**It takes two: the influence of dance partners on the perceived enjoyment and benefits during participation in partnered ballroom dance classes for people with Parkinson’s.**

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**Declaration of Interest:** The authors report no declarations of interest.

**Running head:** Dance partnerships

**Article category:** Research paper

**Funding:** The study titled ‘Dancing with Parkinson’s disease (PD): feasibility randomised controlled trial (RC) was supported by a grant from NIHR RfPB (PB-PG-1010-23336). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

**Trial Registration:** ISRCTN63088686

**Abstract**

**Abstract**

**Purpose:**  To explore the views of people with Parkinson’s and their dance partners on the influence and issues surrounding dancing with an able-bodied dance partner during partnered ball room dance classes. **Methods:** In depth, semi-structured interviews explored purposively selected participants’ experiences and views about dance classes. Fourteen people with Parkinson’s and their dance partners (6 spouses, 2 friends/relatives, 5 volunteers) were interviewed within a month of completing the 10-week dance class programme. Data were analysed thematically.

**Results:** Generally, those partnered with a spouse or an experienced dancer, or when dance couples were able to develop good rapport, gained greater enjoyment and sense of achievement from dance classes in comparison to couples who did not enjoy dancing together or had clashing approaches to dance. Managing and negotiating who would ‘lead’ in a dance was challenging for dance couples particularly among male people with Parkinson’s.

**Conclusions:** People with Parkinson’s experience of the dance classes was influenced by the relationship and compatibility with their dance partner. Dance partnerships may impact on recruitment, enjoyment, outcome and continued participation in dance classes. Potential effects of partnerships should be analysed and reported in studies evaluating the outcomes of dance classes.

**Key words:** partnerships,dance therapy, Parkinson’s disease, rehabilitation, group exercise

# Background

Parkinson’s is a common, progressive neurological condition estimated to affect 100-180 per 100,000 of the population [1]. People with Parkinson’s frequently experience deterioration of their spinal posture, mobility and stability, leading to dependency and falls, therefore preventing the cycle of inactivity and secondary complications is a priority. Despite disabling movement deficits, access to physiotherapy is limited [2]. There is increasing evidence suggesting that dance has beneficial physical and psychosocial benefits including improved balance, co-ordination, mobility and gait as well as being enjoyable and socially engaging and leading to improvements in health-related quality of life [3-15]. For example, despite methodological weaknesses, Westbrook and McKibben [13] suggested that their dance intervention led to improvements in mood and confidence, mutual sharing, interaction, social support for participants as well as carers. A randomised controlled trial [4] reported that a community-based Tango dance programme was associated with increased activity participation (ranging from increased participation in complex daily activities, to recovery of activities lost since the onset of Parkinson’s as well as engagement in new activities).

It is known that couples living with Parkinson’s find it challenging to cope with the loss of social life and the restricted attendance in joint leisure activities [16]. At the same time, it is known that relationships with others, such as support from a spouse, friends or family, can facilitate and improve adherence to taking part on maintaining participation in physical activities [4, 17-18]. Traditionally, most social dances and particularly ballroom dances are considered partnered activities and it is traditional for a male partner to ‘lead’ which involves deciding on the steps and ensuring his partner has the space to complete the step sequence. Most partnered dance classes are run as group sessions with the view to promote personal and family relationships and strengthen social networks; both of which were identified as important life goals for individuals with Parkinson’s [6, 19].

Dancing with a partner provides physical and cognitive challenges, such as synchronising movements, but a partner may also allow a person with Parkinson’s to explore new and perhaps more challenging movement sequences with the confidence of being in contact and being supported [5, 8, 20]. Few researchers have explored the effect of partnered versus non-partnered dance classes. One study compared partnered and non-partnered Argentine Tango dance classes and found no differences in movement parameters of gait and balance between the groups [5]. However the researchers did not report much detailed information on the dance partners or any issues surrounding dance partnerships [5]. Thus, while it may not be essential to have a partner in rehabilitative dance for People with Parkinson’s from a balance or gait perspective, dancing with a partner could ensure greater safety as well as greater enjoyment which potentially could enhance adherence and willingness to continue. A recent systematic review and meta-analysis highlighted that beyond stating that people with Parkinson’s were partnered with individuals without Parkinson’s, the relationship and potential influence of the dance partner on the effectiveness of the intervention has not been explored [6]. To address this gap in the current knowledge, the focus of this paper was to explore the views and experiences of people with Parkinson’s and their dance partners through in-depth, qualitative interviews to identify factors that may influence the benefits and enjoyment whilst participating in partnered ballroom and Latin American dance classes.

**Methods**

**Study Design:**

This was a qualitative study employing semi-structured interviews. The qualitative study was part of feasibility RCT in which fifty-one people with Parkinson’s were randomised to control or experimental group (dance classes) in the ratio of 15:36 **[**15**]**.Ethical approval for the project was obtained the NRES Committee South Central Southampton A (REC 12/SC/0355). The 36 participants that were allocated to the dance classes were organised into 4 blocks of 9 dance couples and attended hour-long dance classes (with a healthy partner) twice a week for 10 weeks, in addition to receiving usual care. The classes took place in a local Dance Centre on Wednesday’s and Friday’s and were led by professional dance teachers, supported by a research physiotherapist with dance teaching experience. Participants learned 6 dances (3 ballroom and 3 Latin American dances) including social foxtrot, the waltz, the Cha Cha, ballroom tango, the rumba and rock-and-roll. Each session started with a warm-up, then new steps were introduced and practiced and the researcher kept a record of the session content. More detailed information about recruitment to the RCT can be found in our protocol paper [15].

