

Lisa Ullmann Travelling Scholarship Fund

Report by Lily Dettmer

Dance for Parkinson's Programme at Mark Morris Dance Group, New York

In May 2014, I visited the Dance for Parkinson's Programme delivered by the Mark Morris Dance Group. My main reasons for this trip were to gain first-hand experience of the teaching content and the fundamentals of the development and management in this area of work. I currently work freelance as both a teacher and arts project manager, with a particular interest in work with older people and dance in health care settings. With an increase in Dance for Parkinson's Programme here in the UK and more demand for specialists in this area, I felt that it was vital to gain a full appreciation of how the programme was formed from the company that leads in best practice.

The Dance for Parkinson's Programme was established in 2001 when the founder of the Brooklyn Parkinson's Group, Olie Westheimer, contacted the Mark Morris Dance Group about delivering dance workshops to the group. Olie had a background in dance and understood how dance could offer a positive and social experience to the group. The Programme Director, David Leventhal, was then a dancer in the company. Whilst continuing to dance with the company, David began delivering workshops and shaping the class curriculum. I spoke with David about this experience and the challenges of developing work in this area. David stressed that the Mark Morris Dance Group approach is not dance therapy; it is enviable that it has therapeutic effects. Parkinson's changes people's identity, they become full-time 'patients'. The dance sessions provide people with social interaction, support and a form of escapism where they can explore other dimensions of themselves.

The content of the sessions was originally structured through trial and error, working with class participants' feedback to develop the structure and content. From this, a pool of exercises was created and a consistent structure has evolved through the Mark Morris approach. This involves a seated warm-up phase building to barre exercises, travel sequences and a group closing phase. The main sessions are followed by a choreography and repertoire session for those who wish to develop further and potentially perform. I was able to witness this approach by assisting in a regular session at the Mark Morris Dance Centre, Brooklyn. Participants, who are assisted with travel to and from the centre, are greeted by designated members of the Mark Morris team at the building entrance. Participants, many of whom are accompanied by a Carer, are given time to arrive and settle in the building. The workshop begins with a welcome, followed by a series of seated exercises that focus on gradually warming up the body and articulation of the joints. There is a strong emphasis on musicality and the use of the imagination. One exercise which stood out was an upper body exercise influenced by a piece of Mark Morris choreography, 'Going Away Party'. Teachers encouraged the use of facial expressions and exaggerated gestures, creating a sense of play and storytelling. This phase was followed by more challenging exercises using the barre to support them and focusing on coordination and articulation of the lower body. Participants are then invited to travel across the space through a series of step patterns that focus on rhythm and coordination. A short duo sequence is delivered, before ending with a closing circle and cool down.

There is a strong sense of fluidity to the classes, with flow from one exercise to the next and encouragement for participants to work at their own level whilst focusing on performance and

presentation. Carers were encouraged to join in and there were also volunteers from the Mark Morris Dance Group. Time is given to address the participants individually and there is a real sense of community in the classes. I was also struck by the impact of live music in the class, which seemed a fundamental aspect. The pianist played classical songs which seemed to resonate with members of the group and emphasised rhythm and play.

From its small beginnings, the programme has increased to regular classes in Brooklyn and Manhattan with approximately 40-50 participants (in split classes) and monthly classes in the Bronx/Queens area, which David hopes continues to grow. The difference between the US and UK is there is no natural organisation for Parkinson's disease. Here in the UK we have Parkinson's UK, which hosts a national network of Parkinson's groups and activities. The challenge in the US is accessing groups and people with Parkinson's who would benefit from attending the sessions. David reflected that this creates further challenges in maintaining contact with people who either move away or discontinue with classes. The nature of Parkinson's as a progressive degenerative disease means that people reach a stage where they may be physically unable to attend classes or sadly, pass away. In order to maintain numbers, David highlighted a need to remove barriers for attendance by offering classes for free and assistance with transport, as well as continuing a programme of recruitment. This has included engaging the medical profession and in the last three years referrals have started to come from doctors, who have been invited to attend sessions and witness their impact on class participants.

