

# What does the general population think 'Dance and Health' needs to further develop?

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**Abstract:** In recent years, the interactive discipline of 'dance and health' has been demonstrated by researchers to have a positive effect on public health. However, further examination and identification of problems are needed in this context to improve 'dance and health'. 'Dance and health' in its form, population, and context, is influenced by the subjectivity of researchers in their practice projects, and more scientific and academic theories need to be constructed to fill the academic gap in this discipline. This research is based on the stance that 'dance and health' benefit the general public. By reviewing the existing literature to confirm the value function of 'dance and health', problems are identified, listening to the general public's views in this research, and further suggestions are made for future development of 'dance and health'.

**Keywords:** dance and health, dance education, physical health and well-being,

## 1. Research aims and Objectives

The research objectives of this research will focus on the following three questions:

1. What are the current shortcomings and strengths of "dance and health"? What are the hindering factors?
2. How does the public perceive 'dance and health'? How can they actively accept dance for health or other demands with dance learning in the current context? What are the problems with the current development of 'Dance and Health'? What are the public's suggestions for the future development?
3. Based on the above suggestions, how could researchers consider and recommend the further development of 'dance and health'?

## 2. Introduction

In the early years, dance therapy successfully treated Parkinson's disease, autism, depression, and addiction (Strassel et al.,2012). It is worth noting that a similar concept of 'dance and health' has been emerging since 2014 under the UK government's promotion of health and well-being (Public Health England, 2014). It is different from dance therapy. By dismantling and reinterpreting dance in this way, it expands on the professional legitimacy of dance by exploring how it could benefit human health and well-being across a wide range of ages (Quiroga Murcia et al.,2010).

According to the current research by the relevant literature, dance brings numerous health benefits to the general public, However, the shortcomings of the current development of 'dance and health', the specific population groups for which it is adapted and the appropriate means of practice, and other issues should not be overlooked. The public demand for 'dance and health' is whether it is just health and the more functional aspects of dance are still to be developed. Thus, In such contexts, the development of 'dance and health' is bound to evolve with the times, dance practitioners should break away from tradition and innovate in order to keep up with society's advancements and meet the public's needs in order to make the concept and activities of 'dance and health' more accessible to everyone.

It is essential to listen to the general public's voices and suggestions and identify problems and strengths to make better progress, which is the original intention and purpose of this research. Thus, in this research, the semi-structured interviews were used to gain the suggestions from the public populations, and then analyze the results of the interviews using a thematic analysis to produce an accurate data analysis and objective summary of the results. Meanwhile, the disadvantages and advantages of current advancements in 'dance and health' are analyzed through a systematic review

of past research and literature, it can give subsequent researchers, including relevant practitioners, some extent of objective perspective and a starting point for research to help them further identify developmental issues and impediments.

### **3. Literature review**

#### **3.1 Define 'Dance and Health'**

Dance may have evolved as a therapeutic and cathartic therapy in the prehistoric period, according to Levy's (1988) argument. He thinks it "was as crucial as eating and sleeping" in many communities. It gave people the tools to express themselves, share their sentiments with others, and connect with nature. In a similar spirit, Arcangeli (2000) hypothesized that dance was valued as an effective form of exercise in pre-modern European communities. It was especially advised when healthy physical growth and alternation of motion and rest were required. According to the author's citations, dance has been a valuable component of health plans since the Middle Ages and the Renaissance (Macdonald et al., 2013). Keyfitz and McNeill (1995) have identified a strong prehistoric tendency to dance to achieve reproductive biological courtship and survival values, leading to health (physical and psychological), temperament, fitness, creativity, and agility. Secondly, dance was used to enhance teamwork and the handling of complex tasks (Keyfitz and McNeill, 1995; Hagen and Bryant, 2003).

