence related to them will be presented in the following sections.

Evidence presented in this section serves to highlight the following needs and opportunities:

* Work around dance and health has the potential to help reduce inequalities in both access to health and access to culture.

* Dance and performance may be seen as 'spaces of care', when particular attention is paid to relations with one another (including e.g. audiences, other participants) and care is understood as a 'radical act', which involves rethinking our place in the community.

* There is an extensive range of practices that connect the arts, including dance, and health, whether this is done in a conscious, explicit way or through engaging in standard arts activities that enhance participants' health and well-being. The contribution that regular arts participation makes to health and well-being should be recognised better.

III. HOW DANCE CONTRIBUTES TO HEALTH AND WELL-BEING: SOME EVIDENCE

“[Because] they operate simultaneously on the individual and social, as well as physical and mental, levels, arts-based health interventions are uniquely placed to address the full complexity of the challenges that being healthy and well are increasingly recognized to present.”²⁹

A significant number of conference papers, articles, research reports and evaluations have been devoted to the connections between the arts, health and well-being in recent decades, often with the aim of analysing or demonstrating how the arts may be conducive to better health and well-being.

Whereas a significant part of the literature on the connections between dance and health is produced in academic and consultancy circles, it often echoes perceptions and knowledge developed over the years by dancers, choreographers and other agents in dance. At the heart of dance lies a concern with the body and its expressive abilities, an in-depth understanding of the balance required between physical and mental health, and how body expression and movement may be conducive to well-being, as well as an implicit acknowledgement of the need to care after one’s own and others’ bodies. In the words of one of the artists who participated in the #DanceAndWellBeing campaign, “*[dance] helps connect to parts of the body that in many other situations are left behind, forgotten. Being someone who believes that we are our bodies, forgetting parts of the body means forgetting parts of ourselves. The dance helps bring back the fullness. It allows us to understand and express how we feel and where we are at, keeps us rooted in the present moment.*”³⁰

Interviews and testimonials from dancers and choreographers in different places and periods have also often highlighted how dance encourages participants to have a positive relationship with our bodies, and in so doing contributes to a better knowledge of and care for them,³¹ as well as the potential of dance to awaken hidden abilities, including the ability to imagine and express oneself. In the words of the founders of French association A.I.M.E., “what matters is to enable the perception of every person’s imagined potential, the value of this potential... art arises from the realisation of the power to create one’s own gesture”.³² Catalan dancer and choreographer Raimon Àvila has referred to the ability of bodies and the emotions expressed through them to bring forward knowledge related to the key questions in life – who we are, and why we live and behave the way we do.³³

Combining the forms of knowledge and the languages of dancers and choreographers with those of health professionals and academics may be a useful path not only towards better recognition of the role of dance in health and well-being, but also towards making this knowledge more

comprehensive and multidirectional, avoiding simplistic or instrumental approaches. In this respect, as this report will later argue, it seems necessary to strengthen the networks and collaborative spaces between the dance and health communities, and to foster balanced, comprehensive dialogues that explore all of the spaces of encounter.

The WHO Europe report and other evidence

In 2019, the WHO Regional Office for Europe published an extensive scoping review, written by Daisy Fancourt and Saoirse Finn, from the Institute of Epidemiology and Health Care, University College London, examining evidence on the role of the arts in improving health and well-being. Fancourt and Finn observed that, since the beginning of this century, there has been increased attention on the effects of the arts on health and well-being, as well as more policies and practice across Europe in these areas. However, they also noted that “because of a lack of awareness of the evidence underpinning these activities, there has been little consistency in policy development” across countries.³⁴

In order to address this gap, the review identified over 900 publications published between 2000 and 2019, including over 200 reviews, systematic reviews, meta-analyses and meta-syntheses, overall covering over 3000 studies, and over 700 further individual studies. A logic model linking the arts and health emerged from their analysis, which connected three levels:

a) **Components of arts engagement, which may be, depending on the case, aesthetic engagement, involvement of the imagination, sensory activation, evocation of emotion, and cognitive stimulation; as well as, depending on the setting and methodology, social interaction, physical activity, engagement with the themes of health, or interaction with health-care settings.**

b) **Responses triggered by this engagement, which may be psychological, physiological (e.g. lower stress hormone response, enhanced immune function), social (e.g. reduced loneliness and isolation, enhanced social support, improved social behaviours) or behavioural (e.g. increased exercise, adoption of healthier behaviours, skills development).**

c) **Health outcomes which result from these responses, which may relate to health prevention, promotion, management or treatment outcomes.**

From among the extensive evidence presented in Fancourt and Finn's scoping review for the WHO, the following paragraphs summarise that which relates specifically to the role of dance in the promotion of health and well-being.³⁵ This has been complemented, where relevant, with evidence on the same issues drawn from other sources:

a) Prevention and promotion

* **Social determinants of health:** Dance has been shown to foster greater social inclusion in patients with dementia and their carers, and this in turn contributes to building social and community capital within societies. Research elsewhere has also suggested that group dancing contributes to social bonding, potentially through the release of endorphins, which are analgesic and reward-inducing; furthermore, these developments also had significant independent positive effects on pain thresholds and in-group bonding.³⁶

* **Child development:** Dance can enhance developmental maturity and school readiness among children. Furthermore, engagement with arts activities such as dance can increase attention in the classroom.

* **Encouragement of health-promoting behaviours:**

◆ **Healthy living:** Dance can be more effective than exercise in reducing body fat, possibly through the role of music in improving mood and helping to maintain attention. Weekly dance therapy over several months for those who are obese can also improve body consciousness, mental representations linked to body image, and perceived competence to exercise regularly. Dance activities have also been found to improve body composition, blood biomarkers and musculoskeletal function, with more significant results than for other types of exercise, and valid both for overweight people and those with a healthy weight.

◆ **Health communication:** As with other performing arts, dance has also been used in health communication, contributing to improved health knowledge, attitude and behaviour among the general public. Research in this field suggests that results are strongest when individuals and communities are actively involved in the creation of the art.

* **Prevention of ill-health:**

◆ **Well-being:** Research has shown that arts engagement can enhance subjective well-being, including affective well-being (positive emotions in our daily lives), evaluative well-being (our life satisfaction) and

eudemonic well-being (our sense of meaning, control, autonomy and purpose in our lives). For instance, dance has been connected with the promotion of subjective well-being among healthy young people. These findings are similar to those found by the European Commission's Eurobarometer in 2011, which observed that cultural activities were a factor contributing to the general population's well-being.³⁷ The EU-funded project Empowering Dance – Developing Soft Skills, involving five EDN members, has also suggested that continuous contemporary dance practice helps people deal with change, build resilience, gain confidence and develop healthy interpersonal relationships, as well as supporting their physical and emotional well-being and fostering an ability to lead a health-conscious, future-oriented life.³⁸

◆ **Mental health:** Dancing, as other arts activities, is associated with stress management and prevention, including lower levels of biological stress in daily life and lower daily anxiety.