**Participants**

Fourteen of the 35 people with Parkinson’s in the experimental group were purposively recruited to the qualitative study, with the aim of attaining maximum variation in the sample in relation to factors that might impact on their experiences of the dance intervention: age, gender and relationship with the dance partner. Their dance partners were also invited to take part in the qualitative study. Potential participants and their partners were identified at the midpoint of each 10-week dancing block by the qualitative researcher. Participants who were selected had consented to be interviewed in principle when they enrolled to the study. The qualitative researcher contacted each person to confirm consent and make arrangements for interviews and all were willing to take part. The sample selected on this basis comprised 7 men [age range 65-79] and 7 women [age range 49-81], with a median age for the group of people with Parkinson’s of 72. Six of the 14 people with Parkinson’s sampled danced with their spouse; 2 danced with someone they knew and took as a partner [friend or relative]; 6 danced with volunteer partners not previously known to them [in 3 cases one partner exclusively and in 3 cases more than one partner]. Table 1 highlights the mix attained in relation to age, gender, Hoehn and Yahr score [21] and dance partner information.

Insert table 1 about here

**Data collection**

In-depth, semi-structured interviews took place as soon as possible after completion of the dance programme and primary outcome assessments. All interviews took place in the participant’s home except in the case of one volunteer who chose a more convenient community location, and one family member partner was interviewed by telephone. Interviews lasted between 33 and 66 minutes. Couples who danced together were interviewed jointly. People with Parkinson’s who had danced with volunteer dance partners were interviewed separately. Where people with Parkinson’s had more than one volunteer dance partner over the 10-week period, the most frequent dance partner was identified for interview. One volunteer dance partner, (Pauline) was interviewed twice as she danced with different people with Parkinson’s in dance blocks 2 and 3, see table 1. Hence there were 21 interviews with 27 people [14 people with Parkinson’s and 13 partners]. With expressed consent, the interviews were audio-recorded and transcribed verbatim.

For people with Parkinson’s, the interviews started by exploring perceptions of the impact of Parkinson’s on their day-to-day lives; experience since diagnosis of any other interventions designed to promote activity; previous experiences of exercise activity and of dance pre-Parkinson’s. For both people with Parkinson’s and their dance partners, the interviews then explored: their reasons for deciding to take part in the dance classes; any concerns they experienced prior to commencing; what it was like to take part; experience of the activity; maintaining enthusiasm for the activity; the implications of working with a dance partner; perceptions of the impact on their mobility or in other respects; interest in continuing with dance classes or related activities. The presentation of results in the remainder of this paper will focus on the views, perceptions and implications of working with an able bodied dance partner. The interviewer was satisfied that the interviews reached a point when little new information was emerging and concluded that the sample had been adequate to permit a thorough exploration of the issues.

### Data analysis

### Facilitated by QSR International’s NVivo 9.2 software, the data were managed using Framework [22] and analysed thematically to explore participants’ views. Features of grounded theorising and constant comparison were used to identify and develop themes [23]. Data analysis was undertaken by two experienced qualitative researchers (JR & RW).

Framework is a staged approach which is well suited to applied health research. In the first stage, the researchers identified topics for an initial analytic framework based on the issues and concepts arising from close reading of the transcripts. In the second stage participants’ accounts were condensed on a case by case basis into eight charts or matrices according to the framework topics. The chart topics were as follows: 1. Background [Impact of Parkinson’s; fall history; activity level pre Parkinson’s] 2. Beginning & Attendance [Deciding to take part; concerns prior to commencing; attendance record; managing time commitment] 3. Acceptability [ venue; logistics; teaching] 4. Challenges [General difficulties or issues with particular dances] 5. Outcomes [ Achievement, enjoyment, social interaction and mobility] 6. Additional partner issues: spouse as partner [positive and negative] 7. Additional partner issues: friend, relative or volunteer as partner. 8. Continuing with dancing [interest, obstacles, and willingness to pay].

The third stage involved working through the data in detail to draw out themes or categories of experience that capture the full range of perspectives identifying commonalities and differences within and between participants. The focus of this paper is the presentation of the themes that arose with regards to dance partner issues which will be described in the results section.

**Results**

## People with Parkinson’s were recruited to participate in the study from a range of sources but just over half of the people in the qualitative study were recruited via their local Parkinson’s support group. Of the 14 people with Parkinson’s who were included in the qualitative study:

* 5 danced with their spouse twice a week; [both Wednesday and Friday];
* 1 danced with spouse on Wednesday and a volunteer on Friday;
* 2 danced with dance partner they knew [ family member, friend of same gender];
* 6 danced with volunteer partners [in 3 cases one partner exclusively and in 3 cases more than one partner].

The presentation of the results is centred on the four main categories that emerged during the interviews (see Table 2).

Insert table 2 about here

**1. Views on being partnered with their spouse or a volunteer**

The people with Parkinson’s who danced with their spouse or someone else they knew well, appreciated not only the practical convenience but also the sense of ‘moral support’ and shared enjoyment that this afforded them. In some cases, attending as a couple even influenced their decision whether or not to take part in the study:

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| **Person with Parkinson’s:***I wouldn’t have liked, I wouldn’t have gone if [husband] hadn’t have been my partner I don’t think. I liked that very much, I liked it a lot.* **[Brenda: F, age 81, BLOCK 3]**  **Person with Parkinson’s:** *I don’t think I would have gone at all if I hadn’t a partner to go with.* **Partner**: *No, I think that’s probably right. I mean if you had been asked if you’d like to do it but it would have meant dancing with a stranger, you wouldn’t have gone near it would you?* **Person with Parkinson’s:** *No.* **Partner:** *I know. We did a progressive thing the last day, and if there’s one thing [people with Parkinson’s] can’t stand it’s dancing with a different partner.* **[Andrew: age 73, H&Y3, BLOCK 1 & Betty, spouse partner]** |

Whilst couples who hadshared experience of dancing together in the past typically derived pleasure from dancing together again, those who had no previous dancing experience liked the fact that they were learning something new together:

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| |  | | --- | | **Person with Parkinson’s:** *“I enjoyed dancing with you.* **Partner:** *That’s very nice of you. [both laughing].* **Person with Parkinson’s**: *Well the whole thing was most enjoyable.…and it was something neither of us have ever dreamt of doing before”*. [**Margaret: age 72, H&Y2, BLOCK 2 & Henry, spouse partner**] | |

