

# Interventional Dance Therapy for Breast Cancer Survivors at the National Cancer Society Malaysia

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## ABSTRACT

*This interventional therapy project was carried out for three months in the year 2019. It foregrounded dance as a therapeutic intervention for breast cancer survivors at the National Cancer Society Malaysia (NCSM). A group of 22 women was recruited with the help of NCSM. Certified movement therapist, Mahisha Naidu, was employed to conduct sessions for the women. Each session lasted for two hours on Friday afternoons. Participants were given different forms of movement activities that required physical, mental, and emotional engagement. Through the practice of "check-in" and "check-out," each woman shared her individual expectation for the session, and later, reflected upon the outcome of her participation. At first, the "untrained" group was sceptical because the intervention did not require them to learn any particular dance form, but instead, required them to improvise through their "own" movements. Women who were "reserved" about creating dance movements and sharing their stories evolved with the process. Not only did they become "open" to the sessions, but they started making meaningful connections to their lives through dance. Variety in activities, uncertainties in the outcome, and freedom of exploration were some of the key factors that produced unexpected outcomes for this study. This project raised issue pertaining to sustainability. This issue, as well as the design and delivery of the project will be examined in this paper.*

**Keywords:** *dance therapy, movement therapy, breast cancer survivors*

## INTRODUCTION

In an unexpected way, yet we all benefitted discovering/letting go of our pain, finding our strengths, getting in touch with our emotions, keeping what's helping and discarding what's negative, listening to as well talking to your body. (A 2019)

This article begins with the above quote as it consolidates the primary aim of the project. This project was carried out in the second phase of the overarching sub-programme themed "dance as movement therapy for breast cancer survivors," funded by the Universiti Malaya Research Grant from 2018 to 2019. This study attained its key purpose when survivors recounted that they were able to release adverse emotions and mental pain, and dance provided such catharsis.

I embarked on an interventional study partnering with the National Cancer Society Malaysia (henceforth, NCSM) as it already had an existing database of cancer survivors that could potentially

be used for this study. NCSM recruited participants and provided the space for this study. I invited Mahisha Naidu, a certified dance movement therapist, who became a co-researcher and facilitator of the movement sessions in this study.

Breast cancer has become the most rampant disease among women today. In 2018, Globocan<sup>1</sup> ranked breast cancer the number one disease in Malaysia based on incidence and mortality. With early detection and treatment, women survive breast cancer but there is a need for better rehabilitation to avoid the recurrence of the vicious disease. The effects of breast cancer can extend beyond physical health, as the condition often also influences emotions and socialisation. Clinical specialists have been actively seeking alternative treatments for their patients to pursue along with clinical therapy, such as “nutritional therapy, herbal therapy, sportive therapy, art therapy, music and dance therapy, imagery, yoga, and acupuncture” (Aktas and Ogce 2005, 408). This is the point of departure for this study, which aims to investigate dance as a form of alternative therapy for the post-clinical population. More specifically, it examined how dance could contribute to physical as well as mental, emotional, and social well-being. Ethics approval was obtained from Universiti Malaya Research Ethics Committee before NCSM and I embarked on this project. In this article, I will not reveal any names or share any pictures to protect the identity of the participants.

The importance of bodily-led approaches to research is therefore central to this study, which combines somatic modes of inquiry with more traditional modes of qualitative analysis. Methodologically, this project employed ethnographic methods to document, analyse, and communicate the fieldwork experience and the data arising through these interactions. I regard ethnographic research as a form of community engagement where the process involves sharing and collaboration between the researcher and the researched. This engagement could range from weeks to months or even years. This paper is written based on observations, discussions, and participation. Research findings are based on what was observed and learned from the women participating in this study.

More specifically, I employed the community-based participatory research framework as a methodological tool. According to Israel et al. (1998, 173):

Community-based research in public health focuses on social, structural, and physical environmental inequities through active involvement of community members, organisational representatives, and researchers in all aspects of the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and to integrate the knowledge gained with action to benefit the community involved.

I find this conception useful as I embarked on a collaboration project that aimed to privilege researchers (Mahisha and I), the private health organisation (NCSM), and the community under study (breast cancer survivors). I derived the epistemological knowledge not as a “lone ethnographer” (Rosaldo 1989; Jesse et al. 2015), but through participatory and interactive ethnographic methods.