◆ **Cognitive decline:** Cultural engagement also contributes to 'cognitive reserve', or the resilience of our brains as we age. Dance, for instance, has been linked across the lifespan with better learning and memory. It has been shown to increase hippocampal volume, white matter integrity and levels of neurotrophic factors, and to support functional improvements in balance and attention. Dance classes can also improve memory, learning and attention, partly through enhancing motor learning.

◆ **Frailty:** Dance simultaneously trains movement, posture and flexibility and has been linked with better balance and lumbar bone density before puberty, postmenopause and in women with osteoporosis. Among other benefits, evidence also shows that dance may improve strength, flexibility, motor ability, aerobic endurance, muscle mass and body composition in older adults, helping to prevent age-related functional decline. There is also some evidence that dance can reduce fear of falling in older adults.

◆ **Premature mortality:** Dance of moderate intensity has been identified as an independent risk-reducing factor for cardiovascular disease mortality among adults aged over 40. The association seems to be partly explained by socioeconomic factors and partly thanks to how dance practice contributes to the reduction in sedentary behaviours, depression and cognitive decline, all of which are risk factors for premature mortality.

* **Supporting caregiving:** The arts can support mental health and well-being in healthcare staff. In particular, the development of empathy through music and movement has been linked with lower stress and burn-out and higher resilience.

b) Management and treatment

* **Helping people experiencing mental illness:**

◆ **Perinatal mental illness:** Activities including play, music and movement in women with postnatal depression have been shown to reduce depression, anxiety and stress, and increased self-efficacy and mother-infant interactions.

◆ **Mild-moderate mental illness:** Arts engagement, including dance, can reduce internalising symptoms such as anxiety and depression in children and adolescents. Recent research elsewhere has also suggested that Dance Movement Therapy is an effective intervention in the treatment of adults with depression.³⁹

◆ **Severe mental illness:** Some positive effects of music dance therapy have been observed in the reduction of symptoms in individuals with mild schizophrenia. However, large-scale studies of art therapy have not found beneficial effects in the treatment of severe mental illness.

◆ **Trauma and abuse:** Dance can help people with post-traumatic stress disorder (PTSD) to build a healthy relationship with their body, including helping to reduce perceived stress and increasing movement.

> **Supporting care for people with acute conditions:** As regards surgery and invasive procedures, rhythm-based games have improved fine muscle activation and motor movements among patients who have had upper-limb prosthetics fitted. For people experiencing chronic pain or fibromyalgia, dance programmes have been found to reduce pain and improve quality of life, depression and physical function.

* **Supporting people with neurodevelopmental and neurological disorders:**

◆ **Cerebral palsy:** Dance has been found to improve self-care, communication, psychosocial adjustment and overall functioning, as well as balance, standing ability, gait, walking and cardiorespiratory fitness. It also improves postural control in children with cerebral palsy and contributes to emotional expression, social participation and attitudinal change. Parents have also reported enjoyment and therapeutic benefits for

their children from dance. There are promising preliminary studies on wheelchair dance for children with severe cerebral palsy.

◆ **Stroke:** For motor rehabilitation after stroke, dance has been found to improve motor function, balance and grip strength.

◆ **Other acquired brain injuries:** For individuals in wheelchairs following spinal cord injuries, dance improved the range of motion, upper body strength and coordination, as well as decreasing weight, resting pain and reaction time. For young adults with physical disabilities, dance and other performing arts activities have been reported to enhance communication, mobility, interpersonal relationships and community life.

◆ **Degenerative neurological disorders:** Dance has repeatedly been found to provide clinically meaningful improvements in motor scores for people with Parkinson's disease, and to improve their quality of life and decrease isolation. Dance studies involving people with Parkinson's disease have also shown high compliance rates, low dropout and continued activity beyond the study period. Recent research elsewhere has also suggested that dance therapy is beneficial in improving executive function (the processes that help us plan, organise and regulate our actions) for adults with Parkinson's disease. However, no positive effects were found on global cognitive function, depression and apathy among the same adults.⁴⁰ Among people with multiple sclerosis, music and dance have been found to improve gait velocity, stride length, balance, smoothness of motion and number of steps per minute, and movement to music has been found to improve sleep. There is also promising preliminary research in those with Huntington's disease according to which dancing reduces the rate of motor impairment.

◆ **Dementia:** Preliminary research has suggested that dance may support speech, as well as speech-related cognition. Dance Movement Therapy and music have also been found to support embodied nonverbal communication, even when language deteriorates. Music and dance help to reduce social isolation and loneliness for individuals with dementia, partly by providing a sense of security and belonging. They can also help to affirm identity, sense of self, and self-esteem for individuals with dementia. Many studies have found benefits of music and dance for reducing anxiety and also some evidence of their benefits for depression among people experiencing dementia.

* **Assisting with management of noncommunicable diseases:**

◆ **Cancer:** Studies have shown benefits from dance for pain reduction. Dance can also support patients and their relatives with strategies to manage cancer-related concerns that they can apply afterwards in their daily lives. Like other arts activities, dance has been found to help with the management of mental health in patients with cancer and with improving quality of life.

◆ **Diabetes:** Dance has been seen to improve control of blood glucose levels and blood pressure and to provide peer support for coping with lifestyle changes following diagnosis.

◆ **Cardiovascular diseases:** Listening to music and dancing have been found to reduce heart rate, blood pressure and hypertension in individuals with cardiovascular diseases, with dance additionally improving exercise capacity. Waltzing was found to be as effective as aerobic exercise for improving functional capacity in patients with chronic heart failure.

* **Supporting end-of-life-care:**

◆ **Palliative care:** Dance can help in coping with pain and in supporting people with terminal illness to feel connected with their bodies and have a sense of self.

◆ **Bereavement:** Singing and dancing are common funeral activities across different cultures.

Concluding their scoping review, Fancourt and Finn argued that “the arts hold promise in tackling difficult or complex problems for which there are not currently adequate solutions. Additionally, this review identified how the arts can provide a holistic lens to view conditions that are often treated primarily as physical; this approach fits with current trends in health towards giving parity of esteem to mental health and also towards situating health problems within their social and community context...”⁴¹ In this respect, the fact that dance in particular has been seen to have effects in both physical and mental health is well aligned with the aforementioned ‘holistic lens’ and the balanced approach to physical and mental aspects.

At the same time, the authors warned against seeing the arts as a universal palliative, as evidence only exists for some conditions and activities, and further research is necessary. Among other things, they suggested there is a need to

move from research focused on small-scale interventions (i.e. projects with a limited number of participants, and implemented for relatively short periods of time) towards the analysis of larger, more systematic programmes involving more participants. This should go hand-in-hand with the elaboration of protocols and manuals enabling replication. Some of these gaps and weaknesses were later underlined by arts and health expert Stephen Clift in his review of Fancourt and Finn’s report.⁴² Clift suggested that, in addition to the need for larger-scale studies, more attention should have been paid to the quality of some of the original research on which the report based its findings, as well as to the contexts in which projects had been implemented and the nature of the activities involved.

Evidence presented in this section serves to highlight the following needs and opportunities:

* Dance, like some other arts practices, provides a holistic lens to approach health and well-being, particularly because of how it connects physical and mental aspects. This is well aligned with current approaches to health.

