

# Tango and Parkinson's: the view from the dance floor

This article developed from the collaboration of three tango dancers: **John Connatty**, a tango teacher and tango event organiser, **Dr Ellie McKenny**, tango teacher and psychologist interested in inclusive communities and **Kate Swindlehurst**, teacher and writer with Parkinson's. Given the growing evidence base of research on the therapeutic benefits of dance for people with Parkinson's disease, they felt it was time to contribute to this discussion with observations and reflections from individuals on the inside; learning, teaching and dancing within a community

## All tango dancers remember their first lesson, the seismic event represented by those tentative steps.

Hungry for new moves, beginners are eager to master complicated figures. Once the reverberations subside, with recognition that life is different, the learning begins. The music lingers, seeps into every crack; muscles awaken, posture alters. You can spot the tango addict in a queue or on a platform: the surreptitious turn of a hip, a deft ornament with the free leg. Whilst it creates social opportunities similar to other dance forms and activities, Argentine tango seems to have a uniquely sustaining quality. It may offer an escape, an interior journey, a process more akin to meditation than movement. Others emphasise the intimacy of the embrace, the intensity of the communication between partners; some claim the connection is emotional, even spiritual. And now there is growing evidence that tango may be of particular benefit to those with disability or ill-health.

Dance generally has for some time been recognised as an alternative to traditional exercises for individuals with Parkinson's, offering scope to improve balance and motor abilities whilst engaging in a socially motivating and progressive activity (1). The intra and interpersonal benefits

of tango have not gone unnoticed. Emerging experimental studies suggest that Argentine tango may be an effective intervention to improve functional mobility for this group (2).

Our interest in the healing potential of tango is rooted in our own experience of its remarkable impact. Six years after being diagnosed with Parkinson's, Kate was on the point of giving up the dance when an opportunity to visit Argentina sent her instead in the direction of an intermediate level course and a series of regular one-to-one classes with teacher John Connatty. Early lessons showed clear evidence of the condition: "posture a little rigid, right arm very stiff, reluctant to take steps" (John). Contrast this with a recent lesson: "posture more elastic, right arm no longer a problem, dances beautifully on the rhythm". For Kate, the effects have been "beyond belief. In the dance, I can find balance, fluency of movement, even grace that are often unachievable in what we call the real world."

Then there's the energy question. After years of living with debilitating fatigue, where dance classes were often missed as a result, Kate found that more tango meant more energy, rather than less, "It was as if tango's peculiar cocktail created a chemical high independently of medication". Kate



Above left: Kate Swindlehurst and Partner,



group class, Cambridge Tango. Above right: Kate Swindlehurst and Partner, Milonga (a social dance), Cambridge Tango. Photos: Ellie McKenny

now dances three or four times a week and, whilst tiredness remains a persistent challenge, is able to fit far more into a day than was possible a year ago.

So what is it about Argentine tango that is so effective? Researchers highlight its progressive nature (the participant is always learning) and the fact that it is performed with a partner in a community setting (3). Studies also suggest an extensive combination of key characteristics: ‘frequent movement initiation and cessation, a range of speeds, rhythmic variation and spontaneous multi-directional perturbations... step placement, trunk control and stepping strategies, whole body coordination, somatosensory awareness, and attention to partner, path of movement, other dancers and aesthetic qualities of movement’ (4).

The same studies highlight the importance of auditory cues in facilitating movement. The power of music is well-documented, both as therapy (5) and on a personal/emotional level. In the Spring 2011 issue of *Animated*, Julia Clark wonders whether music, movement and emotion may be ‘closely entwined’ in the neural network. For tango dancer Susanna, who also has Parkinson’s, “Music is everything, deep in your heart and soul. It’s beautiful. If you

can’t move, put the music on and you move. It is my food.” Perhaps the complex syncopated rhythms of tango offer a particularly potent challenge to the sluggish responses of the individual with Parkinson’s? Particular styles of music within tango may work best for different individuals or target different aspects more effectively. Further, tango music and lyrics are heavy with emotion, and this quality may connect directly with the heightened emotional needs also associated with the condition.