The intention of this study is to centre on women’s experiences of using Dance Movement Therapy (DMT), to learn more about how they utilised the sessions, and how they extended the embodied knowledge beyond the sessions as a form of rehabilitation and as a means to promote well-being. The centring of women’s experiences in this study aligns with calls for participation, guided by the lived realities of those breast cancer survivors. This is also a form of narrative research. Murray (2000) has shown how stories can be analysed on different levels—personal, interpersonal, positional, and ideological or societal. Telling stories is how communities construct a shared identity and identify the potential for change and initiatives to promote health. Narrative research shows the importance of stories on both the individual and the community levels. To gather these narratives, interviews were conducted at NCSM during the period of the study.

Breast cancer survivors shared their stories that ranged from topics of life during cancer and post-cancer to family and work. In an open format, they also revealed their expectations for and reflections of each session. Each woman shared not only what they experienced in the sessions but also

happenings outside the sessions. One participant's story facilitated another to do the same. Cortazzi (1993, 2) states that, "When a joint description and interpretation of a participant's life experience is conducted with the researcher, there is a shift from life stories to life histories, drawing on a wider evidenced base of interviews, discussions, texts, and contexts to provide interpretations."

Listening to the survivors' narratives provided a greater understanding of the turning points in their life and a greater understanding of the range of emotions they had before the session and those that surfaced during the research.

The sessions were not meant to provide counselling to the participants or a solution but rather allowed them to explore their thoughts, externalise their feelings through their bodies and voices and help them come to terms with their own mental and emotional state and take charge of it. Mahisha pointed out in the sessions that everyone is on the same level, stressing that they will work together rather than one dominating the other. This sense of equality put the participants at ease. Although the process itself was not as easy, it was rewarding as the women felt more confident and empowered as the sessions progressed. Furthermore, Mills (2017, 2) states that dance as an embodied practice challenges women's "perceptions of themselves as members of communities as well as their shared spaces and communal lives." Dance inserts new voices into communities through moving bodies. Moving bodies has led to self-transformations as well as affected other bodies in various meaningful ways. The project was carried out with this epistemological understanding of body and dance in mind.

## **DANCE AS A MOVEMENT THERAPY**

In this section, I discuss literature on the dual framing of dance as a movement therapy and dance as an emotional outlet. I find these conceptions of dance from the physical and emotional levels useful as dance not only heals the material body but also goes beyond physicality to transform adverse feelings, emotions, moods, and mental states.

DMT is the psychotherapeutic use of movement, based on the assumption of the interconnection of body and mind, and most importantly, "the healing power of dance." The American Dance Therapy Association (ADTA), on its website, defines it as "the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" (ADTA 2022). Although dance has been traditionally acknowledged and expressed as an outlet for healing, DMT became an established profession in the West from the 1940s. It developed models/concepts that spread to the East and worldwide in the 1990s.

According to Millman et al. (2021), dance combines social, cognitive and fitness components; hence, it is useful in treating physical and cognitive decline amongst people with various illnesses. I also turn to studies that focus on how DMT has been used on breast cancer patients to improve their general well-being (Goldov 2011; Sandel et al. 2005). These scholarly works have provided models to conduct similar studies in different cultural contexts. While these studies have primarily focused on patients, this study is intended to privilege the survivors as post-clinical care and prevention are necessary.

Dance and DMT share many therapeutic mechanisms that have led to positive changes in terms of physical strength, agility, and mobility, as well as mental and emotional transformations for individuals. When the intervention takes place in a group setting, such mechanisms as cohesion, experience to be part of something larger, mutual trust, corrective emotional experiences, empowerment, mutual support, probing social roles, and enactive interpersonal learning are important (Schmais 1985; 1998; Yalom 1985; Rutan and Stone 2001).