* There is extensive evidence about the connections existing between dance, health and well-being, in a very diverse range of settings and targeting a wide range of individuals and groups (e.g. patients with different conditions and belonging to different demographics, families, healthcare staff, etc.).

* However, research in this area has generally focused on small-scale projects, and there is a need to move towards larger, more systematic programmes involving more participants.

* Existing evidence focuses on some health conditions and circumstances – therefore, the arts should not be seen as a ‘universal palliative’. Structured conversations between the arts and health communities could contribute to developing more complex reflections on the existing relations, overcoming the risk of simplistic and instrumental approaches.

* There is also a need to foster the cross-border exchange of research results and knowledge around arts and health methodologies.

IV. HOW DANCE, HEALTH AND WELL-BEING ARE INTEGRATED: AN ECOSYSTEM OF MEASURES

The next section explores how the connections between dance, health and well-being are implemented in practice on the ground.

The effects of dance and other arts practices on health and well-being described in the previous section are the result of a wide range of initiatives which have explored and fostered connections in these fields. While a full mapping and analysis of practices lies out of the scope of this report, the following pages describe some of the main approaches that can be observed, illustrating them with some examples. They may be understood as an ‘ecosystem’ of measures, where work on the ground is facilitated by public strategies and policies and supported by initiatives in research, knowledge-sharing, mutual care and capacity building.

In each of the ‘types’ of activity presented hereafter, some defining elements and good quality criteria have been identified. Although each project is highly contextual and specific to its organisers and participants, the identification of these aspects may enable reflection, learning and the potential transferability or emergence of new initiatives elsewhere.

Fostering access and practice of dance in health and social care settings

Across Europe and the world, many initiatives involve collaboration between dance professionals and health and social care organisations, with the aim of enabling patients, those in care, health professionals and other people to engage in dance and movement. Very often, practices in these areas involve both culture and health-related goals. What is distinctive about them?

* **An understanding that dance practice embodies the right to take part in cultural life:** by fostering access of mental health patients to dance, facilitated by a professional dancer, the *Établissement public de santé mentale (EPSM)* of Flandres (Hauts-de-France region, France) illustrates its commitment towards patients’ exercising of their human rights, including the right to take part in cultural life.⁴³ Of course, making this right explicit involves taking into account the obstacles that may prevent particular groups from accessing and participating, in terms of venues, information and communication, forms of engagement, price, etc. *Dance Well*, a participatory project promoted by the *Centro per la Scena Contemporanea (CSC)* in Bassano del Grappa, Italy, is accessible for free and involves collaboration with several organisations in the fields of health and social inclusion, with the aim of fostering mediation, outreach and accessibility.⁴⁴

* **A space of communication through dance, as a universal language:** at the centre of many initiatives is the observation that dance and movement provide a space for self-expression and mutual recognition, a language which may be shared by very diverse participants. Generating this space requires particular sensitivity, openness and communication abilities by those facilitating projects. Choreographer *Kitsou Dubois*, who has conducted a range of dance workshops with mental health patients and healthcare professionals in collaboration with *La Briqueterie* dance centre in Val-de-Marne, France, argues that “there is a consistency between my creative work and this work of transfer and active listening, which becomes structuring in my life as an artist, because of the permanent pleasure of dancing and inventing together. These workshops serve to reaffirm, for me, that dance allows us to come in contact with others, whatever their gender, culture, age or difference”.⁴⁵ Others have also emphasised that dance practice enables the emergence of a ‘collective’ space, thus challenging the tendency of health institutions to treat everyone on an individual, fragmented basis.⁴⁶

* **Fostering the discovery and reappropriation of one’s own body:** in keeping with some of the defining aspects of dance and movement, and those which may foster positive psychological, physiological or behavioural responses, projects conducted in health settings often aim to enable participants to discover or rediscover their bodies, fostering increasing awareness and appropriation. In the words of one of the participants in the ‘Pleasure on the Chair’ online project developed by choreographer *Sara Sguotti*, in the context of the *CSC’s Dance Well*, during the Covid-19 lockdown, which enabled elderly people to engage in dance exercises, this was “the perfect thing at the perfect moment”, because it allowed them to “reappropriate their own bodies”.⁴⁷

* **The importance of strong partnerships, co-creation and mutual learning:** key to the success of initiatives in this field is the active engagement of organisations, including partners in dance, healthcare or social care and, where relevant, other public, private or non-profit organisations. Effectiveness is reinforced where, if circumstances allow, participants (e.g. patients, relatives of those in care, etc.) can also engage in helping to co-design or co-create activities. Ultimately, there is a need for the languages and procedures of dance and health to inform one another, finding a common ground – e.g. through the engagement of healthcare and social care participants who help to navigate the potential conflicts between rigidly structured health institutions and the need for flexibility which is essential to an arts project.⁴⁸ The so-called ‘well-being residencies’ developed by a network of five organisations in Latvia, Russia, Finland and Sweden, are based on the

principle of embedding artistic residencies in the context of 'closed types' of social or medical care institutions.⁴⁹ This is best achieved when collaboration operates in the long term and where attention is paid to the discussion and transfer of knowledge. In this respect, initiatives which aim at training healthcare professionals and students on dance-related methodologies and skills (such as the collaboration between La Briqueterie and the training institute of a local hospital)⁵⁰ or training dance professionals and students in an awareness of health-related methodologies (as in the context of the 'Dancing with Alzheimer's' project implemented by the Theatre Institute in Barcelona)⁵¹ provide a pathway to progress.

* **The need to take into account ethical aspects:** informed consent from those participating, including patients and other people in care (either directly or through the careful consideration from those who are close to them and entitled to take decisions on their behalf), as well as their ability to withdraw at any stage, are important aspects in arts and health practices. The design and launch of initiatives in this field should be approved by suitable health authorities and ethics committees where they exist, in accordance with relevant regulations.⁵² An ethical approach to dance and health also involves working with the "poetics of suffering and distress" in a responsible way, which is concerned with learning and resilience.⁵³ Other ethical considerations applicable in this field include a concern with participants' privacy, as well as attention to and care for the health and well-being of professionals involved, including the effects that participating in explorations of health issues may have on dancers and choreographers.

* **The potential for powerful communication and awareness-raising:** the combination of dance and health embodies a powerful illustration of the value of dance in itself, as well as for personal development, health and well-being. It also has the potential to be presented and communicated in a range of languages and formats, thus helping to raise awareness of this field. This is illustrated by films such as *Un projet fou...*, directed by nurse and filmmaker Jean-Marc Bourillon on the basis of the long-time engagement of a group of patients with choreographer Kitsou Dubois, and the recipient of a number of film awards.⁵⁴ Meanwhile, The Place dance space in London organised in early 2021 'How Can We Care for Each Other?', a festival of online works (audio works, dance films, live online interactive performance, workshops) exploring how dance and care could be used to bridge the spaces between us, in the Covid-19 context and thereafter. Of course, where circumstances allow, the power of dance and health can be best experienced on stage and in other live settings.