When discussing the composition basis of 'dance and health', it is essential first to understand the comprehensive nature of dance itself. Dance is a form that imitates character, emotion, and action by rhythmical movement (Ruud., 1997). Moreover, Macdonald et al. (2013) make a case for the foundations of 'dance and health' that human movement and dance are often musically stimulated activities and that music and dance are inextricably linked in most activities. Therefore, the interplay between dance, movement, and music constitutes a key component of 'dance and health'.

#### **3.2 The Function of 'Dance and Health' Activity**

Within the broad disciplinary context of 'dance and health', it falls under the umbrella of 'arts and health'. Tozer (2015) defines 'arts and health' as an expanding multidisciplinary movement incorporating various art forms to advance research, improve health, and prevent sickness, 'dance and health' activity serves these same functions.

##### **3.2.1 Physical Health**

A growing body of research suggests that joining dance activities benefits one's physical health, even for non-professional dancers. A systematic literature review on the benefits of dance compared to other physical activities for physical health mentioned (Fong Yan et al., 2017) that, across age and gender, dance can have beneficial effects on trunk muscle strength (Wachirathanin et al., 2021), bone mineral content (BMC) (Matthews et al., 2006), cardiovascular fitness (Donath et al., 2013), and balance (Buransri and Phanpheng, 2021). Regarding disease risk, some experts suggest that dance at an appropriate intensity may reduce the risk of death from cardiovascular disease (Merom et al., 2016). However, this benefit is different from the treatment of disease in the field of dance therapy, where the current benefits are mainly in terms of building muscle strength in older people, preventing falls (Vella-Burrows et al., 2019), improving and maintaining balance, aerobic capacity (Esmail et al., 2020), and building physical flexibility.

##### **3.2.2 Mental Health and Well-being (life quality)**

- **Relieve psychological stress and tension**

Dance helped people manage their stress and cope with difficult situations they encountered in their day-to-day lives (Witkoś and Hartman-Petrycka, 2021). Besides, this effect is particularly evident in the last two years of the covid-19 pandemic, several reports on the impact of dance on the

physical health of the general public (of most ages) have referred to dance's ability to relieve the irritability of home isolation (Re, 2021), as a stress relief from boredom, and with significant effect.

- Increase opportunities to socialize and improve social skills

Research suggests that active participation in socio-cultural performing art forms, such as healthy dance activity, might improve, promote, and sustain happiness, with possible effects on the level of health experienced by both individuals and communities (Chappell, 2021). Burke et al. (2018) argue that establishing connections in a setting of mutual recognition may be connected to kinesthetic empathy for dancing.

- Improve personal skills and feel self-worth

Numerous studies have shown that healthy dance can help people feel more competent and confident and improve other aspects of competence. In healthy dance activity, it provides people with the chance to discover who they are and what they are capable of (Mason, 2013), deepens their sense of self-worth when acknowledged and praised, as well as to learn new and improved skills (Burke et al., 2018; Vella-Burrows and Wilson, 2019).

### 3.2.3 Artistic Edification

With its ability to stimulate creativity, dance can also draw attention to the aesthetics of experience, with movements enhancing aesthetic neural responses (Kirsch et al., 2015). In the 'Dance and Health' project so far, whether or not the project aims to enhance artistic inculcation, aesthetics includes aesthetic competence (Chappell, 2021; Dunphy and Ware, 2019), creativity (Chappell, 2021; Bungay et al., 2020), regional cultural confidence in dance, and environmental sensitivity (Das, 2013; Manor, 2015) aspects of dance and health are reflected in the impact of 'dance and health' on people's artistic inculcation.

## 3.3 Current Developments in 'Dance and Health' for the General Public

### 3.3.1 Dance genre

'Dance and Health' requires people to feel healthy while embracing the different dance genres, rather than just using dance as a tool for activity. In terms of the current 'dance and health' project, the variety of dance styles used in the process almost covers, including ballet (Letton et al., 2020), creative dance (Bungay et al., 2020; Özümerzifon et al., 2022), contemporary dance (Dunphy and Ware, 2019; Britten et al., 2017), ballroom dance (Domene and Lawson, 2019; Witkoś and Hartman-Petrycka, 2021), hip-hop dance (Beaulac et al., 2010) and other dance genres (Karkou et al., 2021).