Koch et al. (2019) have outlined five mechanism clusters through which creative arts therapies work that also apply to DMT and dance, such as (1) hedonism (pleasure and play, non-goal orientation), (2) aesthetic experience (experiencing beauty, body-mind unity, unity with a partner, etc.) and its authentic expression, (3) non-verbal meaning-making (communication, emotion expression and regulation, social interaction), (4) enactive transitional space (experiencing activity, agency, self-

efficacy, constructive resources, test-acting, enactment, rituals, and transformation), and (5) creation (generativity, productivity). Other individual and group mechanisms utilise DMT for change. I have witnessed a combination of the abovementioned clusters in the sessions observed for this study, which I will explain in detail.

Interventions of dance as a form of therapeutic medium are very rare in Malaysia. Except for a few studies conducted at Universiti Malaya, Universiti Sains Malaysia and Universiti Pendidikan Sultan Idris, such studies are scarce in this country. The reason is a lack of trained professionals in DMT as well as the applications of DMT models. As far as this study has identified, only two certified movement therapists in Kuala Lumpur have attained their certifications in the UK. Professionally organised therapy sessions through dance interventions are very limited as these require specialised skills and knowledge.

This article foregrounds dance as a cathartic/therapeutic vehicle that heals post-clinical people while addressing the pressing issue of sustainability in terms of the availability of funding and dance movement therapists in Malaysia. Sustainability also considers unprecedented or unexpected efforts to keep participants motivated throughout the study and to ensure that they attend all the sessions. “What next for us?” was a question that challenged this study to think more critically about the sustainability of communal projects.

Knowing my limitations in this field, I looked out for a movement therapist for the study. I found Janet Moo Tein Ni and Mahisha Naidu. Since Janet could not be part of this study due to her other work commitments, she introduced me to Mahisha, who immediately agreed to be part of this study. When asked about her interest in DMT, Mahisha (2021) said:

Dance has been a big part of my life and has gotten me through some really tough times. I wanted the act of simply “being” in movement to be able to reach and impact the lives of many others. I did MA in Dance Movement Therapy in order to be able to play a role in making this accessible to all.

She continued her professional development after graduation and expanded her career to utilising many more creative arts methods in her psychotherapeutic interventions. This has allowed her to offer this to many people in terms of connecting with themselves and others. To date, she works with a residential treatment centre for younger adults and has been doing so for the last three to four years.

Having Mahisha on board yielded desirable outcomes. In fact, it was Mahisha’s idea that we approach NCSM. She had by then already established a contact with NCSM. She had been invited to conduct a therapy workshop and NCSM was keen to have her conduct further workshops. We discussed with the Managing Director of NCSM, Dr. Murallitharan Munisamy, who expressed interest in the project and suggested that we sign an agreement to seal the commitment for a collaboration. The project started after we completed the necessary documentation. Mahisha also devised the pre-test and post-test questions. She also planned the activities for each session. I put on multiple “hats” in this project. Not only did I monitor the implementation of the project, but I also observed and participated in the activities. We were assisted by my Research Assistant, Muhamad Zharif Azzuddin, who did the recordings.

## **DANCE AS AN EMOTIONAL OUTLET**

Franziska Boas’ definition of dance is useful here. She proposes that “ordinary gestures and actions can become dance if transformation takes place within a person, a transformation which takes him out of the ordinary world and places him in a world of heightened sensitivity” (Snyder 1974, 221). This definition seems to broaden our understanding of what “dance” is and what it can do. It is a social phenomenon that is not just concerned with dancers or their dancing, but most importantly, their inner experiences and lived realities.

The notion of dancing as a form that may have therapeutic value is not something new and has been explored frequently in dance literature. The concept of dance as a generator of “cathartic value” (Spencer 1985, 4) has entered various scholarships and has gained much attention. Cathartic value is attained when pent-up emotions are released; when this happens through dance, it becomes the emotional outlet.

Women in this study explored various movements and gestures that were self-produced based on the themes of the activities. They moved their bodies based on their understanding of themes and connections they made to their lived experiences. Such reflections were mirrored in their dance. While moving, women demonstrated not polished (as seen in theatre dance) but raw movements that came out with emotions that were experienced directly. This phenomenon goes against the Cartesian principle of mind-body split, as mind and body interconnect and become inseparable in the process. Such experience is what I would like to associate with the cathartic value.