* **A space for evaluation and the transfer of methodologies:** given the frequent aim of observing and monitoring change in participants' health and well-being, the potential willingness to report on and be accountable for the activities carried out (particularly where these have received external funding) as well as the fact that the topics addressed in dance and health often have resonance in other contexts, the integration of evaluation, the collection of data and the description of methodologies and results is a frequent practice, and a highly recommended one. A good example of this is the Dance for PD network, a global platform of over 300 communities which provide dance classes for people with Parkinson's disease, and which has led to over 40 clinical studies on its effectiveness.⁵⁵ A diverse range of methods can be used to present the results and transfer methodologies, as shown by the elaboration of training materials comprising text, music and a description of educational activities done in the context of the 'Dancing with Alzheimer's' project in Barcelona, which have later been used in a range of community and healthcare centres.⁵⁶

Whereas initiatives in this area generally involve physical encounters on site, in the context of Covid-19 many dance organisations have launched online initiatives aimed at fostering dance practice, stressing its effects in terms of health and well-being. Although online settings challenge traditional dance approaches, a range of benefits have been observed, including the ability to provide a space for expression, communication and well-being in a difficult context, and the potential to enable collaboration and solidarity across borders. This is shown by EDN's #DanceAndWellBeing campaign, as well as by initiatives such as DIS_move, an online dance work developed by artists with and without learning disabilities from Berlin, Novi Sad and Lyon, which created dance and music videos for Internet users to access, and which also led to the emergence of a new performing arts group.⁵⁷

Several of the artists involved in the #DanceAndWellBeing campaign also highlighted the encouraging reactions observed, including how online work had made it possible to reach out to groups that would have rarely engaged otherwise:

"While I can't wait for classes to resume and to meet my fellow dancers face to face, there is really something to say for the accessibility of online classes. Some people are shy or cautious to dance in a group, and I think there is a safety given when you allow people to explore a class from their own home."⁵⁸

Both online contexts and the renewed interest of many communities in body movement and expression in the wake of Covid-19 provide interesting opportunities to continue fostering access and practice of dance in health and social care settings.

Policies and programmes supporting the development of dance, health and well-being

Several of the projects presented in the previous section take place in the context of broader policies and programmes supporting encounters between the arts (or dance more specifically), health and well-being, or have the potential to do so. Indeed, local, regional and national authorities in several European countries have increasingly developed policies and strategies or established funding programmes which connect the arts and health.⁵⁹ While this is far from a universal trend, there is evidence of the growth existing in this area, which could provide inspiration for other countries. Some of the visible approaches in this area are presented hereafter. It should be noted that in most cases public policies and programmes focus on the relation between the arts, health and well-being, rather than specifically on dance.

* **Fostering partnerships between the arts, health and social care, to implement small-scale projects.** In countries like Denmark, Finland, France, Ireland, Norway, Sweden or the UK, a range of public policies and programmes fostering collaboration between organisations in the fields of arts, health and care have been established in the course of the last two decades. Although varying in methodologies and specific objectives, they generally aim to enable healthcare patients and those in care to take part in cultural life, and to contribute to their health and well-being (as well as that of health professionals, relatives and carers, where relevant). Indirectly, they can also contribute to broadening work opportunities for dance professionals.

◆ One good example of this is the Culture and Health programme in the Île-de-France region, first established in 2005 and involving a partnership between public agencies in arts and health, with an additional specialised non-profit organisation undertaking management and advisory duties.⁶⁰ Over the years, a range of methodologies have been tested, adapted to different health and care settings, and progress has been observed in terms of the increasing engagement of patients and other stakeholders as co-creators.⁶¹ An annual call for projects is launched, requiring applications to involve one healthcare and one arts organisation with a view to strengthening their collaboration; the engagement of professional artists; co-funding from the relevant health centre; and connections with audiences and other participants outside health settings. A 'Culture and Health' label was established in 2011, which has so far been accorded to 16 health institutions in recognition of their active engagement in the promotion of quality arts activities.

◆ Meanwhile, in the region of Western Finland, the Tanssikummi (Dance Ambassadors) initiative is a programme of the regional dance centre, which brings

professional dance artists to work in nursing homes, schools, nurseries and immigration reception centres. The scheme aims to enable movement and foster physical and mental health and well-being among groups that would otherwise have few opportunities to engage in dance, and also enables social interaction and an attitude of listening by dance ambassadors and their support groups. A diverse range of techniques in body and movement are employed. Dance ambassadors receive first aid training and other forms of capacity building, including in terms of the specific needs of the groups they interact with.⁶²

* **Arts on prescription schemes.** As already noted, 'arts on prescription' or 'culture on referral' is the process by which a healthcare or social care professional, local agency or other relevant organisation refers a person to an arts or cultural programme, with a view to improving their health and well-being. This is part of the broader framework of 'social prescription', which also includes referral to sports or social activities. Beneficiaries may also self-refer themselves to programmes, using the information provided by cultural organisations to this end.⁶³ In several European countries, the last few years have seen an upsurge of public initiatives in this area, which are seen as beneficial both because of their perceived impacts on participants and the potential they may have to reduce public expenditure on health. Research in this area has suggested that arts-based social prescription can improve aspects of well-being, as a result of increased motivation and social interaction, as well as in terms of health-related behaviours and self-reported health outcomes, but there is only partial evidence on whether social prescription effectively contributes to better physical or mental health, and several studies have suggested that further research is necessary.⁶⁴

◆ An example of work in this area is the Kulturvitaminer (Culture vitamins) programme implemented in the city of Aalborg, Denmark, since 2016.⁶⁵ The project runs for 10 weeks and offers a variety of cultural activities, averaging 2.5 workshops per week, for participants with mild to moderate depression, stress or anxiety. Some unemployed participants are referred by the local job centre, with a view to improving their well-being and attitude towards re-entering the job market. An evaluation of the programme suggested that participants had increased their energy levels, self-esteem, enjoyment of life, motivation, understanding of one's own needs and self-care, and were having fewer panic attacks. In some cases, participants also reported more motivation towards finding a job.⁶⁶

* **Supporting innovation and research in arts and care.** The centrality of health, well-being and care in today's social debates and public agendas leads to the integration of these aspects across policy agendas, including those for arts and culture. The aforementioned European Commission preparatory action on policy development for culture and well-being may be seen as an illustration

of this, and similar initiatives have appeared and are likely to continue appearing across Europe in the coming years. Ideally, a concern about health, well-being and care in a cultural perspective should encompass not only opportunities for arts activities to reach those in healthcare and social care, but also for rethinking health, well-being and care among arts professionals.

- ◆ One interesting example of this is the 'A Fair New Idea' initiative of Flanders Arts Institute, which aims to devise and test new ideas that contribute to a strong, fair and sustainable arts field. The first of four calls for project proposals addressed 'Working with care in the arts field' and looked for "ideas for open, inclusive, caring and solidary ways of working in the arts field". 30 project ideas were received, 7 of which were pre-selected for the final phase, in which one of them, focusing on the notion of basic income and income as a collective good, was chosen.⁶⁷

Research, knowledge-sharing and capacity-building schemes

As evidence presented in earlier sections has shown, work in the field of dance, health and well-being has been the subject of research, evaluation and other forms of knowledge generation and transfer. In this respect, in addition to project evaluations and observations, a range of mid-term or permanent initiatives, often with a cross-disciplinary approach, have been established, which will be explored hereafter.