In contrast, some people with Parkinson’s who faced the prospect of dancing with a stranger highlighted that this had initially been a source of slight anxiety for some of them:

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| **Person with Parkinson’s:** *I didn’t know who I was going to be partnered with. You sort of wonder what it’s going to be like and everybody else, and everybody else had the same partner. I had three different partners during the course.* **[Sheila: age 69, H&Y 3, BLOCK 1]**  **Person with Parkinson’s***: Well I did [have concerns] in prospect, I thought I don’t know whether I would be able to do this because if I have a freeze I might have to sit down. And that would let my partner down. But although it was a bit tough at times, I did manage to dance all the time, all the time with the rest.* **[Arthur: age 73, H&Y 3, BLOCK 1]** |

In the event, developing a relationship with a volunteer was often a rewarding part of the experience for many of the participants:

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| **Interviewer:** What about it, what was it about it that you enjoyed, can you say?  **Person with Parkinson’s:** *Well actually the dancing was quite fun. I got on well with my partner. I think if I’d had a partner I didn’t like I would have found it unpleasant*. **[Tony: age 73, H&Y2, BLOCK 3]** |

One man with Parkinson’s [whose wife had a full time job and was unable to be his dance partner] gave some insight into why he thought he and his volunteer dance partner were a good match:

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| **Interviewer:**So for you, part of the experience was working with someone that you hadn’t met before. **Person with Parkinson’s***: Well she was a very nice woman and she said right at, very early on, after about the first couple of dances, she said ‘I think I’ll stay with you for the whole of course, which was nice of her.’ And so we were together as they say, you know for all the sessions. I said to her I hope your husband doesn’t get jealous as you’re coming out to meet another man, and she just laughed.*  **Interviewer:**I suppose you could say there is certain sort of intimacy about ballroom dancing isn’t there?**Person with Parkinson’s:** *Well yes there is, yes.*  **Interviewer:**And so did that sort of feel comfortable, given that this was someone that you hadn’t…. **Person with Parkinson’s:** *It did feel comfortable. Yes, she was a chatty woman of good quality and good class, and so we fitted pretty well together I think. But as you say, there is an intimacy that you get; you have with a partner certainly.* **[Arthur: age 73, H&Y3, BLOCK 1]** |

During the research trial, several people with Parkinson’s experienced dancing with one particular female volunteer, an experienced dancer. They each rated her highly as a dancer and a partner, highlighting in particular her love of dancing.

**Person with Parkinson’s:** *I thoroughly enjoyed it. It was great fun. It was great fun, certainly with my partner. She had a sense of humour and she made sure I didn’t fall over****. …..****I was fortunate in this partner, that I had and I really enjoyed it. I like meeting people. It’s just that they have to listen a bit more carefully, but if they make the effort, I always do. It was fun. ….she absolutely loved dancing, she was very nice and she liked meeting people as much as me…* **[Ken: age 65, H&Y3, BLOCK 3]**

**Interviewer:** So on the days when X wasn’t able to come, and somebody else stepped in to be your partner, how did that work out, having a change of partner from the person you’d been used to?**Person with Parkinson’s:** *Well it was fine. And she was exceptionally good, taking the man’s part; I mean it’s not easy. I couldn’t have done it.* **Interviewer:** Was she someone who was quite an experienced dancer?**Person with Parkinson’s:** *Yes, she was. …and she also loves dancing*.**[Jean: age 70, H&Y3, BLOCK 1]**

A minority of people with Parkinson’s were dissatisfied to some extent with the experience of dancing with a partner. They typically attributed this to their partner’s lack of skill as a dancer; and/or to a clash of opinion about how to execute the steps of the dance or the importance of following instructions precisely. In these cases, the dance partners were seen to be holding an unreasonable and/or unwavering view. One person with Parkinson’s, who danced with a range of partners commentated that she felt most comfortable with a partner who was a ‘good enough’ dancer yet was content to acknowledge mistakes.

**Person with Parkinson’s*:*** *I enjoyed the [main] Wednesday partner, because he was really nice and we both enjoyed learning together. Although the other one was more experienced I found it, I enjoyed it better with him, rather than the experienced one. But that sounds a bit stupid doesn’t it?*

**Interviewer:** No, I can understand what you’re saying. You were doing it together.

**Person with Parkinson’s:** *But we enjoyed it together, and he’d say oops, sorry I did that wrong, that was the wrong foot, and I was doing the same, but not much, but now and again.* **[Sheila: age 69, H&Y3, BLOCK 1]**

In contrast the Friday partner:

**Person with Parkinson’s:** *One that couldn’t dance AT ALL [emphasis in voice]. I thought they were supposed to be vetted so that at least they could dance, but this Friday one, he was, he couldn’t put two steps together, so it was difficult for me to do the steps. Because he was pulling the wrong way as I was trying to go that way,* **[Sheila: age 69, H&Y3, BLOCK 1]**

One person with Parkinson’s who danced with a family member found it particularly difficult to cope with a clash of approaches:

**Person with Parkinson’s:** *And x doesn’t like structure. She’s not a, how to say this, she’s, not that she doesn’t like being told what to do, but she has her own opinion about things and you know she knows best [laughing]. So if I tell her, say we’re going a bit too fast, ‘doesn’t matter, doesn’t matter, we’ll do it at our own pace’. But we’re in a class you know and I’m trying to do it the same pace as everybody else, you know, so. And then it’ll be ‘well let’s not do that step, just do our own’, you know and I think oh you’re going to get told off.* **[Helen: age 49, H&Y1, BLOCK 2]**

She had however found it more enjoyable dancing with other volunteer partners:

**Interviewer:** So when you danced with, on the odd occasion when you danced with the more experienced dancer, was that better?

**Person with Parkinson’s:** *I felt yeah, that was, I really did enjoy that actually because they were leading me, yeah so, yeah it was better. Yeah, if I did it again I would choose to do it with a dance, with a professional partner. I think I got more out of those sessions definitely.* **[Helen: age 49, H&Y1, BLOCK 2]**

**2. Managing potential sources of tension or difficulty**

In partner dancing, traditionally, the male dance partner is thelead and the female dance partner follows. The lead is responsible for initiating each move, with a view to achieving coordination between the two dancers. It was potentially problematic, both for novice and experienced dancing couples, when a male dancer with Parkinson’s found it difficult to fulfil the traditional role that was expected of him.