These women were not taught any set of dances, something that was contrary to their usual understanding of dance classes. Instead, they were asked to produce their movements. This movement form can be understood as creative dance.

Let me delineate between creative movement and creative dance. Movement is defined as “the act or process of moving especially through change of place or position and posture” (Merriam-Webster.com 2018). The movement here is too broad and does not clearly explain the aesthetic experience of the body. Hence, creative dance is more appropriate to discuss the activities in the sessions. According to Chang (quoted in Tan 2022), creative dance is any form of dance that is solely created by the learners through their physical responses to the surrounding environment, which encompasses auditory stimuli, visual stimuli, manipulation of objects, and is inspired to dance freely.

The learners were not taught a specific set of movement vocabularies but were given the freedom to generate movements based on their creativity. With scepticism, Participant 1 (2019) asked, “I know that what we are doing is a movement. I don’t think this is dancing. How can walking be dancing?” To this, Mahisha and the rest of the members responded that any movement could be deemed dance, which are “free movements.” The response testifies that the women recognise what they do as a dancing activity. They were made to realise that the self-expressive art form synthesises rhythmic movement with aesthetic expression and transforms natural movements into dance movements (Lloyd 2014). Led by their inner emotions and experiences, women do not see themselves as confined to or restricted by a particular movement vocabulary. They are able to tap into any movements as they wish within the “shared embodied space” (Mills 2017). In that shared space, bodies communicate with each other viscerally without partiality. Besides, creative dance was a suitable choice because it made everyone feel equal in the shared space.

## **RECRUITMENT AND DMT SESSIONS AT NCSM**

Community engagement projects will benefit purposefully when there is a collaboration between universities and industrial players (governmental or non-governmental organisations and private bodies). Mutually beneficial partnerships can produce research and innovation that solve problems and provide new ideas/solutions/approaches. Universities and industries can combine technical skills, knowledge, and resources to address societal challenges.

In this study, I designed the framework by bringing in the expertise in the form of a therapist and resources for the movement classes while NCSM provided the infrastructure and logistic support. It helped us to identify the participants for this study. I also provided the inclusionary and exclusionary criteria. One of the main criteria was to recruit exclusively breast cancer survivors and those who were not undergoing any clinical treatments/consultations (however, follow-up consultations were allowed).

NCSM recruited participants through its in-house notice board, email, and WhatsApp. The Resource and Wellness Centre coordinator, Adeline Joseph, later described that it was rather difficult to get survivors committed to these programmes. She cited that not many survivors were interested in

dancing, but she countered the statement by saying that there must be a promised outcome (e.g., in the form of a performance) to attract these survivors. It seemed that they showed more enthusiasm for cooking classes, yoga classes, and outdoor activities such as hiking and retreats. Having said that, she managed to recruit 22 participants with their consent for this study.

The study was conducted for three months from July to September 2019. The time frame was decided based on the availability of the therapist and the accessibility of the group. As much as this project hinged on the inclusionary and exclusionary criteria, we faced the scenario where two female non-breast cancer survivors were in the group, whom Manisha and I could not exclude upon witnessing their enthusiasm. We also faced the dilemma of answering the questions, “Why not us?” and “Will the therapy not work for us?” The recruitment process faced such glitches, which remained something that we could not unravel until the end.

The group of 22 participants were mainly drawn from Malay, Chinese, and Indian ethnic groups. They were between 40 and 60 years old. A total of 11 sessions were conducted in three months. Each session lasted for two hours on Friday afternoons. It was conducted at the mini hall in NCSM’s Resource and Wellness Centre. Participants were given different forms of movement activities that require physical, mental, and emotional engagement. Each session began and ended in a circle. Through the practice of “check-in” in a circle in the opening, each woman expressed her individual expectation for the current session and what each has carried on from the previous session. At the closing, during “check-out”, each reflected the outcome of her participation. Each woman was asked to reflect on sensations, memories, images, colours, and emotions. The “rituals” allowed them to express themselves and connect with one another.

The activities for each session began with warm-up exercises with music guided by Mahisha. The participants performed simple stretching exercises. There was an equal distribution of power during this session as each person took turns leading a stretching exercise of her choice, followed by the rest of the group members, which includes Mahisha and me. While it created fun, this exercise enhanced openness, confidence, and a sense of belonging in the group. Everyone felt that she had a role to play and that each person was important.

