

Dance as a complex intervention in an acute mental health setting: a place 'in-between'

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Key words:

Dance, biopsychosocial integration, complex intervention.

Introduction: There is little research on dance in acute mental health settings in the National Health Service. This study evaluated a dance programme in an acute setting. Occupational therapists collaborated with a professional dancer to facilitate the programme.

Method: The literature review revealed that studies on the benefits of dance tended to focus on clinical outcomes. This study adopted a mixed-method psychosocial approach. It used the Herth Hope Index with 11 service users. Fifteen interviews were conducted with service users. Five members of staff were interviewed and film-based data were also utilised. Interpretation panels were used to analyse and triangulate findings.

Findings: The study found that the value of the dance programme was related to its 'in-between' status. Dance connected the inner and outer experience of service users by engaging the creative imagination and translating it into movement. It also contributed to a hopeful but realistic sense of connection between mind and body and to social groups inside and outside the hospital.

Conclusion: Dance is a complex intervention, which provides an appropriate challenge for service users in acute mental health settings while contributing to a sense of biopsychosocial integration. As such, it has much to offer contemporary occupational therapy.

Introduction

This article discusses the evaluation of a dance programme in the United Kingdom. There is little research specifically on dance within hospital-based environments. The aim was to ascertain whether dance is a useful intervention for service users in such an environment; to identify its effects on participants' inner-world experience; and to understand whether it has a positive contribution to hopefulness, as identified by Spandler et al (2007) in a national study of the effect on mental health of engaging with the arts. Dance was viewed as a complex intervention (Creek and Lawson-Porter 2007), demanding a mixed-method approach (Flick 2002) that illuminated psychosocial, rather than clinical, benefits.

The programme involved collaboration between a professional female dancer employed by a local dance institute, who conducted the sessions on a voluntary basis, and hospital-based staff who were keen to extend cultural activities. The dancer had a particular interest in the potential of dance in mental health contexts and, although no formal agreement with the dance institute was involved, the project, if evaluated as having positive effects on participants, had implications for future partnerships between the hospital and local cultural institutions. The hospital was interested in demonstrating its commitment to cultural provision and had commissioned a local film company to document the programme before the research team began the evaluation. Subject to participant consent, unedited film footage was made available to the research team as data. This rather unusual set of circumstances enabled detailed observation of microprocesses of engagement by a research panel. The evaluation drew on four methods of data collection.

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Literature review

Creative activities have an important place within contemporary occupational therapy (Perruzza and Kinsella 2010). Research has identified dance as a multidimensional experience, involving emotional, physical, spiritual and social elements (Murciaa et al 2010). It can raise perceived levels of physical and mental wellbeing and social contact (Kierr 2011), including among those diagnosed with depression and anxiety (Payne and Stott 2010). These improvements appeared cost effective when compared with other interventions, such as cognitive behavioural therapy (Payne and Stott 2010).

Policy-driven imperatives of cost effectiveness have demanded research that identifies which elements of intervention produce particular effects within given time periods (Staricoff 2006). Practitioners are more likely to be concerned with contextual and relational factors (Payne 2006). Within the National Health Service (NHS), interventions are primarily appraised according to clinical outcomes. In mental health settings, benefits of using dance have included reducing challenging behaviour by people with dementia (Hokkanen et al 2003), relieving symptoms of depression (Koch et al 2007) and reducing negative symptoms of schizophrenia (Xia and Grant 2009). Non-clinical outcomes include dance being described as energising and enjoyable (Cook and Ledger 2005).

Within dance movement therapy (DMT), the relational context of dance has been emphasised (Bloom 2006). Berrol (2000) stressed the need for evaluation of dance in different contexts. Listening to music has been found to reduce agitated behaviour in those with dementia (Sung and Chang 2005) and to increase social engagement (Harrison et al 2010). Physical exercise (without music) can improve both positive and negative symptoms of schizophrenia (Acil et al 2008).

Clinically focused studies have not captured complex contextual and relational elements, such as setting and group interaction. The mixed-method psychosocial approach adopted in this study investigated this complexity by examining the ways in which the dance programme affected the inner-world experience of participants; their orientation to social life within the hospital; and any impact on the hopefulness with which they were able to contemplate life outside it.