Our experience suggests that the intimate nature of the tango embrace contributes to the benefits for the student with Parkinson’s. The reasons are both simple and complex. In simple terms, being held by an experienced dancer in a close embrace provides support and reassurance and encourages the confidence to take big committed steps in all directions and without delay. The tango embrace, unique to each couple, may also be representative of how two people should properly relate on a joint endeavour; with respect and courtesy, one offering an option which the other accepts and then following that acceptance with the suggestion of the next move. In tango the convention is that the man ‘leads’ and the woman ‘follows’, but these terms are an inadequate >

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description of the two roles. The experienced tango leader listens intently in every step of the dance for any suggestion from his follower that she has misunderstood or has different ideas, and if so he will instantly revise his plans. At the same time he seeks always to make his intention clear to eradicate any anxiety from his follower. This very positive way of relating, in our opinion, offers the dancer with Parkinson's a combination of affirmation and aspiration, an experience of intimacy with a confident and empathetic partner (this could easily be two women or two men), allowing the dancer to feel valued and important. It may be a temporary feeling, of course, lasting only as long as the dance, but during that time this affirmation enables performance at a higher level than normally possible.

Tango is about communication, listening and responding, and it works as a dialogue. It is about the connection between two people who may have nothing in common other than the dance. Tango dancers are always searching for the perfect 'connection', and this in itself is both a metaphor for living and a map of life, offering a counter to the isolation often linked with Parkinson's, and also a model for re-establishing a close connection with friends and family.

The notion that the impact of tango is strengthened by frequency, by an intensive or 'high dosage' intervention (6), is borne out by our experience. For Kate, a weekly individual lesson has created a safe environment for learning and practice and has been the bedrock of growing confidence. A key factor has been the trust between teacher and student. John finds that without regular classes Kate seems to feel anxious and the confidence erodes. Elasticity in the embrace deteriorates after a break from tango, although these losses are soon reversed on resumption of regular classes or social dancing.

The interpersonal benefits of tango can go beyond the embrace and connection with a specific partner: being part of a community, looking after each other can also have a powerful impact. The benefits of learning and dancing in a 'mainstream' dance community cannot be underestimated, particularly if individuals are so well integrated that Parkinson's no longer appears a prominent characteristic of their identity. Additionally, extra support may enable those with more pronounced difficulties to access mainstream experience. Dr McKenny gives the example of an adult with Parkinson's who wished to learn tango but very definitely did not wish to join a group specifically for those with her condition. In-class support within drop-in sessions and some one-to-one lessons allowed her to develop enough confidence to access a beginners' course independently.

Regular and intensive tango learning, support and practice, then, have clearly emerged as integral aspects of

wellbeing for individuals in our community and in this sense constitute a therapeutic experience. However, the equality principle is also important. Despite the obvious distinctions in knowledge, expertise and health, the relationship between teacher and student is in essence equal: both are learners engaged in an exploration of what is possible; a "journey into the unknown" (John). Often recommendations for tango therapy, in an attempt to protect participants, may tend to accentuate inequalities: a clear separation into dancers with and without Parkinson's, a programme designed for the participants rather than with them, restrictions on steps deemed possible or advisable. Whilst there may be arguments for separate provision for those at the severe end of the spectrum, surely there is a place for inclusion in the tango community, particularly for those with more moderate symptoms? Increasing the demands on other dancers to accept difference, refrain from judgement and be ready to adapt seems an appropriate expectation in the mutual search for that perfect connection. "This is when the real tango 'medicine' kicks in" (Ellie).

We are committed to an exploration of the life-enhancing qualities of tango for all within the tango community. By daring to become researchers of our own experience, we enable the voices of all members to become part of the growing body of knowledge. We offer questions rather than answers, and would be delighted to share and discuss our process.

Since writing this article a more detailed exploration is taking shape in the form of a book. For more information **contact** Kate: kswin75@gmail.com / Ellie: emckenny@hotmail.com / John: john@camtango.com

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