* **Research, evaluation and knowledge-sharing.** A set of factors, including the relative newness of work in arts and health, the need to test and assess methodologies, the need to combine different areas of knowledge, and the positioning of arts and culture as a transversal field vis-à-vis other areas of public interest, may be seen as reasons for the progressive emergence of several dedicated centres, programmes and publications.

- ◆ In Norway, the National Competence Centre for Culture, Health and Care was established in 2014, as a partnership between one health research centre, a public health agency, two local authorities, and one university, with funding from the Ministry of Health. Several arts organisations are involved as partners. Among the National Competence Centre's goals is to document, develop, disseminate and contribute to the dissemination of arts methodologies in healthcare and the training of care professionals.⁶⁸

- ◆ The ArtsEqual research project coordinated by the University of the Arts Helsinki, involving other research institutions and funded by the Academy of Finland, is a six-year initiative (2015-2021) with the subtitle 'The Arts as Public Service: Strategic Steps towards Equality'. Among the six research groups established are one on 'arts in health', one on 'socially responsible arts institutions and artists', and one on 'the impacts of the arts on equality and well-being'. In this context, a range of publications have been produced, including policy briefs on art in social and health care services, art in the prevention of loneliness, and culture and the arts in hospitals and other health service organisations.⁶⁹

- ◆ The Nordic Journal of Arts, Culture and Health is an open access journal established in 2019 which aims to provide a platform for publication and debate in the interdisciplinary field of arts and culture in healthcare and health promotion. The joint initiative of several research organisations and public authorities in the region, articles are published in Danish, English, Norwegian and Swedish.⁷⁰

* **Training, capacity-building, mutual care and sector strengthening initiatives.** The research initiatives described above may pave the way for training and capacity-building activities on arts and health. Likewise, in recent years there have been visible efforts in networking, mutual care, and platform-building, with a view to enabling ongoing knowledge exchange, and supporting and enhancing the visibility of actors in this field. The following cases may be seen as illustrative examples:

- ◆ Launched by universities and higher-education centres in 6 European countries, alongside the Association Européenne des Conservatoires, Académies de Musique et Musikhochschulen (AEC), the EU-funded SWAIP project (Social Inclusion and Well-being through the Arts and Interdisciplinary Practices) has developed a new two-year study programme aiming to train artists to work with social inclusion in their artistic projects, introducing them to methodologies that foster well-being and empowerment. Among the topics addressed is art therapy, as well as the role of the arts in contexts of social care.⁷¹

- ◆ In the context of the pandemic, some training tools have been developed specifically to facilitate online engagement. One interesting example is the teacher training course on 'How to deliver accessible dance workshops online' developed by the Holland Dance Festival and Stoppgap Dance Company. Aimed particularly at generating an accessible, inviting,

participatory setting that engages disabled audiences, it was supported by the EU-funded Europe Beyond Access project. It includes 10 video sessions, with an overall duration slightly above one hour.⁷²

◆ Likewise, several initiatives addressing the health and well-being of professionals in the arts have emerged in the wake of the crisis. One interesting example was the ‘Surviving or Thriving? Supporting Wellbeing in the Arts Sector’ series of online debates and workshops organised by the Waterford Healing Arts Trust in partnership with the Arts Council of Ireland. Each of the sessions focused on one artform or discipline, with one panel exchange and one workshop devoted to dance.⁷³ The programme built on the recommendations of the Survive Adapt Renew report produced by an expert advisory group and published by the Arts Council in June 2020, which examined the impact of the crisis on the well-being of members of the arts community.⁷⁴

◆ Support mechanisms are also being established to support dance students in coping with stress and mental health issues. The Place in London has recently established a student Mental Health Advisor position and a new timetable based on periodisation, which aims to support students’ physical and mental health and well-being, specifically around assessment points in the academic year.

◆ In the UK, a set of initiatives have been established to foster networking and advocacy in the fields of arts, health and well-being. Among them are the Culture, Health and Wellbeing Alliance, which aims to “connect, amplify and support” its members’ work “to transform people’s lives and communities through culture and creativity”;⁷⁵ and the ‘special interest group’ for arts and health within the Royal Society for Public Health (RSPH), whose remit is to develop and disseminate better research and evidence for this work, as well as to support and inform public health practice.⁷⁶

While not comprehensive, the set of initiatives presented in this section depicts a dynamic field of activity operating at different levels. In some countries, work on the ground and structured policies, programme and support resources go hand-in-hand, but this remains far from a universal trend. The next section will observe some of the factors that can facilitate progress in this field and lead to positive results.

Evidence presented in this section serves to highlight the following needs and opportunities:

* Practices in the field of arts and health can be more effective and sustainable when work on the ground is complemented by supportive policy frameworks and training networking and mutual care initiatives.

* Best results are achieved when partnerships between arts and health initiatives are established in the long term and when opportunities for participants’ engagement in the design and implementation of programmes are established.

* Dance and health projects can enable participants to exercise their right to take part in cultural life. Achieving this requires being aware of and addressing existing obstacles (e.g. distance, fear, price, etc.), through suitable mediation and outreach mechanisms as well as other measures adapted to context.

* Particular sensitivity, openness and communication abilities are required in professionals involved in facilitating and conducting arts and health projects.

* Related to this, training initiatives targeting both healthcare and social care professionals, to focus on arts-based methodologies, and arts professionals, to focus on health and well-being, should be established where they do not exist.

* A reflection on the ethical aspects related to arts and health practices, addressing issues such as informed consent and privacy, is also necessary.

* Since arts and health, including dance and health, activities remain an emerging area of work, the documentation of methodologies and related research and evaluation are very important.

* The context of Covid-19 has generated increasing attention to body movement and expression, and led to innovative forms of online engagement, reaching out to groups that had not participated in the past. There are opportunities to pursue this work in the coming years.

* Initial research suggests that ‘arts on prescription’ schemes, including those that lead to engagement in dance activities, may have positive results in terms of well-being and healthy behaviours and lifestyles. This area may deserve further exploration.

* Reflections on health, well-being and care in the field of the arts needs to encompass a concern with the health and well-being of artists and other arts professionals, including how working and funding conditions may affect them, and the adoption of measures to address them.

V. SOME ENABLING FACTORS AND CONCLUDING REMARKS

What conditions can best enable collaboration between dance and health practitioners, and a balanced relationship between arts and health considerations? Based on existing evidence and testimonials, a number of significant factors are presented in this section.