Couples who were comfortable together highlighted the role of humour in describing their response to this issue. The following extracts from a person with Parkinson’s **[James: age 78, H&Y3, BLOCK 2]** and his spouse **[Mary]** reveal that when the able-bodied partner is a woman and takes the lead, it may be perceived as ‘bossy’:

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| **Person with Parkinson’s:** *But in certain respects it was easier dancing [with volunteers] because they were much more able to let me lead. You’ve always been a bit bossy, so, [laughing]*  ***Partner:*** *I was only trying to help you.* **Person with Parkinson’s:** *Of course darling. But it was a lot of fun.*  ***Partner:*** *It was when you were supposed to be going backwards and you thought you were going forwards and there was me pushing you to go backwards and you were pushing me to go forwards, but anyway, I think it was good for you.*  **Interviewer:** So did you make a decision about who was going to lead; so did you think about that and decide? **Partner:** *Well I kept, I, once or twice we had a few words, and I said…. You’re leading’, so I sort of went all limp, and I let you lead, but sometimes.*  **Person with Parkinson’s:** *Yes, and we finished up in the corner then.* **Partner:** *Yes, yes.* **[James: age 78, H&Y3, BLOCK 2 and spouse partner Mary]** |

Another example of this aspect from **[Betty, spouse partner to Andrew: age 73, H&Y3, BLOCK 1]:**

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| **Interviewer:** Given that X is less mobile now; did you find you were taking more of a lead?**Partner:** *I don’t know. Do you reckon I pushed you around?* **Person with Parkinson’s:***Yes I did.* **Partner:** *Yes, [laughing] I would say that was true, yes. Yes, probably.*  **Interviewer:** So did that feel comfortable?**Partner:** *Oh well you know yes, well it did from my point of view, I don’t know about A. He probably thinks ‘Tch! [wife] bossing me around again!’* **[Betty, spouse partner to Andrew: age 73, H&Y3, BLOCK 1]** |

Humour also assisted the successful management of this issue between a person with Parkinson’s and his volunteer partner:

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| **Person with Parkinson’s:** *She irritated me to the extent that I said ‘Look I’m supposed to be leading here!’ and she said ‘Yes, but you’re not doing it right!’ [laughing]* **Interviewer:** It sounded like you could both speak plainly.  **Person with Parkinson’s:** *Oh yes, of course, because she was good at it obviously. She dances a lot. And I found her, she had a sense of humour, and we had a laugh together. I think it would have been much tenser if my wife had been with me [laughing].* **[Tony: age 73, H&Y2, BLOCK 3]** |

In this case the person with Parkinson’s respected the volunteer for her dancing ability. In a separate interview she described how she had tried to help him to be able to take lead:

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| *Well what I was doing, well he tried to lead with his feet, but you don’t, and I tried to teach him that you lead with your top…. And then, because you’re smoother then, because if you lead with your feet its jerky and it, well it can cause a problem.* **[Pauline, volunteer partner to Tony: age 73, H&Y2, Block 2]** |

Another female volunteer who was not an experienced dancer described how she grappled with the dilemma of wanting to help her partner who typically struggled to take the lead without being seen to take-over or demoralise him:

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| **Interviewer:** So when you danced with your partner, did you follow the protocol that he was leading? Or because of his difficulties…… **Volunteer partner*:*** *No, sometimes I had to help. And sometimes what we did was, if he wasn’t getting it we would just, I’d say ‘it doesn’t matter, we’ll just stop and just do this step a bit, in time with the music’. So sometimes we would just, if he hadn’t, you know he’d missed something, we’d wait and pick up the beat again in the meantime we could do, just, you know just to the beat we could just practice doing this. It didn’t really matter.*  *And so I found I adapted it, you know I adapted it for that. And obviously you know he couldn’t lead me, he wanted to, he was so lovely, he said ‘I should be doing this’, but he did in the, we did the Tango. And in the Tango there’s one bit of where you turn and then set off and the woman has got to be a tiny bit behind the man, so that he goes first, so we always did that. Because I felt at the beginning I did feel a bit that oh perhaps I am being a bit you know bossy, but on the other hand I had to sort of remind him. So, so the answer to that was yes, if you’re the female partner, I suppose you do have to, you know, judge it and do it without feeling you’re taking over.* **[Gillian, volunteer partner to Arthur: age 73, H&Y3, BLOCK 1]** |

When the issue of taking the lead was raised with him in interview the person with Parkinson’s concerned commented:

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| *I wasn’t leading all the time I don’t think but I was leading most of the time.*  **[Arthur: age 73, H&Y3, BLOCK 1]** |

This suggests that the volunteer’s strategy had enabled him to perceive that he had been able to take the lead role. This contrasts with the experience of a couple where the issue of who should leads remained unresolved:

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| **Person with Parkinson’s:** *My partner was very keen that we faced in a certain position as we danced, according to the steps, whereas I was getting to a situation where I was overtaking and wheeling around the room, and not worrying which way I was facing or not, as long as we kind of went in the general direction of the others.*  **Interviewer:** Yes. So were you taking the role of leading in the dance?  **Person with Parkinson’s:** *Where I knew the next steps were coming from, yes. But very often my partner was saying, do this, do that, and in the end I just threw in the towel metaphorically and followed what she was saying, because it was no use fighting against the tide as it were. She seemed to feel she knew what to do and wanted to do so I went along with it.*  **[Douglas: age 79, H&Y1, BLOCK 3]** |

Even where the issue of who should take the lead was not contested, the healthy partner may have faced some difficulties in exercising the role effectively due to lack of confidence or experience as a dancer or because the person with Parkinson’s had difficulty moving in response. In the following extract a spouse partner notes his lack in confidence to lead, observing that when the person with Parkinson’s danced with instructor she was able to dance better:

