

Photos: Victoria Sedgwick, (except far right) Photo: Pioneer Projects



Dance and Parkinson's: a guiding practice for community care

Dance artist and researcher into dance and Parkinson's **Melanie Brierley** shares her thinking about how dance artists and participants act as a guiding presence to each other in creating a shared aesthetic and in illustrating good practice for the care of people living with long term health conditions.

As an artist I find that I am constantly weighing up the significance of the words 'dance' and 'movement' in my Dance and Parkinson's practice. I have come to understand that for people living with Parkinson's the relationship between dance and movement is deeply meaningful. I witness them dancing to embody movement, and moving to share their dance about living with a long term neurological condition.

For the dancer and the person living with Parkinson's there is a common interest in movement. Dance is a particular form of movement engaging artistic, creative and therapeutic processes with the intention to communicate or to be received by others. The dancer explores and cultivates movement through embodied practice. For the person

living with Parkinson's, engaging with movement is a challenge that is faced on a daily basis. People may experience a range of physical and cognitive changes such as freezing whilst walking, disruption of balance, tremor, slowness of movement, and lack of executive function when planning, focusing attention, or managing multiple tasks successfully.

David Leventhal, director of 'Dance for PD' at the Mark Morris Dance Group, identifies that the knowledge and experience of the dancer is relevant for people living with Parkinson's and that the dance class creates an environment where participants are defined as dancers and choreographers rather than by their medical condition. Similarly in John Argue's 'The Art of Moving', participants with Parkinson's focus

their movement, like the dancer, on 'grace, mindfulness and completion'.

The process of movement is made possible through a body and mind connection, referred to as 'bodymind' by somatic movement educators, to illustrate the interrelated matrix as opposed to a binary perspective of the human being. In the process of dancing we learn to master movement through the bodymind continuum, tuning into felt sensation and developing cognitive strategies to control and craft our living bodies. Developing the skill of 'thinking in movement' (Maxine Sheets Johnstone 2009; Glenna Batson 2014), which is at the heart of dance studies and somatic movement education, is a key area underpinning my Dance and Parkinson's practice. In class, and in one to one dance in people's homes, I aim to create opportunities



for such embodied knowing leading to awareness of the self in movement. For people living with Parkinson's this can be an important tool, not only in the dance class, but also in daily life.

As a Dance and Parkinson's artist, I need to ask myself; "What movement resources can I draw on as a dancer and as a person? What can be shared with another whose ability to move has been veiled, like a performance that has ended too soon with the untimely closing of the curtain?" At home, when I am making material for sessions I may create sequential movement from my own proprioceptive and kinesthetic sensing, or perhaps in response to the rhythm and pulse of carefully selected music.

I balance this personal response with an awareness of the Parkinson's condition. For example, I might explore how the intentional use of space can help people to find a greater amplitude of movement and connection to the environment. I think about how an engagement with weight enables action initiation, provides sensory feedback, and assists in maintaining balance.

In class my movement can unfold in choreographed material, or in the moment, as a response to the group. I aim to stay present and connected to myself, to the music that impacts on my living body, and to emerging or blocked movement in my participants; I hold these different perspectives. In a sense, I am using the interplay between myself and the person living with Parkinson's to check whether my movement material is appropriate and effective. In this way the practitioner and participant act as a guiding presence for each other.

Peggy, one of my research participants, acknowledges this two-way process between the person living with Parkinson's and the dance artist. At her home Peggy (2014) talks about the importance of our dancing time together: "Using two people, the interaction makes it (dancing) more effective; someone to do it with. It looks better. There's something to reach out to, like a magnet doing it to you. Your movement helps me and mine helps you".

When I move with authenticity and presence as an artist, I create a safe place for dancers with Parkinson's to do the same. This opens up a space for creativity and personal movement expression. I would say that this aspect of my practice has flourished as a result of working in the field of Dance and Dementia, and in particular in community sessions and care homes as a lead dance artist for Pioneer Projects (Lancashire and North Yorkshire). Here I have found that when I witness someone dancing, am held in their view, or when I reach out to meet another, our stories are shared. We may sense how this encounter lands in our living bodies and begin to understand more about each other. This transpersonal connection creates a spiritual presence to my work.

As a researcher, I have witnessed in other Dance and Parkinson's artists, the harnessing of such relational presence. After a 'Dance for PD' class with director David Leventhal, I wrote about how the practitioner's embodied dance enlivened participants' movement: 'David's fluid movement disperses in gentle, measured waves across the room and the music, with its subtle changes of cadence, beckons

arms to rise and fall. Bodies open and lift as spirits are animated, freeing expression, freeing self'.

For the Dance and Parkinson's artist, there is a fundamental desire to engage people who are living with Parkinson's in relationship as dancers and creators of movement because in the act of dancing, barriers to movement are lifted and opportunities for improved wellbeing are made. The practice of Dance and Parkinson's involves the artist and participant in sensitive listening and open engagement through the body. Their dance is mirrored, and in this relational practice there are opportunities for the development of communally crafted movement leading to a new dance aesthetic. This empathetic practice also bridges the gap in understanding between the dance artist and person living with Parkinson's, and in doing so, it provides a shining light for the way that people living with long term health conditions can be valued and nurtured in community care.

Reference

- Argue, J (2000) *Parkinson's Disease and the Art of Moving*. Oakland California: New Harbinger
- Batson, G with Wilson, M. (2014) *Body And Mind In Motion: dance and neuroscience in conversation*. Bristol UK: Intellect
- Horton Fraleigh, S (1987) *Dance and the Lived Body*. Pennsylvania: University of Pittsburg Press
- Westheimer, O., (2009) 'Why Dance for Parkinson's disease' *Topics in Geriatric Rehabilitation*, pp. 1-13, Walter Klumer Health