In 2018, UK-based charity and social enterprise Aesop, which acts as a bridge-builder connecting the worlds of health and the arts, and international consultancy firm BOP Consulting co-published a planning and evaluation model called Active Ingredients, which identified a set of factors and dimensions, combinations and settings, and means of delivery, of the arts experience which can best contribute to positive social outcomes for participants.⁷⁷ One of the key findings was that social outcomes could not be achieved without arts outcomes being achieved – that is, that unless attention is paid to the quality of arts engagement, health and well-being effects will be limited. More specifically, the following key factors at the level of project or programme design and implementation were identified:

- * **Context-specific arts pedagogy, practice or method:** arts practice in health or social care settings requires developing distinct methods and pedagogies for working creatively and sensitively with a wide range of groups.
- * **Engagement of skilled artists and artistic companies or organisations,** which may either be specialised in the arts with a social purpose or operate in a wider range of contexts.
- * **Suitable venues and settings,** which may involve carrying out activities outside traditional healthcare and social care buildings or, where this is not possible, adapt institutional settings so that participants perceive them as ‘safe spaces’, suitable for creative expression.
- * **Context-specific social or health partner expertise, practise or method,** providing a deep understanding of the institutional context and processes in which arts work is trying to intervene, as well as the specific social, health or educational issues that it is seeking to address.

Several of the points presented by Aesop and BOP Consulting echo observations made in earlier sections of this report, and may be seen as valid for a wide range of interventions connecting dance and health.

Further to this, literature analysed and testimonials collected while preparing this report suggests a few other relevant elements, as follows:

* **Working long-term enables autonomy, trust and better results.** Projects that operate in the mid- to long-term are better placed to generate trust among participants, and to enable safe spaces for a free exploration of movement and expression,⁷⁸ as well as to achieve better health and arts outcomes. Long-term development is a key factor both at the project level (i.e. for initiatives in health and social care settings, or other forms of small-scale collaboration) and at programme or policy level.

* **Engaging in health and well-being enables dance professionals to reconsider their own health and that of others.** Working in health and social care settings may provide dancers and choreographers with an opportunity to better consider the relationship with their own bodies, as well as aspects related to their health and well-being, and that of others. In the words of one of the artists involved in the #DanceAndWellBeing campaign, “*my artistic expression has become more varied, subtle, and more relational. And more joyful and pain-free!*”⁷⁹ This renewed awareness may also lead to a stronger consideration of health and well-being aspects when teaching – another of the participants in the campaign argued that

“As a young professional, I did a lot of things with my body, sometimes also slightly harmful. As I am getting older I see a lot of importance in showing younger people how to take care of their bodies as their tools.”⁸⁰

* **Engaging in health and well-being may also lead to canons being challenged and a diversification of legitimate forms of expression.** Just as work in the field of arts and disability may lead to recognising and celebrating diverse forms of expression,⁸¹ dance work in connection with health and well-being may also provide a space in which canons are challenged and more forms of expression are seen as legitimate.⁸² According to one of the artists involved in #DanceAndWellBeing,

“If one can focus on somatic sensing rather than certain shapes and perfectionism it can be a healthier way to approach movement in a class setting. Taking a moment to see the body as a site for discovery and remembering how we can be enriched by our own physical expression is important.”⁸³

* **Working in and evaluating arts and health projects enables learning, including on the complex existing relations.** One of the concluding observations of this report is that, while there is substantial common ground between dance, health and well-being, which deserves further support and exploration, relations are not straightforward nor unidirectional. Existing logical models establish complex relations between contexts, practices, results and outcomes, as in Fancourt and Finn's connection between the components of arts engagement, which may trigger some health-related responses, which in turn may lead to some outcomes related to the prevention, promotion, management or treatment of health and well-being conditions; and Aesop and BOP Consulting's focus on the need for context-specific practices or methods that take into account group characteristics and broader contextual circumstances. The adoption of a lens based on complexity also involves considering how work in health and well-being settings affects dance practices, and how health, well-being and care are integrated in the dance field, both as regards its professionals and its relations with others (audiences, partners, neighbouring communities, funders, etc.).

* **Policy leadership and support enables testing and improvement.** The landscape of arts and health across Europe remains diverse and asymmetric. Alongside a few countries where programmes have been in existence for several years, and have led to observable results, there are many others where initiatives are only incipient or occasional. Evidence shows that the adoption of enabling legislation and policy provides a ground on which projects can be tested and brought to progressive improvement. The ecosystem of measures presented in section 4 of this report should ideally develop in the countries where it does not yet exist, with adequate policy leadership, support structures and project development reinforcing one another.

Evidence presented in this section serves to highlight the following needs and opportunities:

* In the design and implementation of arts and health projects, attention to the quality of arts contents and the achievement of arts-related outcomes is very important. It may be seen as a precondition for the achievement of outcomes related to health and well-being.

* The design of projects in this field should be sensitive to specific contexts (e.g. participants' demographics and health conditions, institutional settings) and tailor methodologies accordingly. Collaboration between artists, other arts professionals (e.g. arts managers) and healthcare or social care professionals is very important in this respect.

* In keeping with the attention to health, well-being and care, dance professionals should reflect on their own dance and movement practices, which may occasionally be harming or painful in health terms.

* Policy environments towards the arts and health are very diverse across Europe. Countries which have so far paid less attention to this field should be encouraged to act on policy leadership and support structures, to enable further work on the ground.

VI. OBSERVATIONS IN THE LIGHT OF THE SDGS AND FINAL RECOMMENDATIONS

This report has presented evidence of the many ways in which dance is related to health and well-being, as illustrated by a wide range of projects, programmes and policies, as well as testimonials and research which have analysed effects and impacts. Reflections on health, well-being and care within the dance field also contribute to changes in existing practices, including by increasing awareness about the health and well-being of dance professionals and integrating critical reflections on the meaning of care in dance institutions and projects.

This concluding section examines evidence on the connections between work in the field of dance, health and well-being and the achievement of the SDGs, and presents recommendations for public authorities and stakeholders in the field.

How do dance, health and well-being relate to the Sustainable Development Goals?

On the basis of the evidence presented in this report, and in line with findings presented previously by the WHO Regional Office for Europe,⁸⁴ there seem to be clear connections between dance and the achievement of three of the targets identified in SDG3 which are relevant in Europe, namely:

* **Target 3.3**, which addresses communicable diseases including AIDS, tuberculosis, hepatitis, etc. Dance may operate here as a channel for communication and awareness-raising, through the promotion of healthy lifestyles and prevention strategies, as in the ‘arts in public health education and promotion’ approach proposed by Ings and McMahon and the health communication campaigns which encourage health-promoting behaviours, defined by Fancourt and Finn.⁸⁵

* **Target 3.4**, which addresses the reduction of premature mortality from noncommunicable diseases through prevention, treatment and the promotion of mental health and well-being. This target is particularly relevant for a large part of dance work concerned with health and well-being, since, as the report has shown, there is substantial practice that is concerned with mental health and well-being, as well as strong evidence of the results obtained,

both in improving mental health and in improving some conditions that are connected with noncommunicable diseases (e.g. improving control of blood glucose levels and blood pressure which can be connected with diabetes, or reducing heart rate, blood pressure and hypertension in individuals with cardiovascular diseases, etc.). In this respect, EDN and its members, as well as public authorities and other organisations supporting dance work, health and well-being, should give particular priority to this area in the context of the SDGs.