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| **Partner:** *And actually it was quite interesting, because … sometimes X couldn’t remember the steps because of the dementia, and then me with not being able to remember, we’re a pretty hopeless pair. So he would actually take X and dance with her, and it was amazing what she could do with the instructor. It was absolutely extraordinary. She had a different partner and she was brilliant. Yeah, quite interesting. Because obviously the instructor would lead X, where I, well I didn’t have the confidence to lead to the same extent.* **[David, spouse partner to Elizabeth: age 71, H&Y2, BLOCK 1]** |

The spouse partner of a person with Parkinson’s who had balance problems described a strategy of directing her movement and at the same time keeping her steady by holding on to her belt:

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| **Partner:** *It’s very difficult to lead when your partner is….* **Person with Parkinson’s:** *Falling over.* **Partner:** *You know is not, not moving as they should be. And we did quite a bit of it with me holding on [wife]’s belt.* **Person with Parkinson’s***: Yes, they thought that was funny, you know the teachers.*  **Partner:** *Well it was a big joke, but it worked.* **Person with Parkinson’s***: Yes.* **Partner:** *And everybody was [laughing], in a pleasant way, you know…* **Person with Parkinson’s:** *[I’d] Do my belt up tight, and [husband] held on to it and then when he felt I was going, he’d pull me back.* **Partner:** *I think, you know if you are somebody’s partner that’s part of the game I think.* **[Richard, spouse partner to Brenda: age 81, H&Y3, BLOCK 3]** |

One volunteer’s account of her experience with a person with Parkinson’s includes a description of how she attempted to stop him over reaching himself and limit risk without discouraging him. This suggests that she had the experience to anticipate or recognise risk and the interpersonal skills to manage it sensitively:

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| **Volunteer partner:** *Occasionally when we were doing the Rock ‘n’ Roll and he tried to turn fast I’d just have to keep my eye on him… So I said ‘no you can’t do that because you will fall over, because I can’t get..’, but I didn’t say that actually, I thought it, but I said to him, ‘look if you go there, I can’t get to the right position’ and then he’d say ‘oh’. That was a relief because I’d had a funny feeling he was getting more and more and would go over, so you adapt the dance to their capabilities you know, so I did have a slight concern once or twice, but it was only because he was so energetic and full of it all you know and wanted to do more…... I think he resents the Parkinson’s big time and he was trying to do a lot more than possibly he was capable of So I’d, instead of telling him he’d fall over, I’d just say ‘no, I won’t be able to get in the right position.’* **[Pauline, volunteer partner to Tony: age 73, H&Y2, BLOCK 2]** |

**3. Additional views on the experience of being a dance partner**

In the previous section, we reported the views of dance partners and identified how they managed sources of tension. In this section we report additional issues of being a dance partner (outlined in Table 2) and illustrated with extracts (Table 3). Spouse partners accounts suggest that they enjoyed the social interaction, the opportunity to see how others couples cope with Parkinson’s, the possibility of taking up or resuming dancing socially as a couple, feeling a sense of achievement from learning to dance themselves and a satisfaction from seeing any benefits that the person with Parkinson’s appears to derive from dancing. Whilst volunteer partners also enjoyed the social interaction, not all of them found it as easy to mix with the group. Volunteer partners’ derived satisfaction from helping people with Parkinson’s to dance and those new to dancing also reported a sense of achievement from learning to dance themselves. Some volunteers mentioned that taking part provided them with the opportunity to learn more about Parkinson’s. Sometimes the positives were tempered by difficulty managing the time commitment and inexperienced dancers or beginners mentioned frustrations arising from difficulties experienced trying to learn to dance themselves, whilst supporting people with Parkinson’s.

**4. Views on continuing with dance classes**

All people with Parkinson’s expressed an interest in continuing to dance but none had made firm arrangements to do so. Some planned to attend tea dances and others wanted to attend bespoke dance classes. Those who had danced with a spouse [n=6], were motivated to continue and were currently considering available options. Two couples, who lived within easy driving distance of the dance centre, considered attending tea dances or private lessons. The couple who were interested in private lessons wanted to ‘brush up’ and equip themselves to dance socially at events they had given up expecting to be able to participate in:

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| **Partner:** *Well I mean, I’d pretty well given up any idea of ever being able to achieve that again, because [person with Parkinson’s] was a very good dancer. But when the kids came we didn’t do too much and you know you drop out of that kind of thing don’t you? And we haven’t done any dancing since, well since we were young. And the idea of me being able to do it and [person with Parkinson’s] with her problems, I thought it was going to be pretty bad, but well I was really surprised what we could do. … So I think we might take it up again. Well we might go back to that dancing school. I was thinking more of going back to brush-up what we’d learnt. I seem to have an incredible inability to be able to remember dance steps.*  **Interviewer:** Right, so would you think of doing that just the two of you with the instructor?  **Partner:***Yes, it would be an individual thing…So that we could actually do it.*  **Person with Parkinson’s:** *Yes.* **Partner:***At events that we go to. We’re not getting involved in a formation team or anything like that [all laughing].* **[David, spouse partner to Elizabeth: age 71, H&Y2, BLOCK1]** |

Other couples who lived further away from the dance centre used for the study were considering options to attend tea dances or dance classes nearer to home:

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| **Person with Parkinson’s:** *I think it, because I can’t walk that far, and I can’t walk that quickly, certainly regular dancing would take the place of some of the walking that I can’t do,*  ***Partner:*** *Yes, I’d be happy to come along with you for that, because we wouldn’t have to keep to the right steps, but we could get up and have a little Foxtrot or a Waltz.*  **Person with Parkinson’s:** *And lark around.* **Partner:***And a cup of tea.*  **Person with Parkinson’s:** *God that’s so exciting, I can hardly wait [all laughing].* **[James: age 78, H&Y3, BLOCK 2 and spouse partner Mary.]** |