The core activities that ensued were conducted by Mahisha. These activities, among others, focused on the expression of emotions with songs, words, drawings, colours, and props (e.g., shawl), creating movements guided by words such as “big,” “small,” “light” and “heavy,” which were explored with partners, creating group choreography with one movement developed to an eight-beat count by each participant, exploring different sensations through recorded and live music (e.g., drumming sessions), letter writing activities where participants wrote one letter in which the body talked to them and another letter in which they spoke to their bodies. These activities aimed to empower women, develop mental strength, discover creativity and artistry, and learn new ways to move their bodies. Some were able to transcend mental blocks by letting out suppressed feelings and adverse feelings about themselves or their bodies. This could only be achieved through self-exploratory movements. It would not have been effective if they learned any particular dance forms. In this vein, they were happy to have learned a new dance form, and some who were teaching dance classes were enthusiastic to incorporate creative dance into their own teachings.

Some women were sceptical at the beginning whether it was possible to create their own movements. Participant 2 (2019) shared that, “This is different from Zumba and Latin dance which I am learning now. I get stressed because I need to imitate and remember the steps, but I don’t have to do that here. This is different. I can move as I feel; I can do my own movements.”

Following that, Participant 3 (2019) opined that “I feel overwhelmed with the class as I have to create movements based on my feelings for certain music at times, I have to move fast, but I am slow mover. It stresses me.” Participant 4 (2019) said that she felt frustrated when her partner could not move at her pace, and so for her, partnering did not yield a satisfactory result. Participant 5 (2019) expressed that she felt “light and relaxed” after the session. These women appreciated and valued the process mainly because they did not just “do” physical movements to complete each task, but they were given the opportunity to verbalise or narrate the experience and to collectively reflect upon

what they had performed in the shared space. Participant 6 (2019) asked with concern, “We all have different emotions and our own baggage to carry. How can we bring out and pour everything here? How can we handle?” To this, Mahisha (2019a) responded, “that is a great question. This is a safe space to shake those off and leave (detox as you leave). If you feel overwhelmed at any point, you can step out and get a breather. It is totally fine.”

The uniqueness of this therapy lay in how women, first and foremost, internalised and later externalised the emotions, sensations, and feelings through movements that stemmed from their own embodied experience. These emotions, expressed through the body, were reflected and narrativised at the end of the session. The reflection showed mixed feelings, such as depression, stress, pain, happiness, and relief. The women gradually learned to handle adverse feelings, as Mahisha (2019b) told them, “Leave thoughts out and let the body take us somewhere. Give yourself time. It will leave by itself when you choose to let it go.”

These activities that encapsulated fun, play, pleasure, interaction with partners, emotional expressions, communications of inner feelings through words and movements, enactments of certain experiences, and the creation of new gestures and movements seem to resonate with Koch’s mechanism clusters (as explained earlier). However, these are not a static set of clusters but are a combination of dynamic tools that bear unexpected outcomes. The beauty in the mechanisms is the “uncertainty” element that they embody. For instance, we will never be able to anticipate what will be achieved from each activity and how the women will respond to it. Sometimes, the activities turn them into “children,” and they feel elated; other times, they feel indifferent or sad. There were a few instances when women felt overwhelmed. They shed tears while they shared how the activities brought back traumatic memories of fear and pain caused by the passing of loved ones in the family or friends and cancer.

Recalling a powerful testimony from the dance therapy sessions, Mahisha (2021) recounted:

That very specific day (my life story in movement) there was no specific genre was used and everyone was encouraged to listen to how their bodies remembered their stories—no rules, no technicalities. It was lovely to watch the whole group coming together to be part of each other’s life stories and offer support and connection through movement. It was a powerful group that left the participants feeling “held,” “connected” and “not alone.”

The shared space lent emotional support to each other. The assurance that “I know what you have gone through” seemed comforting and therapeutic to the “*communitas*” of women who were in the same predicament. Moments like these enabled women to externalise their suppressed emotions while they were guided on how to deal with them.