Method

A mixed-method approach was adopted (Flick 2002) to reflect psychosocial concerns with the interrelationship between individuals and the environment. The Herth Hope Index (HHI) was used to measure changes in hopefulness in individuals over time, together with semi-structured interviews that encouraged service user participants to expand on the questions used in the index. This allowed room for equivocation, ambivalence and personal reflection. When service users were interviewed a second time, the

HHI was used again in conjunction with narrative pointed questioning (adapted from the Biographical Narrative Interview Method [Wengraf 2001]). This method of questioning elicits stories and rich description, which can then be analysed for their tacit and performative dimensions to illuminate underlying structures of thought and dispositions. Staff members were also interviewed to explore their observations of the effect of the programme on service users. Specific objectives were to:

- Gather data on individual responses to the programme
- Explore service users' perspectives on the programme
- Elicit staff perspectives on the programme
- Analyse the unedited footage of the film data made available to the research team by the film-makers
- Triangulate data sources to enhance validity of the findings.

Ethics

As a service evaluation, the study did not require review by an NHS ethics committee but was approved by the ethics committee of the School of Health at the University of Central Lancashire. After discussion between the two female occupational therapists and the dancer involved in the programme, the decision was made by hospital staff to offer it to female service users only. It was thought that a single-sex group would feel most comfortable. However, two male film-makers also took part in the sessions along with the two female occupational therapists. This participation of the staff and film-makers (one participated while the other handled the camera) was well received by the group and appeared to put everyone on an equal footing and to reduce inhibition. The male researcher who interviewed service users and staff members was not present during the dance sessions, which ran from late morning to lunchtime.

To ensure informed consent, occupational therapists assessed the mental capacity of service users. Those assessed as lacking the mental capacity to engage with the group, or to give informed consent, were not invited to participate. However, this was reviewed continually and invitations were issued when appropriate.

On accepting the invitation to participate in the research, participants met with the researcher, were supplied with information sheets and consent forms, and were encouraged to ask questions and to discuss the nature and purposes of the study before signing. This helped build rapport so that consent could be checked regularly, rather than being a one-off occurrence. Participants were reminded that they could withdraw from the study at any point without it affecting their right to participate in the dance group, and the practical issues of excluding data relating to them personally in a group context were also highlighted. Codes were substituted for names in research records. One record of codes and names was kept in a locked cabinet in a locked room within the university, in accordance with data protection requirements. The anonymous data were stored on password-protected computers. Pseudonyms have been used in this article.

Service users had previously been asked to consent to filming as this had been organised by the hospital independently of the research. They were asked also to consent to footage being made available to the research team. The risks that service users would be publicly identified in the film were discussed with the service users. The research team indicated that it would only make use of film footage for research purposes. The potential intrusiveness of filming was discussed with service users, but they appeared to be unconcerned and even to enjoy the prospect of appearing on film. The film-makers were used to working in sensitive situations and spent time building rapport with participants.

Data collection

As indicated, four different methods of data collection were used: a quantitative measure of hopefulness, the HHI; semi-structured interviews with service users; narrative pointed interviews with service users and staff; and observations of film footage.

Herth Hope Index

The HHI uses Likert-type questions in relation to three dimensions of hope: cognitive-temporal (a realistic desired outcome in the near future); affective-behavioural (confidence and agency leading to positive readiness and expectancy); and affiliative-contextual (interconnectedness of self, others and spirit) (Herth 1992). Following a national study which identified the 'fostering of hope' as a critical outcome of engaging with the arts (Spandler et al 2007, p791), a shortened version of the HHI was used so as not to burden individuals participating in an activity intended to elevate mood. The HHI assumes hope to be a complex and multidimensional state of mind; it assesses different dimensions and is intended for use in clinical settings (Herth 1992). The HHI has been tested against comparable tools and has been found to have high criterion-related and construct validity (Stoner 2003).

Time constraints made it impracticable to pilot the HHI in the study setting. It was intended that the instrument be used at early and late stages to measure changes in hopefulness for individuals as they engaged with the programme over a period of several weeks.