### 3.3.2 Integration with other disciplines

'Dance and health' is currently being developed in various forms. Collaborations and intersections with other disciplines have involved sport (Imas et al., 2018), music (Carr et al., 2021), fine arts (Bruggen-Rufi et al., 2022), various medical sciences (Anderson-Frazier, 2020), in terms of arts and culture that are not health-oriented but play a positive role in physical health (Baumann et al., 2021). In this practice of disciplinary interaction, the function of music is not mentioned in many research, the distinction between sport and dance is also unclear. However, some 'dance and health' activities such as sports with music are often classified as dance.

### 3.3.3 Environment innovation

In the 'dance and health' practice project, venues include communities (Carr et al., 2021; Ni Bhriain and Clifford, 2022), schools (Tao et al., 2022), homes (Rodrigues-Krause et al., 2021), and other creative venues such as the 'Dance Café' (Awoyomi et al., 2021), a more innovative venue. It is important to note that the above list is only classification and different environments bring different functions, it may be limited by age for different age groups, many researchers in their studies have overlooked this.

### 3.3.4 Target group

There is a wide range of populations targeted for 'dance and health' practice research (the targeted people in dance therapy are not mentioned here). In terms of the age level, there are preschool (Zhou, 2021), adolescent (Silva et al., 2021), adult (Schroeder et al., 2017), middle-aged and older populations (Buransri and Phanpheng, 2021); for the classification of students, like university students (Wright and Layman, 2020). However, regarding gender, most practice programs are not gender-neutral, and there are programs for women's health (Wachirathanin et al., 2021) and very few for men. This categorization needs to be broadened, and targeted people can be categorized not only by age, gender, work and other factors but also by the different health purposes they serve.

### 3.3.5 Research method

Fortin (2018) takes issue with the system and means of intervention in which dance is used, contending that little effective advice and guidance is currently provided on the content of the dance model concerning health issues, citing Quiroga Murcia and Kreutz (2012) on the use of quantitative or qualitative methods in the 'Dance and Health' project when no detailed descriptions of dance interventions are provided. Inevitably, some phenomena have emerged in practice regarding research methods, qualitative method is frequently used in most projects, like the dance practice approach (Carr et al., 2021) and post-practice interviews were conducted to get feedback from the participants, leading to some evidence of the benefits of 'dance and health'. In conjunction with Clift (2012) on the developmental aspects of the creative arts in public health, artistic activity is more important to evolve rather than calling for a progressive evaluation system beyond practice-based research.

## 3.4 Conclusion

Among the many different types and purposes of 'dance and health' projects, studies have been conducted on different ages, ethnicities, genders, and health issues. However, more often than not, the programs aim to demonstrate the health benefits of dance interventions and the desire for participants to experience good health, and there is no complete overview or practice of the means and systems developed for 'dance and health'. There is also a need for further innovation in the research methodology and further investigation into the need for specificity or universality of dance interventions for the target population.

In conclusion, the existing literature based on 'dance and health' proves that it has more advantages than disadvantages for human health and has been shown in practice to alleviate and improve physical and mental health and well-being issues. Further, there is still some room for progress in the development of 'dance and health', and beyond the above analysis of research gaps, the aesthetic nature of interventions on dance needs to be further strengthened. The current 'dance and health' is more focused on older people, improving balance is a hot topic of current research, and men are an often overlooked group. In addition to further research regarding the impact of different dance styles on general health, the functionality of music and dance in this area needs to be measured and differentiated.

It is crucial to note that most of the researchers have ignored the views and opinions of the general public, issues which mentioned above may not be resolved without the views and suggestions of the general public, which is the reason why this research aims to use general public's views as the main basis perspective.