* **Target 3.5**, which addresses the prevention and treatment of substance abuse. As in the case of target 3.3, the main contribution that dance may make to the achievement of this target concerns communication and awareness-raising around the promotion of healthy lifestyles and prevention strategies.

Dance can contribute to the achievement of other SDGs, including e.g. some targets in SDG4 (education) and SDG5 (gender equality), which lie out of the scope of this report. However, it should be noted that dance work connected to health, well-being and care may also be connected to SDGs other than SDG3. The following in particular should be noted:

* **Target 10.2**, which concerns empowerment and promotion of the social, economic and political inclusion of everyone, may be connected to ‘arts on prescription’ initiatives (e.g. by fostering personal motivation, social capital and motivation towards the labour market) as well as, more generally, with those programmes and projects that contribute to fostering personal development, motivation and empowerment, as a step towards more active participation in society.

* **Target 11.7**, which concerns the provision of universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and disabled people, may be relevant for dance projects which aim to generate safe spaces and foster more social engagement among vulnerable or disadvantaged groups, including disabled people.

RECOMMENDATIONS

With a view to strengthening the common ground between dance, health and well-being, exploring the contribution that dance may make to health and well-being, improving the consideration of health and well-being aspects within the dance sector, the following measures and actions are recommended.

Recommendations to all stakeholders

- * Given the increasing evidence about the connections existing between dance, health and well-being, as well as, more broadly, between the arts, health and well-being, more attention should be paid to the development of policies and programmes in these areas, as well as accompanying research and evaluation, knowledge-transfer and networking initiatives.
- * Support for arts and health should recognise that connections in this area are complex and multidirectional. Despite acknowledging their potential positive effects, the arts should not be interpreted primarily as a resource for the improvement of health and well-being, but rather as connected to essential forms of expression and movement, as well as the exercise of the human right to take part in cultural life.
- * While public authorities are encouraged to consider the importance of work in the field of arts and health, they should also recognise that many arts projects will not necessarily want to address these issues, and provide sufficient space for this.
- * Increasing attention to the connections between the arts, health and well-being should also involve a concern with the health and well-being of artists and arts professionals, including the physical and mental health and well-being of dancers, choreographers and other agents in the field of dance.
- * The connections between the arts, health, well-being and the achievement of the SDGs (particularly targets 3.3, 3.4, 3.5, 10.2 and 11.7) deserve particular attention.

Recommendations to EU institutions

- * EU institutions should take into account, in their respective areas of competence, the transversal role of culture in the achievement of the SDGs, and promote it in the relevant international forums, including the UN.
- * EU institutions, in their respective areas of competence, should increase attention to the health and well-being of culture professionals, including the impact of Covid-19 on physical and mental well-being, and what measures could be adopted to address this.
- * The European Commission should include a cultural dimension in policies and funding programmes related to health and well-being.⁸⁶
- * Support for initiatives connecting the arts, health and well-being, and related training activities, could also be embedded in European Commission programmes in other areas, including Creative Europe, Erasmus+ and Horizon Europe.
- * The Council of Ministers should consider the connections between dance, health and well-being and involve representatives of the dance sector in its work related to culture, social cohesion and well-being.
- * In their participation in the Council of Ministers and OMC working groups, Member States should share knowledge about good practices as well as about the obstacles and difficulties found in strengthening work around culture, health and well-being.
- * The European Parliament should foster discussion and policy development on the consideration of access to culture and cultural participation in approaches to health and well-being, with a view to strengthening the consideration of cultural aspects in European approaches to health and well-being.
- * The European Commission and Member States should work together to foster research in areas related to dance, health and well-being, including by promoting the exchange of methodologies and results, the establishment of common approaches and the implementation of joint research projects.

Recommendations to national, regional and local authorities

- * National, regional and local authorities, in their respective areas of competence, should take measures to foster access to and participation in dance for everyone, as an exercise of the right to take part in cultural life, as well as a contribution to health and well-being.
- * National, regional and local authorities should take into account, in their respective areas of competence, the transversal role of culture in the achievement of the SDGs, including it in relevant strategies and policies.
- * In countries, regions and cities where projects connecting dance, health and well-being have only been occasional, public authorities should discuss with stakeholders in these fields on the potential of exploring and supporting joint projects.
- * In countries, regions and cities where significant experience exists in connecting dance, health and well-being, attention could be paid to scaling up small-scale initiatives, where relevant, evaluating projects, and ensuring that results of existing research are integrated in project design and implementation.
- * National, regional and local authorities, in their respective areas of competence, should take into account the implications of cultural policies and funding arrangements in the health and well-being of cultural professionals, and take measures accordingly.
- * National, regional and local authorities, in their respective areas of competence, should foster transversal approaches between policies in culture, health and well-being, paying particular attention to the connections between dance, health and well-being, through working groups, joint strategies and other mechanisms.
- * National, regional and local authorities, in their respective areas of competence, should include opportunities to engage in dance in the context of existing or new social prescription schemes, and evaluate the results.
- * National, regional and local authorities, in their respective areas of competence, should establish research programmes, or support those existing, to consider the connections between culture, including dance, health and well-being. Where possible, this should involve adopting health research methodologies or combining different methodologies, with a view to increasing recognition and comparability.⁸⁷

Recommendations to the dance field

- * Stakeholders in the dance field should identify opportunities to develop projects that connect dance, health and well-being, either online (as in #DanceAndWellBeing) or offline.
- * Dance stakeholders should continue to foster a reflection on the implications of care in the context of dance, and how this can be connected to broader social discussions around care.
- * The dance field at large should continue to exchange methodologies and examples of projects connecting dance, health and well-being.
- * EDN and its members could partner with European cultural organisations outside the sector in the promotion of projects that explore the intersections between culture, health, well-being and care, including both the impacts of culture in terms of health and well-being and the implications of considering health, well-being and care within cultural organisations and in the work of cultural professionals.
- * Dance stakeholders could explore opportunities to work with health organisations and public authorities in the design and implementation of projects connecting dance, health and well-being.
- * Dance organisations should consider ways to evaluate their work in terms of health, well-being and care, and find ways to disseminate results in order to improve methodologies, as well as to raise awareness of and advocate for the existing connections.

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- 86 For more on this, see also *Culture Action Europe* (2019). *Implementing Culture within the Sustainable Development Goals: The role of culture in Agenda 2030*. Brussels, Culture Action Europe. Available at <https://cultureactioneurope.org/news/implementing-culture-within-the-sdgs/> [Last viewed: 11 May 2021]
- 87 For more on this, see Ings and McMahon (2018), pp. 56-58, 63-65.

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GET INSPIRED, GET INVOLVED, GET INFORMED

EDN is pleased to share the following resources with you, organised into three main categories: Get Inspired, Get Involved, and Get Informed. We hope these references will be helpful and provide inspiration, examples, and reading material as you seek to integrate concepts of well-being into your dance work. Unless otherwise noted, the following resources are available in English or with English subtitles.

