

## **Seated Dance as Community Medicine: Movement, Memory, and Meaning in Long-Term Care**

*By Fiona Williams*

I never expected a speaker and a chair to become therapeutic tools. Yet every week, as I step into the familiar halls of long-term care homes on Vancouver Island, I see how music and movement quietly shape moments of connection — between residents, staff, and something deeper within themselves.

As a renal dialysis technician, I spend my working hours in hospital units, carefully navigating the protocols of life-sustaining treatment. However, outside of that role, I run a small community initiative called Vancouver Island Dance Medicine, where I lead seated dance sessions tailored for older adults, many of whom live with dementia, limited mobility, or cognitive decline. It began as a blend of passion and curiosity, yet over time, it has grown into something I now see as an essential form of community medicine.

### **Music, Muscle Memory, and Dignity**

At first glance, seated movement might seem simple — perhaps even childlike. However, it is anything but. I have watched residents who barely speak start tapping their feet in time when a familiar swing tune begins to play. These small gestures are powerful: they say *I am here. I remember this.*

Many long-term care residents are coping with layers of loss — of independence, of community, of identity. In these sessions, even brief moments of rhythm can restore a sense of dignity. When I play songs like “YMCA,” the room lights up — residents wave their arms, sing along, and laugh together. I have had people come up to me afterward and say, “I never thought I would dance again — not as an old man.” Their gratitude is quiet but profound.

### **Beyond the Physical**

Of course, there are physical benefits — increased range of motion, improved circulation, and gentle cardiovascular engagement. However, the most meaningful outcomes are relational and emotional. Movement breaks the monotony of institutional routines. It builds bridges between support staff and residents. It reminds participants that their bodies are still instruments of joy, not merely vessels of illness.

I collaborate closely with active living coordinators, support staff, and family members to design each session. Together, we create themed experiences — from upbeat Zumba-inspired routines to calming yoga flows. Caregivers and staff often join in the movement themselves, turning the sessions into moments of shared joy and connection rather than passive observation. At some sites, I have also given presentations on the therapeutic benefits of dance and movement, helping

care teams see how these practices can support physical, cognitive, and emotional well-being. The sessions are not merely performances; they are co-created experiences that build community.

### **Dance as Preventative Care**

In many ways, what we are doing is preventative care. Loneliness and isolation are well-known predictors of poor outcomes in older adults. By offering a space where people move together — even just in chairs — we are addressing mental health, social well-being, and cognitive stimulation. It is low-cost, low-barrier, and high-impact.

This work has shaped how I view medicine. It has reminded me that healing does not always look clinical — sometimes, it looks like laughter after a clumsy kick-ball change. Sometimes, it is the silence that follows a deep breath in sync with someone else's.

### **A Future in Motion**

As I prepare to apply to medical school, I carry this lesson with me: medicine must include the arts of listening, moving, and meeting people where they are. My dream is to one day bring these integrative practices into clinical care — to create a bridge between the arts and health sciences, where grounded movement practices become powerful tools of care.

Until then, I will keep dancing.