## 4. Methods

### 4.1 Strategy

As the aim of this research is not to seek evidence, but to discover issues in the development of 'dance and health' through in-depth communication with the general population, and to be able to link the views of the participants with suggestions for future development, qualitative research is the

appropriate methodology for this research. Meanwhile, this research implements an inductive research approach and a grounded theory research strategy based on research interpretivism. The 'dance and health' issue needs to be raised and addressed appropriately, by combining the insightful suggestions from the general public (participants) to provide good practical theories.

## **4.2 Data Collection and Sampling**

This research used the time horizon type of short-term study and conducted in-depth interviews with each participant for 50-90 minutes on questions related to 'dance and health' through the software TEAMS platform. At the stage of collecting and collating the qualitative interview data, the transcription function of the Teams platform was used to obtain the textual content of the interviews to assist in the final aggregation of the data for this study. Audio and video recordings of the interviews were also made with the consent of the participants. The interview questions were also translated into different languages. After the initial formation of the interview questions, a pilot interview was used to test the questions, and the final interview questions were determined to be valid. Meanwhile, the participant sample selection was also considered in the interview preparation stage with specific screening and methods used.

A non-probability purposive sampling selection method was used for this research. After defining the target population, selecting the sampling frame, and determining the sample size, 15 participants (different age stages and gender) were finally confirmed to participate in this research.

All participants had no severe health conditions.

## **4.3 Data Analysis**

In the data analysis stage, this research used mainly inductive thematic analysis. For the analysis of the interview data, this research used inductive coding data analysis, using codes to tag and organize the data to identify themes and patterns and provide thematic structure. Inductive coding involves constructing a list or codebook of codes from scratch based on the research data and in the course of this study allowed themes and theories to emerge from the data itself, for inductive coding, manual coding was used in this research to capture the complete focus of the data and avoid findings that would have been missed due to automatic coding.

## **4.4 Research Ethics**

This research does not use any data for purposes other than this dissertation, and follows the BASES ethical guidelines and the University of Edinburgh ethics form throughout this research. In the early practical stage of this research, it has obtained consent approval from the School's Research and Knowledge Exchange Ethics Committee. All participants are voluntary and read the participant information sheet, then personally signed the informed consent before the formal interview. During the research period, participant information will be anonymized.

# **5. Results**

## **5.1 General Public Understanding of 'Dance and Health'**

Based on initial perceptions of "dance and health", all respondents (with or without dance learning experience) indicated a positive impact on physical and mental health and artistic enrichment. The respondents believe that 'dance and health' activities can have a physical impact on the body to strengthen and protect the joints, but do not rule out the possibility of imposing additional damage on the joints of the body; in terms of mental health, the participants believe that 'dance and health' activities are helpful to the general public in terms of releasing stress, satisfying a sense of achievement, helping social interaction and communication, and improving their own quality, as well as in terms of artistic It is also beneficial in terms of artistic edification for the general public. All participants were willing to use healthy dance activities to help their mental health.

## 5.2 What should be considered to engage the public actively in healthy dance?

### 5.2.1 Targeted and General

All participants (n=15) felt that the function of healthy dance needed to be both targeted and general, and for the minority of participants (n=5) in that order, they also mentioned that it needed to be general in the first place, and then targeted according to different health purposes and age and gender once the general public was aware of it. Regarding the targeting of healthy dance, all participants (n=15) also indicated that this targeting could be adapted through different dance styles, but also needed to be tailored to the different preferences of the general public.

### 5.2.2 Form and Preference

#### ● Preferred objectives and forms of participation

Regarding participants' views on the objectives of the 'dance and health' activity, overall, all participants (n=15) showed their enthusiasm and responsibility as activity organizers. The coding labels for this section were based on "eliminating prejudice", "perseverance", "staying healthy", "accepting the artistry of dance", "happiness", and "sense of cooperation" were common tags, while a small number of participants (n=2) also suggested specific target for different age groups.