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| **Person with Parkinson’s:***I wouldn’t mind going to Southampton, because they’re so good. And you know we enjoyed the way they taught, you know excellent, so I wouldn’t mind going that distance.*  **Partner:** *I think it would be difficult if you didn’t have all Parkinson’s people dancing. I think it would be difficult actually. And I did notice in their thing, that they do have these classes and obviously they have classes for disabled people so I would have thought that’s the reasoning behind that. But would you mind going along if non-Parkinson people were there as well?* **Person with Parkinson’s:** *No, I don’t think so.* **Partner:** *You wouldn’t mind?* **Person with Parkinson’s:** *No.*  **Partner:***Okay. Because that’s just my view. That’s all; it’s just if you’re with a group, they may be able to move ahead faster than you, just because you’re not quite as mobile that’s all. But someone mentioned trying to do something at the Parkinson’s Society or something didn’t they?* **[Margaret: age 72, H&Y2, BLOCK 2 and spouse partner Henry]** |

Whilst people with Parkinson’s who had danced with a friend, other family member or volunteers[n=8], were also interested in continuing to dance, they identified a range of obstacles to doing so. Firstly, participants talked about a lack of information concerning options open to them.

Whilst many of the participants were aware that they would be welcome to attend the tea dances at the Southampton dance centre, those who felt that this would be too far to travel on an ongoing basis typically lacked information about local options, particularly where they felt a preference for a class geared to the needs of people with Parkinson’s.

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| **Person with Parkinson’s:** *If there was somewhere local I’d certainly carry on with it, but travelling to Southampton is probably as far as I’d want to go. I thought about carrying on. I’ve been meaning to research on the computer but I mentioned it to one or two in the class, and they’ve had similar thoughts and they’ve not found anything. They do a tea dance at the studios but I think, I think the dance worked because we’re all in the same boat and I don’t know if it would suit having Parkinson’s people, you know with non-Parkinson’s. It wouldn’t bother me, but it might be a problem if you kept on bumping into people.* **[Ken: age 65, H&Y3, BLOCK 3]** |

Secondly, the lack of a dance partner and uncertainty about where a suitable partner might be found was a significant obstacle to people with Parkinson’s who felt daunted at the prospect of going along to a tea dance alone:

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| **Person with Parkinson’s:** *Well I did ask, and he [the dance instructor] was telling me about tea dances and things like that and explaining that they do tea dances. I said but I can’t do that, I haven’t got a partner. He said ‘oh we’ll find a partner for you.’ So whether I’ll be brave enough to do that…. I’ve got, I kept the leaflet, so I might just enquire, if I’m not doing anything else. Personally I’d like to go, but not knowing… Having somebody to go with would have been a lot better. … I don’t know anybody that, well knows any ballroom dances or would want to go, so that’s a shame, but whether I would be brave enough to go without a partner and let them find somebody for me, I don’t know…You never know.* **[Sheila: age 69, H&Y3, BLOCK 1]** |

Whilst all the spouse dance partners were willing to continue dancing, neither of the people with Parkinson’s who had danced with a friend/family member considered it likely or appropriate that this person should continue in the role of dance partner. The following extract highlights the fact that lack of a dance partner may also mean that the people with Parkinson’s have to make and pay for their own travel arrangements:

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| **Person with Parkinson’s:** *I would have liked to follow it up really, but you know I think you really have to have a partner, and you need a partner. And well he [dance instructor] did say, I did ask him, and he did say ‘well it’s quite often they have a few men left over.*  **Interviewer:**So is that something you think you might be interested in doing?  **Person with Parkinson’s:** *Yeah, well I would yes, if I could get there I suppose. …Getting there is the problem isn’t it? I mean if you did that you’d have to make, say well I’m going to spend such and such and such on this. And do it that way I should think.[i.e. pay for taxi]*  **Interviewer:** And do you feel that was something you would consider paying for yourself?  **Person with Parkinson’s:** *I think I would. Yes, because I, well especially if they had some partners free down that end you know [laughing].*  **Interviewer:**So do I take it that your friend who danced with you wouldn’t be interested in carrying on?  **Person with Parkinson’s:** *Well I haven’t asked her I must admit, but I wouldn’t think it’d be fair to ask her to, because she’s doing the man’s role and that’s not easy. I don’t know.*  **[Jean: age 70, H&Y3, BLOCK 1]** |

Thirdly, concerns about transport and costs were raised as potential obstacles to their continued participation. A number of the study participants were active in local branches of the Parkinson’s Society and referred to discussions about the possibility of drawing on these connections to set up and possibly subsidise the cost of a dance class in the area. Some of the single people in the group indicated that their willingness to self-fund might depend on the cost being ’minimal’.

**Discussion**

To our knowledge, this study is novel in exploring partnership issues in partnered ballroom and Latin American dance class interventions. Although many studies have explored the physical effects of partnered ballroom dance classes in people with Parkinson’s, few studies have explored the experiences of people with Parkinson’s whilst participating in dance classes [3, 13, 14]. Findings from our study suggest that people with Parkinson’s experience of the dance classes appeared to be influenced by their relationship to their dance partner and their compatibility with them. Many of the partner issues we identified probably also apply to any other partnered dance classes but surprisingly little published evidence exists to confirm this.

Our findings suggested that those who danced with their spouse appeared to fare best. Theiss and colleagues (in a study looking at partners influence on weight loss) reported that spouses enabled participation in exercise through motivation and support, by providing emotional support and positive reinforcement and by exercising together [24]. The joint experience may ‘boost’ the wellbeing of the people with Parkinson’s and the healthy partner as carer. Thus dancing might be an activity that enables joint participation with the potential to counteract some of the negative impact on couple relationships and that have been previously reported [16].