Over the course of 11 sessions, women who regularly attended evolved with the process. Not only did they become “open” to the sessions, but they started making meaningful connections to their lives through dance. Unique elements such as variety in activities, “non-rules and non-technique” based creative movements, uncertainties in the outcome, and freedom of exploration were some of the key factors that led to positive outcomes in this study.

## **INTERROGATING SUSTAINABILITY OF THE COMMUNITY-BASED PROJECT**

We performed briefing and debriefing in each session. All the women who registered for the intervention programme attended the first session. In the session, we sat in a circle for introduction and briefing. I learned that the key factor that attracted the cancer survivors to this study was the term “dance therapy” itself. It was discovered that most people have poor to no knowledge of dance/movement therapy and how it is carried out. The decision to stay and continue transpired after Mahisha and I explained it to them. Participation itself was paradoxical as it was met with mixed feelings—“excitement,” “anxiety,” and “fear.” Some were open to being part of this project simply because they were curious to know what dance therapy was all about and how it was conducted. Some

participants expressed that they wanted to explore something new, which one participant described as “*pelik*” (weird). They believed it could heal them, promote healthy living, and ultimately, longevity. Meanwhile, others were uncomfortable stepping into the “unknown terrain.” Being in the state of “not knowing” what they would be expected to do in the sessions troubled them to the extent that a few hesitated to be part of the programme. As a result, those participants decided to withdraw from the programme.

Numbers dropped to less than 20 in the subsequent sessions. The number of participants fluctuated considerably and declined to less than 10 at the end of the project. Those who took the sessions seriously saw that they could benefit from the sessions. It was not only therapeutic sessions for them but also functioned as knowledge-sharing and knowledge-dissemination sessions. Some applied the knowledge gained from the activities. They revealed the possibility of using some of the activities in other dance settings.

Some members could not attend regularly due to numerous commitments and health issues. The drop in the number of participants was something that we anticipated. However, there was no means to keep them committed as no payment was involved and participation was voluntary. There was no obvious output produced at the end of the programme. The participants’ commitment posed a huge obstacle in this community engagement project to the extent that I wondered if this was a failed ethnographic study. I wondered how I could have restored the situation if given another opportunity. This is a concern that I do not have a definite answer at this point.

At this juncture, I revisited the question asked by one of the participants, “What happens next?” when the programme came to a closure. All therapeutic sessions are time-bound. The duration and sustainability of any programme are highly dependent on the availability of funding and participants. We discussed the concerns of sustaining projects such as this without adequate support. Despite limitations, the project ended with optimism when survivors shared that they had reached some understanding and appreciation of dance intervention as a form of therapy, its potential to connect mind and body, and more specifically, that it can move beyond catharsis into understanding and the potential of a deeper sense of reflection. It was also comforting to hear how some survivors took one step forward and shared certain activities with their family members and others. In doing so, they have started to create positive changes for themselves and those around them.

## CONCLUSIONS AND RECOMMENDATIONS

This study, enabled by the Universiti Malaya Research Grant and in collaboration with non-profit cancer organisation, NCSM, opened the avenue to utilise dance movement as a therapy for breast cancer survivors. The first of its kind in Malaysia, this project allowed exploration of what the partnership between academia and support groups can do for the community. Creative dance was used as a form of interventional DMT to promote mental, emotional, physical, and social well-being among participants. Participants were supportive to the extent that they embraced the unique self-expressive art form to relate to their lived experiences and externalise their moods, feelings, and emotions. Although there was resistance in the beginning, they started to appreciate the sessions, and in the process, they demonstrated positive outcomes. Regardless of whether the sessions provided immediate solutions, participating women learned to be aware of their minds and bodies and take charge of these using the tools introduced in the sessions.

In addressing the concerns of sustainability, the researchers believe that some participants may resort to using creative dance as a tool in their own practice, inducting some form of social wellness. However, as a form of therapy, it requires professional attention to generate substantial results because it goes beyond healing physical bodies. Hence, further studies are required for conclusive results.



**NOTES**

1. Globocan, an acronym for Global Cancer Incidence, Mortality and Prevalence, is a project of the International Agency for Research on Cancer. It provides comprehensive statistical data on cancer. This information was drawn from Lum (2019).

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