About the requirement for healthy dance activities, it also involved specific details about the interviewee's perception of the activity or class. First of all, all participants (n=15) expressed that the intensity of the activity should be moderate while not losing the intensity for exercise purposes. Concerning the style and atmosphere of the activity, "peaceful", "upbeat", "soothing", and "passionate" were all coded and mentioned many times. The majority of participants (n=10) felt that it depended on the style of the teacher and that they would like to experience any style. In terms of frequency of classes, all participants (n=15) said that this type of dance activity, which is healthy in nature, requires persistence to achieve health as one of the aims of the activity. Secondly, in terms of the format of the activity, participants except for professional dancers (n=11) felt that there was a need for a teaching format.

#### ● Dance genre

All professional dancers (n=4) felt that a genre of dance that was too professional for the general public to learn was not suitable for them but had the potential to be spread. Both dance hobbyists and participants with no dance experience (n=11) also expressed the view that a relatively less professional style of dance might be more suitable for the general public, but not absolutely. Overall, all participants (n=15) agreed that the choice of dance genre for healthy dance would change depending on the characteristics of the population, including age, gender, and different preferences. In this case, pop (n=8) and ballroom dance (n=7) emerged as the overall preferred dance styles of the participants, with ballroom dance being more popular with the middle-aged group of participants (n=5) and pop dance being chosen by all for the younger group of participants (n=8).

#### ● Environment

The majority of participants (n=13) made suggestions for a healthy dance environment, suggesting "wide", "safe", "outdoor", "natural environment", "park", and "square", which were also common markers after coding. A small number of participants (n=2) also suggested that a healthy dance environment still needs to occur in a formal dance studio due to the availability and safety of the facilities. In terms of environmental functionality, all participants (n=15) felt that organizers needed to consider the functionality of different environments to provide a healthy dance environment for the public with different population characteristics.

#### ● Creativity, Specialization and Entertainment

When specifically talking in depth about creativity in dance in the dance and health activity, the 'creative dance' form was introduced to inspire the respondents to recognize creativity in health dance, and all participants (n=15) felt that 'creative dance', when used in health dance activities, has a positive effect on health and promotes creativity and teamwork among the general public. When talking about the specialization and entertainment of healthy dance, the views of professional and non-professional

dancers were found to be opposed. All dancers felt that dance specialization should be relatively less entertainment for a general public 'dance and health' activity.

### 5.3 Issues in the development of 'dance and health'

In terms of obstacles and shortcomings to current development, participants listed the following reasons: the influence of government policy (n=12), low participation due to personal prejudice against dance (n=9), low self-esteem (n=5) and gender-influenced participation (n=15), insufficient professionalism of teachers and organizers (n=9), the reality of the epidemic (n=10) and the unclear distinction between the health function of disciplines (n=11).

#### 5.3.1 Gender-influenced participation

When it came to the issue of male and female participation in healthy dance, all participants (n=15) agreed that men were less involved in healthy dance interactions than women, although there were sensitivities to the nature of the issue. Reasons for this were labeled as 'masculinity', 'feudalism', 'prejudice', 'aesthetic requirements'.

#### 5.3.2 Unclear distinction between the health function of disciplines

When discussing the difference between the health functions of music, sports, with healthy dance, all participants (n=15) felt that the functional distinction between dance and these two disciplines in healthy dance remains to be clarified. For music, the health functions of music were more psychological, with markers such as 'inner activity' and 'mental relaxation' appearing in the interview data for this question. "Comprehensive" was the most commonly coded marker for dance function to provide significant physical exercise.

Regarding the difference between the impact of physical activity and health dance on the mental health of the general public, most participants said that sport is more purposeful and has a more scientific training system, for example, in the form of building muscles through fitness and shaping, but some participants also mentioned the disadvantages of physical activity, such as the "single" and "unattractive" forms compared to healthy dance, and the greater risk of physical injuries, "intense" and "sore muscles" are also frequent labels.