Get Inspired!

Project websites, videos & interviews

ABC Blog

<http://www.abcdance.eu>

ABCDance is a project that seeks to explore dance from various angles, with a special focus on the audience. English-language entries include discussions of community, utopia and equality, among others.

Dance Well project presentation video

https://www.youtube.com/watch?v=RQZSkD_vmNA&feature=youtu.be

The Dance Well initiative (of Bassano del Grappa, Italy) is presented in a short video that explores the positive impact of offering integrated dance classes and performance opportunities to participants with Parkinson's Disease, asylum seekers, and a diverse range of community members.

Video of Dance Well's Pleasure on the Chair

<https://www.youtube.com/watch?v=IWZG1qActPw&feature=youtu.be>

Returning to Dance Well, this video presents the Pleasure on the Chair project during the time of the global Covid-19 pandemic to focus on empowerment and awareness of the body's internal and external forces, featuring choreographer Sara Sguotti and the dancers of Dance Well.

Interview with Artist and Activist Monica Gillette

<https://www.cairn.info/revue-reperes-cahier-de-danse-2021-1.htm>

The original English version of an interview from a special issue of *Repères, cahier de danse* (published by La Briqueterie – National Choreographic Development Centre) on dance and healthcare. The interview discusses various German and European projects that address health, identity and collective participation.

The Choreography of Care – Interview with Claire Cunningham and Luke Pell

<https://soundcloud.com/user-957146615/choreography-of-care>

An audio recording that was featured as part of the online festival 'How do we take care of each other?' produced by

The Place. Discussing how the concept of care shapes artistic practice, the interview features disabled performance artist Claire Cunningham and the artist and dramaturg Luke Pell.

InInfinity project – Palliative Care

<https://fo.am/blog/2019/04/03/witnessing-care/>

In a blog post entitled 'Witnessing Care', photographer Rasa Alksnyte documents her experience of the InInfinity project in collaboration with the Oracle body-voice collective that proposed creative practices within the palliative care centre Topaz.

Dance and Health Day Discussions & Presentations

<https://www.alabriqueterie.com/fr/avec-les-artistes/accompagnement-a-la-formation/culture-sante-1>

In November of 2020, La Briqueterie – National Choreographic Development Centre hosted a one-day online event dedicated to explorations of dance and health with presentations by artists, scholars and healthcare workers. In French.

Erasmus+ Project on Dance and Dementia

<https://www.na-bibb.de/stories/erwachsenenbildung/projekte/tanzen-und-turnen-gegen-demenz/>

Higher education dance project (2018–2021) between international students and persons with dementia, coordinated by Westfälische Wilhelms-Universität Münster. In German.

Dancing on the Margins of Climate Change – Hilde Ingeborg Sandvold

<https://barents2020.home.blog/2019/12/19/hilde-ingeborg-sandvold/>

Hilde Ingeborg Sandvold, an artist of the Out of Urgency project shares her process and questions as part of a larger goal to address movement within the time of climate change and other urgent world affairs.

Get Involved!

Participatory projects & ideas to get creative with well-being

Diary of a Move

https://www.youtube.com/watch?v=3_NFW9jOpr0&feature=youtu.be

This entry is a short instructional video (in Italian, subtitled in English) that presents the choreographer Masako Matsushita's participatory project *Diary of a Move*, followed by a documentary of the project results. Although the project has been completed, the concept remains open to anyone who would like to try the creative process presented.

Disability Artists International Toolkits and Best Practices Guidelines

<https://www.disabilityartsinternational.org/resources/>

A selection of case studies, tool kits, and regional guides for best serving disabled artists and audiences. Links included also share films and organisations associated with the work of artists who identify as disabled.

Empowering Dance 2018-2020

<http://www.empowering.communicatingdance.eu/findings>

By reading the discoveries of the Empowering Dance project, which ran from 2018-2020, learn more about soft skills development and important questions to ask when navigating dance practices as a tool for well-being and community building.

The Embodiment Conference

<https://portal.theembodimentconference.org/channels/dance-and-creativity>

Learning lists and exercises from a variety of experts on somatic and body practices that encourage well-being and health through movement.

Race and Healing through Somatic Abolitionism

<https://www.resmaa.com>

An embodied practice initiated by Resmaa Menakem to navigate cultural trauma.

Get Informed!

Publications & research studies for going further

How Dancing Can Improve Your Mental and Physical Health

<https://www.calmmoment.com/wellbeing/how-dancing-can-improve-your-mental-and-physical-health/>

A general introductory article on the ways in which movement through dance encourages positive mental and physical health with suggested guidelines on how to dance mindfully.

World Health Organization article

<https://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019>

A research article that explores the role of the arts in health and well-being, with cited scientific data and sources.

Springback Magazine writer Irina Glinski documents her response to the work of Dance Well

<https://irinaglinski.co.uk/2019/08/29/imprecise-movements-made-permanent/>

In 'Imprecise Movements (Made Permanently)' the writer discusses her time at the 2018 B-Motion Festival in Italy, specifically witnessing the Dance Well performance My Heart Goes Boom.

Double issue of Repères, cahier de danse dedicated to dance and healthcare (in French)

<https://www.cairn.info/revue-reperes-cahier-de-danse-2021-1.htm>

This issue outlines the growing number of choreographic projects that take place in medical institutions and how the traditional hierarchy of patient/doctor/artist is being challenged through work that explores collective ideas of exchange on wellness, learning, and creativity.

Issue of Repères, cahier de danse on Anna Halprin at age 100 (in French)

<https://www.cairn.info/revue-reperes-cahier-de-danse-2020-2.htm>

An issue that explores a century of social outreach and wellness projects undertaken by the dance artist Anna Halprin, who has tackled issues as diverse as racism and desegregation, the AIDS crisis, and cancer treatment in her performance work.

Dance for Health

<https://drive.google.com/drive/folders/1QsQKoOvclgSWrj-rP3CsB0dMHdyiRGmP>

Google Drive texts that address specific conditions, from scoliosis to eating disorders, as well as anatomical functions, this Google Drive provides a number of scientific articles on specific cases that are relevant to the health of dance artists.

Did Humans Evolve to Dance?

<https://www.psychologytoday.com/us/blog/what-body-knows/201307/did-humans-evolve-dance-4-movement-and-mirror-neurons>

An article from Psychology Today that explores the role of empathy in relation to dance and the role of mirror neurons in the execution and creation of movements.

Healing Racialized Trauma Begins with Your Body

<https://www.psychologytoday.com/us/blog/somatic-abolitionism/202011/healing-racialized-trauma-begins-your-body>

An entry from Psychology Today that addresses the concept of generational trauma and its transmission. Here, practical advice about where to begin healing from racialised trauma through the body is provided, but it could also apply to similar generational trauma experienced in other capacities.

Book, The Expressive Body in Life, Art and Therapy by Daria Halprin

A book written by dance and expressive arts therapist Daria Halprin, a pioneer of the 'life-art' bridge and working through movement to address physical and mental health, as well as questions of empathy and community.