Service user interviews

Prior to participating, service users were asked about their expectations of the programme and were encouraged to expand on HHI questions. This semi-structured interview allowed room for equivocation, ambivalence and personal reflection. Following participation, service users were interviewed using narrative pointed questioning (adapted from the Biographical Narrative Interview Method [Wengraf 2001]). This method of questioning elicits stories and rich description, which can then be analysed for their tacit and performative dimensions to illuminate underlying structures of thought and dispositions. Narrative pointed questions avoid asking for opinions and generalisations and aim to gather thick description of events and experiences (Wengraf 2001).

Narrative interviews with staff

The lead occupational therapist, one of two occupational therapists closely involved in the programme, was interviewed about her observations of service users and her own direct experience of the programme. Three ward nurses were also interviewed on their observations of service users following the sessions. The dancer was also interviewed. Narrative pointed questions were used to stimulate extended thick description and reflection on occurrences or situations that they experienced or observed during, or following, the sessions.

Analysis of film-based observations

Five service users participated in groups that were filmed (three of these service users were interviewed). The film footage allowed a data interpretation panel at the university to observe the sessions, providing a view of verbal and non-verbal interactions and of group relations. It also revealed the kinaesthetic and affective dimensions of participants' responses to dance moves and rhythms, and enhanced repertoires of self-expression where they developed over a session or several sessions.

Data analysis

The narrative data generated during this study was analysed by a panel according to protocols adapted from the Biographical Narrative Interview Method (Wengraf 2001). These protocols have been used to synthesise and interpret data in multi-method studies of complex interventions and programmes (Farrier et al 2009) and in the analysis of film, where movement, rhythm and emotional responses are observable non-linguistic elements of interaction (Froggett et al 2007).

The use of a panel, which includes the field researcher and outsiders to the research setting, helps to reduce difficulties of research analysts disposed to particular interpretations and lone researchers imposing singular views upon data. In this case, the mixed-gender and mixed-aged panel consisted of the researcher and four people not involved in the dance programme, who were drawn from a mix of occupational backgrounds: nursing, social work, retail and new-media. In this kind of panel analysis, it is important that members embody a range of characteristics and can challenge one another, which allows a range of perspectives to emerge. For this reason outsiders to the research setting are used, although insiders may also be included. In this case, panel members were from outside the research setting for practical reasons (the time constraints of the hospital staff).

Hypotheses were generated by working 'future-blind' (Wengraf 2001, p267), segment-by-segment through the text. Hypotheses needed iterative support in the data to survive within the overall analysis. This method was applied to the film and interviews with service users and staff. Because of rapid turnover, it was not practicable to share panel interpretations with service users, but results were triangulated with the HHI and with thematic analysis from the semi-structured interviews.

Table 1. Scores before and after participating in the dance programme: three dimensions of hope (factors 1-3) before (1) and after (2) participation in the dance programme

Before (1) and after (2) scores	Factor 1		Factor 2		Factor 3		Total scores	Total scores
	Temporality and future	Temporality and future	Inner positive readiness/ expectancy	Inner positive readiness/ expectancy	Interconnect- edness/self and other	Interconnect- edness/self and other		
	(1)	(2)	(1)	(1)	(1)	(1)	(1)	(2)
Debbie.....	9.....	7.....	12.....	9.....	12.....	11.....	33.....	27.....
Isobel.....	10.....	10.....	16.....	13.....	15.....	13.....	41.....	36.....
Clare.....	10.....	10.....	13.....	12.....	12.....	12.....	35.....	34.....
Emma.....	10.....	9.....	10.....	10.....	12.....	13.....	32.....	32.....
Mean scores.....	9.75.....	9.....	12.75.....	11.....	12.75.....	12.25.....	35.25.....	35.25.....
Standard deviation.....	0.5.....	1.4.....	2.5.....	1.8.....	1.5.....	1.0.....	4.....	3.9.....

The scoring system was checked for reverse scores. All three dimensions of hope were equally weighted.

Findings

Thirty-six service users were involved, with ages ranging from early 20s to late 50s. Two to three week stays on the ward were common and, therefore, some individuals attended only one or two sessions before discharge. However, several attended four or more weekly sessions, and a few came regularly over 2-3 months. The timing of the group was intended to maximise opportunities for taking part; however, rapid throughput meant that group composition changed continually.