### 5.4 Further development suggestion for 'dance and health'

#### 5.4.1 Specialization and Generality

For the future development of 'dance and health', all participants (n=15) suggested the need to continue to strengthen the popularity of healthy dance activities and the specialization of the design of the activities (specialization of both dance and health disciplines) to improve the scientific and systematic nature. In terms of popularity, for the dancers (n=4), their views also covered the inclusiveness of 'dance and health' for the general public.

#### 5.4.2 Innovation

A few participants (n=3) also suggested that the innovation of the 'dance and health' format needs to continue to improve.

- The context of activities : Combination of local cultures

When asked about the possibility of incorporating elements of local culture and customs into the dance style of the health dance event as the innovation, all participants (n=15) responded positively that it would be acceptable to the general public, with "cultural export", "cultural specificity", "familiarity", "high popularity" and "high appeal" were the common labels found after coding.

- Innovation with other disciplines : Chinese traditional medicine

All participants (n=15) expressed "novel", "scientific" and "medical" views when they heard about the 'dance and health' activity innovation form combining traditional Chinese medicine exercise therapy (e.g., Ba Duan Jin or Qi Gong) with health dance, which was the most representative labels

after coding. They believe that the combination of a soothing traditional Chinese medicine exercise therapy, such as 'Ba Duan Jin', with health dance is a dynamic and static form, and that the movements are designed to have a clear and convincing functional effect on human health.

## **6. Discussion**

The analysis of the findings across the four themes covered a significant range of respondents' views and opinions on the development of 'dance and health', in the case of the main answer to question 2, also surprisingly answered all of the research questions, which provided ideas for subsequent researchers on the future development of 'dance and health'.

### **6.1 Main findings**

#### **6.1.1 Perception and functional views**

Regardless of their dance experience, all participants expressed positive support and participation in 'dance and health'. Specifically, participants expressed positive and active views regarding the physical and mental health advantages of dance, such as "strengthening the body", "relaxing the mind", "releasing stress" and "promoting social interaction", as well as the "artistic enrichment" and "change of temperament" brought by specialized dance activities. These views can correspond well with those of the researchers in the literature review on the advantages of 'dance and health' (Donath et al., 2013; Chappell, 2021). However, when talking about the weaknesses of 'dance and health' (excluding development issues), participants only expressed concerns about the physical safety of healthy dance activities.

#### **6.1.2 Demands and suggestions**

The research results show that the general public expects 'dance and health' to be integrated with other disciplines (music, sport, medicine, etc.) in the context of the distinction between the functions of the disciplines, using the integrative nature of dance itself. In terms of function, 'dance and health' needs to be universal and specific to meet the general needs of a wide range of people and the different needs of people with different health conditions, ages and genders. In terms of specialization, healthy dance needs to be highly professional and entertaining for the general public, attracting them through entertainment and making them feel the impact of health and dance artistry through strong specialization. In terms of genre, the findings show the need to plan the style of healthy dance activities according to different age characteristics and preferences, the integration of local folk culture is also a tool to innovate the style of healthy dance. In terms of environment, the general public groups suggest that the choice of venue needs to be taken seriously. The dance studio is not the only venue for healthy dance activities.

#### **6.1.3 Development issues**

In relation to the current and future development of 'dance and health', the results suggest the need to increase the popularity of 'dance and health' activities and concepts through the establishment of a scientific and systematic system of training and activities. In terms of hidden obstacles to development, the findings of the research encompass the current lack of policy focus on 'dance and health', the impact of the epidemic, the prejudices of the general public (personal circumstances, specialization of dance, gender, inferiority complex) and the unprofessionalism of practitioners and teachers.

## **6.2 Results interpretation**

### **6.2.1 Music and Dance**

One of the unexpected findings of this research was that the participants indicated that the effects of music on health functioning should be dominated by the effects of singing and playing, as this is

an activity that can be compared with dance when it can mobilize the muscles of the body. This finding, compared with the majority of studies discussing the effects of music listening on health, suggests that this research direction needs to be addressed.

