



HESTER PHILLIPS

DANCE THERAPY TREATMENT FOR PARKINSON'S

BY FRANCESCA HORSLEY

Increasingly dance and dance movement therapies are being heralded for providing improvement in health outcomes for people suffering from a variety of medical conditions. In a series of articles on Dance and Well-Being, DANZ will present a number of features on dance practitioners and researchers working in this field.

In this article Francesca Horsley interviewed Hester Phillips who is in her clinical (and final) year of an arts therapy master's degree at Whitecliffe College of Arts and Design, Auckland. She is the sole student in her year pursuing an interest in dance; most are visual artists; others work in the drama field.

Hester's area of interest is how medical dance movement therapy can be used to support people who are facing physical un-wellness of whatever kind, including Parkinson's sufferers.

She says that since 2007 there has been a growing interest in how dance can support people with Parkinson's disease (PD). Although research is in its infancy, master's programmes in dance movement therapy conducted in universities throughout the world are expanding this knowledge. Increasingly, clinical outcomes and specific medical research known as randomised controlled trials (RCT) are examining what genres/style of dance; how often and for how long (dosage); and in what segments of the populations of people suffering from PD. Often the catalyst for innovation comes from people who are on the ground working with clients.

Research has found that dance has improved PD sufferers' gait, balance and motor endurance and their disability rating has dropped. Of particular interest is that exercise can have similar outcomes but dance has lower attrition rates.

Hester says dance movement therapy as a discipline is quite different from teaching dance for clinical outcomes. Therapists specifically use dance to engage individuals in a therapeutic process, to find ways of using dance to meet a client's social, emotional, mental and physical needs. "When we are working with clients, we are alongside them. In traditional dance classes, often the teacher is up the front giving instructions."

The research has shown that dance sessions have to be several times a week over a specific period to be beneficial. However, Hester says getting people to exercise and stay exercising can often be a challenge as their physical mobility is affected. Also, people with PD tend to be older and exercise may not be something they care to do.

Another outcome of the research is that dance can alleviate the non-motor symptoms of PD such as depression and anxiety, providing a means of regulating or addressing these conditions in a body-based way. "Not much is known about these symptoms because they are so prevalent with the onset of motor symptoms. However, there is evidence that it has a physiological basis, as well as a person having to deal with the emotional implications of having PD. As a therapist, it can be hard to know what is coming from where but research has begun to measure those outcomes."

An important theoretical premise in dance movement therapy is that the mind and body are not two separate things, they exist in unity. "The therapist is less concerned

with where the illness may be emanating from but more involved with how to treat a person in a holistic way. As well as improving physical outcomes, studies focus on the emotional, mental, social, and depending on the clients, spiritual dimensions as well.”

Hester says most therapy is in groups and the therapist will use dance exercises to facilitate group cohesion, giving people the opportunity to share what living with the PD means for them.

She notes that it is common experience to feel let down or alienated from one’s body. “People with PD particularly, often have it later in life and they may have had a long experience of being able to rely on their body as a means to express themselves. Our sense of self is very connected to our bodies; and so often we see in PD, that because of symptoms such as tremor or freezing, confidence goes down. People become socially isolated or anxious. Dance movement therapy offers people the opportunity to reconnect with their body in a positive way.”

Theorists are attempting to understand why dance has these outcomes for people with PD. Hester says a lot of dance research is on tango, but other dance forms are also investigated. “What is suggested is that movement has a neuroplasticity effect. It’s about retraining neural

pathways to be activated and if we practise coordination and movement in a certain way, it is easier to do that off the dance floor. The more we use neural pathways the more accessible they become.”

A dance movement therapist may employ a particular kind of dance but often what is used will grow out of the relationship with clients. It can evolve and there is a lot of improvised creative movement.

In the future, Hester says, there will be opportunities for dance researchers and dance movement therapists to incorporate each other’s knowledge. For example, a dance movement therapist may facilitate sessions where what is known about specific movements for a specific duration is incorporated into a dance therapy session.

Hester says evidence already shows that exercising early on slows down PD’s progression, and symptoms are treated - but it is not a cure.

“On all these different levels, dance is used as a medical application and research is showing that it is a viable alternative to medication and drugs. The drugs that exist for Parkinson’s can be effective in specialised ways, but they also have all sorts of side-effects and don’t tend to address the specific social and emotional needs of people.” ■

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