During my visit, I was fortunate enough to hear David speak at a seminar for 'Narrative Medicine', which involves the medical profession exploring non-medical interventions such as arts and culture programmes in rehabilitation and therapy programmes. The talk was delivered with Pam Quinn, a former dancer with Parkinson's disease who also delivers a group at the Mark Morris Dance Centre but with a slightly different approach. Within the talk, David and Pam highlighted the development of the programme, its impact on participants and demonstrated a duet that they had choreographed together, which had been showcased at Parkinson's seminars within the US. Pam also talked about her own personal experiences with Parkinson's which lead to her own approach to delivering dance to people with Parkinson's Disease. On discovering she had Parkinson's, she initially shied away from dance but realised through her own treatment that there was a lack of movement therapy involved. She found this strange for a disease which affects the movement of the body to a great extent. This led to the development of her own technique, which she later incorporated in her work with others. For example, her left leg did not function as well while walking so she developed an exercise involving kicking a ball held in front of her to encourage the natural swing of her left leg. By holding a tube above her head, she could practice maintaining posture and alignment. Pam encourages her students to copy the rhythm of other people's walks or hear a song in their head to maintain a sense of rhythm in their walk. Both Pam and David agreed that dance helps to bring back the loss of identity felt by those with Parkinson's and help explore what the body can do as opposed to what it no longer can do. Challenges lie in how to measure the impact of dance of people with Parkinson's, particularly in a clinical or scientific approach.

I participated in one of Pam's classes delivered at the Mark Morris Dance Group and to many of the same participants. The structure of the class was very similar, starting with a seated warm-up phase, building to gradually standing supported by the chair and travelling sequences. The content of Pam's

classes differed by focusing more on the functionality and technique of the movement. The second half of the class focused on games and group interaction, which challenged coordination, spatial awareness and interaction with others. This included dodging people deliberately blocking your pathway by moving across the space and a group exercise involving passing a ball in quick succession. As with David's class, a live musician was involved. This heightened the artistic integrity of the class and created a focus on musicality and rhythm. There was also a fluidity to the class; people joining in with what they could and volunteers and carers also participating.

During my visit, I also spoke with the Outreach Director of Mark Morris to gain an understanding of how the Dance for Parkinson's Programme sits within the context of other outreach work at the company. The main objective for the company's outreach programme is that dance has no limitations. Although dance may not be for everyone, it should not discriminate and be accessible. Alongside the Dance for Parkinson's Programme, the company hosts a programme of work in local schools, after school groups such as public housing and community centres and family programmes. There is also a school within the centre for young trainee dancers. Since the launch of the Parkinson's Programme, the company has had further demand for training opportunities and extend its reach in work with older adults. The company hopes to grow a pool of teachers for this work and expand the programme further. David is constantly in demand, particularly for training here in the UK and elsewhere abroad. They hope to further support this in the future through digital technology, such as live streamings and online training.

My experience in New York has proved invaluable in expanding my understanding and knowledge of how to establish, deliver and manage a programme of dance for people with Parkinson's here in the UK. I realise the importance of working closely with referral partners to support people and develop individual relationships with attendees in order to develop trust. Those referral partners need to cover the medical profession as well as Parkinson's and arts organisations and thorough evaluation needs to take place in order to evidence the positive impact this work has. Organisations need to ensure that the programme is an integral part of their programme, so that participants feel a sense of community and security when entering a space or building. I also felt that the inclusion of live music was an integral part of the programme and should be included in programme budgets. This can often be a neglected area when trying to ensure budgets fit criteria. From this experience, I am hoping to work in partnership with dance and arts organisations here in the UK to develop programmes of activity and ensure that they are delivered within best practice. I will continue my relationship with the Mark Morris Dance Group and other groups here in the UK, to ensure my practice stays relevant and up to date.