In terms of the relationship between dance and music, the analysis results show that the public understands that healthy dance activities can be performed in isolation from music, but in terms of preference, the public would prefer dance and music to be performed at the same time. However, the results do not exclude the driving force of music, and there is no need to debate which is more effective for health: music or dance, as music and dance can complement each other and be mutually beneficial, but this should be done by considering the design of the activity based on a specific distinction between the two functions.

### **6.2.2 The inclusiveness for the general public**

In the results of this research, dancers expressed a strong wish to participate in healthy dance activities that are enjoyable and relaxing, as well as healthy dance activities that are not professionally trained, which was an unexpected finding in this research. Secondly, the results of this research also identified problems with the participation of the male population in healthy dance activities. The results show the reasons for the lower participation of men in healthy dance activities compared to women, including feudal patriarchy, male prejudice against dance, and their own lower demands. However, it is essential to note that the development of 'dance and health' activities needs to be geared towards the general public and achieve gender equality in participation.

At the same time, the literature review of research on 'dance and health' projects has seen many studies on health care for older people that are heavily represented compared to other age groups. The findings of this research suggest that awareness and participation in 'dance and health' activities need to be developed at an early age, rather than the benefits of 'dance and health' being felt in old age, a finding that is consistent with the views of Zhou (2021).

### **6.2.3 The specific specialization of dance in 'dance and health'**

About the specialization aspect of dance in 'dance and health', the researcher would initially assume that the general public would not be willing to accept dance activities with a high degree of specialization. After the research, it was found that the public wanted more specialized aspects of dance to be covered in 'dance and health' activities, specifically in demand for creativity and aesthetics, which is a finding that contradicts the expected answer of this research.

Nevertheless, the general public indicated that whatever the genre, healthy dance activities should reflect the professional and comprehensive nature of the dance itself to allow the public to appreciate the dance itself, thus soothing the mood and cultivating emotions, and not just for physical health purposes. Therefore, this also brings up the question of the difference between physical activity and healthy dance combined with the findings that, compared to physical activity, dance has a more aesthetic artistic value.

In assessing the specialization of health dance activities, the research findings contradict the relevant views of the literature review. Clift (2012) believed that on the developmental aspects of the creative arts in public health, it is more critical that artistic activity evolves rather than calling for a progressive evaluation system that goes beyond the use of practice-based research. However, the findings suggest that the public believes that the newly emerging discipline of 'dance and health' is not yet widespread, there is a need to establish a scientific and systematic system to achieve popularity before considering the development of targeted and personalized artistic creation. Therefore, as far as the research findings are concerned, Clift's (2012) view does not yet apply to all disciplines related to public health.

## **6.3 Limitations**

In this research, it is needed to acknowledge the limitations. This includes the limitations of the number of participants, which cannot represent the views of the entire public. Meanwhile, using the

methodology, the semi-structured interviews still had a risk of bias. Due to semi-structured interviews being open-ended, it can be tempting to offer questions that will sway interviewees' answers. Respondents might, on the other hand, try to give the answers they believe the interviewer wants to hear, which could result in social desirability bias toward 'dance and health'.

## 7. Conclusion

This research is firmly based on the position that 'dance and health' can promote human health, to explore the current and future development of 'dance and health' in the general population. Main conclusions can be drawn from this work, as follows, the intersection of disciplines in 'dance and health', the specialization of 'dance and health' itself and the artistic function of 'dance' within it, the obstacles to the development of 'dance and health' and suggestions for its future development. More satisfactorily, all of the above findings answer all of the research questions of this research.

A question is an opportunity for progress, and in this case, it is an opportunity for testing and reviewing the current developments in 'dance and health'. As Vella-Burrows (2017) suggests in subsequent research, "dance comes from the people and goes to the people.". I hope that researchers will explore and design their research from the general public's perspective, practice a scientific and systematic system of 'dance and health' that will be loved and welcomed by a wide range of people.

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