In contrast, those who danced with a friend or relative or healthy volunteer had more varied experiences. Support from family members clearly enabled participation, in agreement with the literature [17-18, 24]. Our findings extend existing knowledge highlighting that dance partner relationship success depended on the non-spousal partners’ motivation, whether they gelled with their partner and managed to build a rapport, their dance ability and approach to the dance classes. Volunteer partners’ motivations for participating also influenced this partnership, with better experiences reported if they took part ‘to help’ others but sometimes less positive if it was to learn dancing themselves. In cases where dance couples did not get on well this this was often due to different approaches or clashing of views about dancing or dissatisfaction with a partner’s dancing skills. Dissatisfaction with a dance partner negatively influenced people with Parkinson’s enjoyment in the dance classes. No direct comparison to other Parkinson’s dance studies was possible. Findings from research among disabled and non-disabled dance students in higher education highlighted that if dance partners were not properly engaged, were too judgemental or not respectful when giving feedback, peer coaching was often seen as negative and unhelpful [25]. Similarly (in a study exploring weight loss), partners negatively influenced the process if they provided emotional or relational discouragement (e.g. with hurtful comments, lack of attention or support, no acknowledgment of goals, unwanted pressure or competition) [24]. The literature suggests that people with Parkinson’s highly value a shared understanding and a sense of a common purpose when participating in exercise groups [18]. This was mirrored by findings from our study when a partnership worked well. However, our findings also suggested that enjoyment of the dance classes was negatively influenced if the dance partnership did not work well. It is important to observe how dance partners approach the dance classes, how they interact and provide feedback to facilitate better communication or even recommend changing dance partners to counteract potential negative influences.

Another partnership challenge raised in the present study was managing and negotiating who would ‘lead’ in a dance, particularly in cases where the person with Parkinson’s was male. This was easier for people with Parkinson’s who danced with a spouse or with an experienced dancer or in cases where couples had, or had developed, a good rapport. In other studies people with Parkinson’s often exclusively dance with mostly healthy young volunteers, spent time both in the leading and following dance role or routinely rotated partners during the classes [6] but it is not known how this was perceived by people with Parkinson’s.

We acknowledge the inconsistency in our approach to data collection in that the dance pairs who were couples were interviewed together whilst the others were interviewed separately. This discrepancy resulted in part from our decision to offer interviews in participants’ homes for their convenience; couples, being co-resident, clearly expecting to be interviewed jointly. Having valued the dance class as an opportunity to engage in a shared activity they were keen to describe and talk about it together. There is a possibility that these couples may have felt less willing to report negative thoughts or feelings about the experience or its outcomes in front of their partner and if this were the case then negative aspects of the experience may not have been adequately examined. We suggest however, as extracts from their accounts have illustrated, that the couples were able to be frank and open about some of the tensions and difficulties that arose and their approach to managing these. We feel that the discussion generated between the couple in response to the interviewers questions, characterised by seeking the other’s opinions and recollections, and by confirming or countering their accounts, enriched the data we obtained and added to our understanding of the issues. As our findings are based on dance partner issues with spouses and volunteers from a similar age group focused only on one dancing style, experiences of people with Parkinson’s participating in different types of dance classes with younger dance partners may differ considerably. Taking into account the limited knowledge on the impact of dance relationships on the overall outcome of dance classes we recommend further exploration of this topic in future studies.

Based on the findings from this study the ‘optimum’ dance partner is often likely to be the person with Parkinson’s spouse/life partner. If a volunteer is needed, people with Parkinson’s are most likely to have a positive experience if partnered by a volunteer who is already a good dancer, who conveys a love of dancing and/or has the sensitivity and social skills to interact positively with the person with Parkinson’s in such a way as to foster confidence and self-esteem. Such skills may reside with those who have professional experience in linked fields such as teaching and those who are motivated by altruism, willing to prioritise the needs of the people with Parkinson’s. It will be important to consider these factors when advertising and promoting future dance studies to attract volunteers who possess at least some of the desirable qualities we have identified for successful dancing partnerships. It is important when analysing and presenting findings from dance interventions for people with Parkinson’s that any impact of dance partnerships is evaluated and discussed. In conclusion, dance partners can impact considerably on the outcome and experience of dance interventions for people with Parkinson’s.

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Table 1 Demographics of people with Parkinson’s and dance partner information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PwP** | **Age** | **Gender** | **Pseudonym** | **H&Y score** | **Years since diagnosis** | **Mobility status** | **Living status** | **UPDRS Motor Score** | **DP** | **Age** | **Gender** | **DP Pseudonym** |
| **Block 1** |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 71 | F | Elizabeth | 2 | 8 | Community independent | Partner | 8 | Spouse | 71 | M | David |
| 2 | 70 | F | Jean | 3 | 7 | Community independent | With a lodger | 15 | Family/friend | 71 | F | Norma |
| 3 | 73 | M | Arthur | 3 | 8 | Independent indoors with aid | Partner | 18 | volunteer | 63 | F | Gillian |
| 4 | 69 | F | Sheila | 3 | 6 | Community independent | Alone | 20 | volunteer | 73 | M | Keith |
| 5 | 73 | M | Andrew | 3 | 3 | Community independent | Partner | 23 | Spouse | 69 | F | Betty |
| **Block 2** |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 49 | F | Helen | 1 | 7 | Community independent | Alone | 2 | Family/friend | 75 | F | Linda |
| 7 | 78 | M | James | 3 | 2 | Community independent | Partner | 20 | Spouse | 77 | F | Mary |
| 8 | 73 | M | Tony | 2 | 1 | Community independent | Partner | 14 | Volunteer | 70 | F | Pauline\* |
| 9 | 72 | F | Margaret | 2 | 9 | Community independent | Partner | 28 | Spouse | 75 | M | Henry |
| 10 | 85 | F | Joan | 3 | 7 | Independent indoors | Partner | 25 | Volunteer | 75 | M | William |
| **Block 3** |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 65 | M | Ken | 3 | 14 | Community independent | Partner | 17 | Volunteer | 70 | F | Pauline\* |
| 12 | 81 | F | Brenda | 3 | 8 | Community independent | Partner | 13 | Spouse | 73 | M | Richard |
| 13 | 79 | M | Douglas | 1 | 3 | Community independent | Partner | 5 | Volunteer | 59 | F | Susan |
| 14 | 71 | M | John | 1 | 3 | Community independent | Partner | 14 | Spouse | 71 | F | Alice |