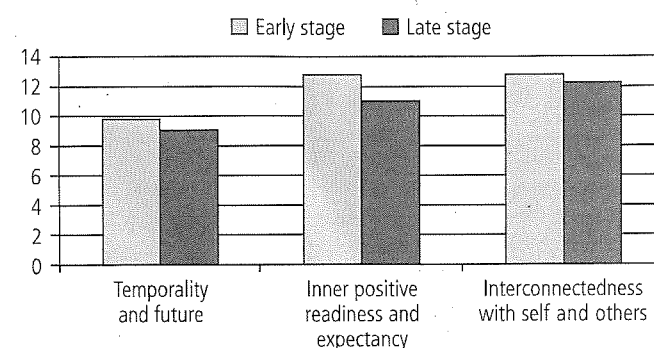
Herth Hope Index

Eleven participants completed the HHI before their first or second session. However, rapid turnover on the unit resulted in only four participants completing the HHI after a period of 3-4 weeks. Since only four participants completed the HHI at both early and late stage, no statistically significant results could be obtained. Nevertheless, the responses were of interest because they appeared to show a slight *decrease*, or no significant change, in hopefulness along all dimensions after participating in the dance sessions, in particular in relation to positive readiness and expectancy (Table 1 and Fig. 1). These results were in direct contradiction to the semi-structured interviews (where questions invited respondents to expand discursively on questions similar to those in the HHI).

The data reflect several of the problems associated with using scales to assess arts-based interventions (Matarasso 1997). Because of the multiple, confounding variables affecting participants, it is difficult to attribute any changes specifically to the dance programme. Several interviewees struggled to give unequivocal responses to questions relating to improved positive outlook and interconnectedness, eventually stating that they could neither agree nor disagree.

Interview and film-based data

The interview and film-based data were analysed together to facilitate comparison and triangulation. During analysis, five themes emerged: relaxation; the therapeutic potential of the group; transgression of boundaries of the self; promoting

Fig. 1. Total HHI scores ($n = 4$) for three dimensions of hope at early and late stages in the dance programme.

a positive view of the future; and the 'in-between' quality of dance. The discussion of the in-between quality of dance draws on all of these themes.

Relaxation

Narrative pointed questions prompted participants to speak at length about their experiences. Relaxation was mentioned frequently and denoted release of tension, distraction from anxiety and elevation of mood:

I just felt totally relaxed, my whole day was better that day after doing it. I am doing relaxation but I am not really getting much out of that (Service user).

You are concentrating on moving around and jumping around and happy music and liveliness ... the actual physical movement makes me feel that that is more useful to distract myself from my anxiety (Service user).

I started swooshing around and then I was like gone, all gone, feeling all the tension coming out of me, I was only in there for a couple of minutes and it was like a whoosh thing I could feel warmth inside and I was happy (Service user).

Consistently with previous studies (Cook and Ledger 2005), physical and mental aspects of relaxation were aligned so that dance compared favourably with other activities, such as relaxation groups.

The therapeutic potential of the group

The group dimension seemed important:

... focusing on what we are doing, and doing it together and you know watching each other, I thought that was really good (Service user).

I think being part of the group helps because you pick up on other people's footsteps (Service user).

Being in a group promoted a sense of inclusion, fellow feeling and conviviality among participants, and this included participant staff members. Dance was associated with enjoyment and access to a culture, which could be shared with others.

Transgression of the boundaries of the self

The bringing together of the psychological and physical aspects of relaxation suggested an expansive experience of transgressing the boundaries of the self:

I feel like I am lost in my own world, it takes me away from what is happening to me, it sort of takes me away for a short time while I am doing it, if you can understand me, it takes me away it makes me feel free (Service user).

I just get lost in the dance, and erm, when I say lost I mean I like to relax close my eyes when I am dancing ... a releasing of tension (Service user).

Participants often described how they felt 'lost' or 'free' in the dance. These states of mind may have been transient but they left a significant impression upon participants, who retained a positive memory of the experience and one which appeared to facilitate a positive view of the future.

Promoting a positive view of the future

Rather than moving participants gradually through emotional states as closed DMT groups do (Chodorow 1991), this dance group seemed to involve suspension of troubling or disturbing thoughts and views of a future in which such experiences could be repeated:

... my whole day was better that day after doing it (Service user).

... could be a group that you were attending outside of hospital (Service user).

The 'in-between' quality of dance

Dancing physically and psychologically relaxed the service users; being part of a group appeared to have some therapeutic benefit for them; and dance also enabled them to transgress the boundaries of the self 'I just get lost', '... it takes me away'. These experiences seemed to promote a positive view of the future '... could be a group that you were attending outside of hospital'. As such, dance seems to offer an activity that is in-between a therapeutic activity and something that occurs in the outside world.

The video footage showed that the activity was both demanding and absorbing while providing structure. The sessions followed a pattern: after a warm-up the dancer taught

several moves, which were then set to music. Mastering the moves required high concentration to become fluent, eventually mounting to a crescendo. A specific benefit identified by the panel was the rhythmical nature of dance. Participants followed the beat, mirrored the dancer and responded to each other. This rhythmic mirroring involved non-verbal communication and moments of spontaneous rapport, sometimes expressed as in-jokes, which emphasised solidarity and overcame self-consciousness. Despite the high concentration required, it was clear the process was thoroughly enjoyed by the service users and resulted in the type of playful atmosphere typified by the in-jokes.

According to Winnicott (1971), playing creates its own 'in-between' or transitional space between that which is subjectively conceived and that which has the quality of externality. In a group it enables both reality testing and shared illusions as to how things might be different. Cultural experiences that allow these shared illusions, such as the arts and religion, provide relief from the strain of continually negotiating inner and outer reality – a strain that lies at the root of much mental distress in people diagnosed with mental disorders. It also explains the pleasurable transgression of personal boundaries 'I felt free', 'I got lost', and the sense of connection with an imagined outside world '... could be a group that you were attending outside of hospital'.

Beyond this, the 'in-between' quality of dance also relates to dance's ability actively to promote links 'in-between' the psychological and the physical. Dance movement therapists' assertion that there is a recursive mind-body relationship (Payne 2006) was supported by direct statements from both staff and service users. The mind-body connection allowed internal experience to be expressed physically:

... Debbie initiated an improve [improvisation] ... she was able to explore the movement herself and I ended up following her instead, and so that was a real role reversal. And she allowed herself to follow the movement through naturally and let it conclude itself naturally as well (Dancer).

This mind-body relationship was a two-way dynamic, whereby dance also had an impact upon participants' states of mind (Bloom 2006).

We had one woman, very manic when she arrived, really chatting all the way through the very quiet stretches and she ... started to get into her body, moving, erm, and that seemed to change her focus, and then she seemed to stay with the class and be involved in what we were doing (Dancer).

This participant echoed the dancer's observations:

I had so much anger inside me and then I done the dancing and then I danced all day then, and I come out feeling brand new ... It really uplifted me it made me feel, like I had released some of the pressure and it made me feel brilliant (Service user).

Similarly, panel members noticed a service user's rigid movements and assumed that she was on high levels of neuroleptic medication. However, towards the end of the

session her movements eased. This was also noticed by the dancer who conveyed how difficult it had been for her:

... someone like Isobel, walks in ... really, really angry, and er, you can see it in her face and she is tense in her physicality ... then her opening up, wanting to go away every now and then, and then coming right back to it saying 'no I want to do this' (Dancer).

As with DMT (Payne 2006), the dance allowed difficult emotions to be moderated. The ability to overcome a sense of dissonance between mind and body was described by Rachel:

... if you've ever been stuck in an elevator and it stopped midway, and there is nobody else there but you, and you don't know what to do, you don't know who to go to and the phone stops working. And you are just stuck in this little space. But, when the firemen finally come and lift you out, then you are brought to this big space here [indicates dance room] ... and it's like thank God this happened! And what if the lift had gone down the shaft completely to the bottom, and then you would be dead! (Service user).

This appears to be an allusion to Rachel's experience of a depressive mood swing: when she is waiting for the fall, the dance group 'lifts her out'. Her ability to use metaphor in itself shows an enhanced capacity to convey symbolically both a sense of personal threat and the experience of being freed, which was often enacted by group members in the dance as an expansive lifting of arms and legs outwards and upwards. It seems to be dance's in-between quality that underpins this experience for Rachel. As an activity, dance appears to sit in-between mind and body and is, therefore, able to represent physically, psychological states.