\* Please note that volunteer Pauline appears twice in this table as she dance with two different people with Parkinson’s in dance blocks 2 and 3

PwP= People with Parkinson’s, DP= dance partners

Table 2. Themes on partner issues identified from accounts of experience of people with Parkinson’s and their dance partners

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Category** | **Summary of themes** | |
| 1 | Views on the experience on being partnered with their spouse or a volunteer | 1 | Dancing with a spouse:   * Practical convenience * Sense of moral support * Source of shared enjoyment |
| 2 | Dancing with a volunteer:   * Potential source of initial anxiety * Rewarding experience if the match worked well * Positive when partnered with experienced dancers * Dissatisfying dancing with inexperienced dancers * Negative when personalities, opinions or priorities clashed |
| 2 | Managing potential sources of tension or difficulty | 3 | The role of humour in managing who leads |
| 4 | Enabling male people with Parkinson’s to take the lead without demoralising them |
| 5 | Maintaining stability and directing movement |
| 3 | Views on the experience of being a dance partner | 6 | Enjoying the social interaction |
| 7 | Opportunity to see how other couples cope with Parkinson’s |
| 8 | The possibility of taking up or resuming dancing socially |
| 9 | Feeling a sense of achievement from learning to dance |
| 10 | Satisfaction from helping and seeing benefits in people with Parkinson’s |
| 11 | Using existing skills to manage difficult moments |
| 12 | Opportunity to learn more about Parkinson’s |
| 13 | Frustrations and partner difficulties |
| 4 | Views on continuing with dance classes | 14 | People with a spouse: motivated to continue |
| 15 | Challenges:   * Lack of information about options * Lack of a dance partner * Concerns about cost |

Table 3 Views on the experience of being a dance partner

|  |  |  |
| --- | --- | --- |
| **Themes** | | **Example** |
| 6 | Enjoying the social interaction | *Yeah. Well I mean we’ve enjoyed the social aspect as well as the actual exercise as well. You know it’s been something else different to do for ten weeks.* [Richard, spouse partner to Brenda: age 81, H&Y3] |
| *It’s a lovely thing and I’m sure socially it’s a wonderful thing for people. And we became a little social group really. It was really nice, you know you’d each week and everybody got to know everybody and so on, so yeah.* [Gillian, volunteer partner to Arthur: age 73, H&Y3] |
| 7 | Opportunity to see how other couples cope | *……and you know it’s so varied and affects people in such different ways, that it was interesting to see how couples coped.* [Richard, spouse partner to Brenda: age 81, H&Y3] |
| 8 | The possibility of taking up or resuming dancing socially | *Well we thought, they do a tea-dance round there on a Monday afternoon….. it might well be nice to go and just have a shuffle round for an hour or so you know. That would be a very nice thing to do. And we actually had a dance didn’t we? We went to a birthday party on Saturday and it was a jazz band and we had a little shuffle around to a slow dance didn’t we?* [Betty, spouse partner to Andrew: age73, H&Y3] |
| 9 | Feeling a sense of achievement from learning to dance | *Well I thought it was going to be an utter disaster didn’t I .. But I proved in the end that I could dance a bit, so that was quite refreshing.* [David, spouse partner to Elizabeth: age 71, H&Y2] |
| *….. I felt able to follow him, and I was very good, I didn’t try and lead, except when I was guiding him, but I did actually follow, and especially towards the end when we did the Waltz…… in the last few minutes, I was able to follow my partner rather well, and I thought he’s obviously learnt something and I’ve learnt something.* [Susan, volunteer partner to Douglas: age 79, H&Y1] |
| 10 | Satisfaction from helping and seeing benefits in people with Parkinson’s | *Well initially we, when we offered our services we hoped we were going to be in the group that was the control group [all laughing]. But actually I’m pleased we weren’t, because it’s definitely helped you hasn’t it?* [David, spouse partner to Elizabeth: age 71, H&Y2] |
| I was just chuffed when he got it and at the end it began to feel like dancing, you know that was really good wasn’t it?[Pauline, volunteer partner to Tony: age 73, H&Y2] |
| *I felt I had no preconceived ideas or no plan of how to help when I was there, it seemed to just happen. It was sort of intuitive that if you, if we came to a difficult bit, then we would just sort of practice that bit for a bit or just keep, wait, as I say we’d sort of keep going like this in the beat and wait until we picked it up…. And my partner could do that, you know we’d pick it up, we’d miss a chunk… pick it up and then keep going.*[Gillian, volunteer partner to Arthur: age 73, H&Y3] |
| 11 | Using existing skills to manage difficult moments | *……I’ve been an infant teacher all my life….I suppose it’s a profession skill, you’ll quickly think of another way of doing it….. And so I, it may be that … that I am used to just adapting and quickly thinking …. of different way….and not making a child feel bad because they can’t do it.* [Gillian, volunteer partner to Arthur: age 73, H&Y3] |
| 12 | Opportunity to learn more about Parkinson’s | *…….I learnt a lot more about Parkinson’s… I went in with a misconception that with Parkinson’s everybody shakes when they move around, and for some people you wouldn’t have known they had Parkinson’s. And so I learnt from talking to different people and seeing how everybody works, that actually I had my own misconceptions and misunderstanding of how people looked and how people acted with it. So that was very interesting.* [Susan, volunteer partner to Douglas: age 79, H&Y1] |
| 13 | Frustrations and partner difficulties | *….the trouble is it’s remembering all the names and all the steps and oh my God… and you know you were doing all different things, but the trouble is remembering them, especially once a week. It’s not so bad if you go Wednesday and Friday, but if you’re only doing once a week, you get seven days, you know you’re thinking well where did I leave off?* [Keith, volunteer partner to Sheila: age 69, H&Y3] |
| *Well my personal view is I think, you know it probably does better if you have a change of partners, but that just my personal view. As I say I got the impression she wasn’t really struck on me, [laughing] which is fair comment you know, you can’t like everybody can you?* [Keith, volunteer partner to Sheila: age 69, H&Y3] |