Discussion

In the context of acute mental health care, dance is appropriately challenging. Furthermore, it is congruent with the aims of contemporary occupational therapy in that it requires concentration and absorption – it involves participants' focused attention and allows for ingenuity and self-expression (Hocking 2007). It exposes participants to greater performative self-consciousness than other quasi-therapeutic leisure activities, such as cookery or relaxation classes, but the rewards, according to the participants in this programme, are considerable: immediate elevation of mood and an acknowledged sense of achievement.

The combination of film and other methods made it easier to capture emotional, physical and affective responses and group interaction. As participants, occupational therapists also struggled to learn new moves and shared the group's exhilaration during the up-tempo numbers. This facilitated an embodied dialogical relationship (Boyt Schell and Harris 2008), which enhanced their responsiveness to nuances in non-verbal expression.

Biopsychosocial complexity implies a world where bodies, biographies, values, social conventions and interpersonal

chemistry interact in unexpected ways. Within this study, this included spontaneous humour, role reversals, personal aesthetics, physical limitations and potentials, fellow feeling, performance anxiety and meaning making. The in-between nature of dance meant that its effects exceeded symptom relief and allowed participants to make connections between mind and body, inner experience and outer reality, and between life inside and outside the hospital.

Any artistic activity has a transitional status 'in-between' the personal responses of the individual and a shared cultural reality. However, as dance pre-eminently involves movement, it seems particularly suited to linking of mind and body, imagination and reality, and people with one another (Sheets-Johnstone 2000). The progressive fluency, as moves are learnt and become natural, is experienced as a form of biopsychosocial integration, where dimensions of the self are brought into harmonious relation with one another and with the outer environment of sound and sense.

This study demonstrates that when a mixed methodology is used, seeming paradoxes in the effects of dance (such as an apparent reduction in hopefulness, in the context of evident enjoyment) can be explored. The apparent reductions in hope (which appeared on the HHI) could have indicated that the programme had adverse effects, despite the enthusiastic endorsements of participants when interviewed. However, the panel analysis generated a more complex hypothesis: that the dance sessions enabled a greater capacity for complex and ambivalent states of mind and, hence, a more realistic orientation to the future. This interpretation was strongly supported by interview data from service users and staff members.

Psychosocial perspectives are, therefore, able to recognise less tangible dimensions of dance, such as its playfulness (Winnicott 1971) and its role in reorienting people to a shared culture. In-depth hermeneutic analysis can capture the effects of activities on individual and group social and psychological functioning. The multidimensional nature of dance contraindicates reductionist methodologies. A biopsychosocial approach seems appropriate to an investigation of such a complex activity.

Limitations of the study

The value of the HHI was limited by the small scale of the study and the small numbers who were able to complete the index at both an early and a late stage. Time and resource constraints imposed further limitations. It remains to be explored whether mixed-gender dance groups of service users are viable, or beneficial, in similar settings. Future research should attempt to identify more stable participant groups in order to assess the benefits of more consistent and prolonged participation.

Conclusion

The specific contribution of the study to the limited literature on dance in hospital settings was to take a psychosocial

perspective rather than focusing on clinical outcomes. This entailed a mixed methodology that could capture different dimensions of the dance experience from the perspective of service users and staff, and an outsider panel who were not involved in the programme. The approach enabled depiction of the in-between status of dance and the ways in which its effects on service users depended on a number of intertwined dimensions of experience.

Because of its in-between status, dance can help people to transgress boundaries in a number of ways: its physicality can elevate mood and relieve anxiety whilst its structure in itself provides some containment for those who are agitated; it can encourage humour and cultural and social engagement; and it also provides a medium through which emotions can be channelled and experienced rhythmically within the body.

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Key findings

- Dance allows unpredictable, dynamic occurrences and is therefore a useful complex intervention in occupational therapy.
- Dance enhances biopsychosocial integration through enjoyable activity, which promotes hopefulness.

What the study has added

Psychosocial research methodologies captured different dimensions of service users' experiences, suggesting that approaches such as this have much to offer research into occupational therapist led initiatives.

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