

Building a Sense of Belonging in Dance with Adolescents: A Systematic Review

Precious N. Sango  and Angela Pickard *

Sidney De Haan Research Centre for Arts and Health, Faculty of Medicine, Health and Social Care, Canterbury Christ Church University, Coleridge House, North Holmes Road, Canterbury CT1 1QU, UK

* Correspondence: angela.pickard@canterbury.ac.uk

Abstract: It has been suggested that adolescents' mental health challenges account for half of the disease burden in the world's adolescents and young adults. In addition to psychological and medical interventions employed to prevent and treat mental health conditions, programmes such as social prescribing which include arts-based activities like dance, are gaining momentum in countries such as the UK. Evidence shows that such activities can produce positive mental and physical well-being outcomes for individuals with the potential to build a sense of belonging and connection among adolescents. This review aims to collate and synthesise findings of studies that explored building a sense of belonging and/or its features in dance with adolescents. The review was reported based on the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. We identified 14 studies that met the inclusion criteria which were used to present a narrative synthesis to address the review questions. The findings show the need for more dance research that directly focuses on and explores the role of dance in building a sense of belonging with adolescents and how a sense of belonging can be facilitated through dance.

Keywords: sense of belonging; adolescence; dance; mental well-being



Citation: Sango, P.N.; Pickard, A. Building a Sense of Belonging in Dance with Adolescents: A Systematic Review. *Adolescents* **2024**, *4*, 335–354. <https://doi.org/10.3390/adolescents4030024>

Academic Editor: Christiane Stock

Received: 8 May 2024

Revised: 24 June 2024

Accepted: 27 June 2024

Published: 2 July 2024



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1. Introduction

This systematic review aims to gather findings from studies that explored building a sense of belonging in dance with adolescents. The definition of adolescence is a contested one [1,2]. According to [2], the term derives from the Latin word “adolescere” which means “to grow up”. The term is used to define the transitional phase between childhood and adulthood. There have been various definitions aimed to pin down the age range, with the United Nations officially describing adolescence as the age of 10 to 19 [2]. This age designation often fails to account for the diverse experiences that emerge from different cultures and is more common in Global North countries than in the Global South countries, where it is usually associated with rites of passage [1]. Ref. [2] stated that the term “youth” often defined as 15 to 24 years old emerged alongside adolescence. Consequently, such terms and those like “young adulthood” and “emerging adulthood” complicate matters further resulting in overlapping age categories. Therefore, [1] argued that rather than the terms “adolescence” and “adolescent” being all-encompassing, they should instead offer a broad framework for understanding diverse and unique transitions individuals go through from childhood to adulthood across different cultures, time periods and personal circumstances.

Notwithstanding the contested definition of adolescence, a universally recognisable marker of this phase is the biological onset of puberty, a period of significant physiological, psychological, and cultural changes [3,4]. Puberty usually begins around the ages of 10 to 11 and is completed by the ages of 15–16 in girls; while the age in boys typically starts between 11 and 12 and completes by the ages of 16–17 [2,4]. This transitional period presents a significant vulnerability to mental health problems because early life experience has a crucial influence on an individual's physical and mental health (e.g., [5,6]). This

is due to the great neurological, hormonal, physical, environmental, and social changes that occur in the period of adolescence. For example, the need for adolescents to feel they 'fit in' so they tend to look for potential synergies with others for common interests. Many adolescents develop into healthy adults; however, some develop mental health conditions which first appear before the age of 24 years [7,8]. It has been suggested that young people's mental health challenges account for nearly half of the disease burden in the world's adolescents and young adults [9]. Mental health conditions are among the leading causes of disability and death for adolescents between the ages of 10 and 19 [10,11].

While reliable data regarding the prevalence of mental illness in adolescents globally remain limited, especially from the Global South [11], data from the United Kingdom (UK), for example, show that the proportion of 6- to 16-year-olds with mental health conditions in the country increased from one in nine to one in six between 2017 and 2021 [12]. The increase in the prevalence of adolescent mental illness (e.g., in the UK) could be attributed to various factors such as the recognition and increased awareness of mental health conditions in children and young people (e.g., [13]) as well as the social and psychological impacts of the COVID-19 pandemic [14,15]; however, the prevalence keeps increasing [16,17].

In addition to psychological and medical interventions employed to prevent and treat mental health conditions in children and young people (e.g., [18]), programmes such as social prescribing [19] are gaining momentum in countries such as the UK, with professionals referring patients to non-medical services and activities aimed to support their well-being. Arts-based activities are some of the activities provided under these programmes and evidence shows that such activities can produce positive mental and physical well-being outcomes for individuals [20–24] with their potential to build a sense of belonging and connection among adolescents [25].

Maslow introduced belonging and love as needs in his hierarchical model that describes a person as an integrated and organic whole motivated by hierarchical needs, and how certain needs must be fulfilled before others can be pursued [26]. Belongingness and love rank third on the hierarchy after physiological and safety needs have been met before a person can pursue the fourth and fifth needs—esteem (achieved through recognition or achievement) and self-actualisation and self-transcendence needs [26]. Belongingness and love emphasise the importance of healthy relationships, friendships, and connections with family and community (e.g., [27]).

Belongingness can be facilitated through affiliations with groups, connections, and peer relationships, see [27], or in the adolescent phase, for example, this process can be built through social and/or arts-based related interventions [25]. It could therefore be argued that for holistic and positive mental health outcomes, satisfying the need for belongingness is crucial for adolescents as they go through identity formation and emotional development, which requires positive social interactions, friendships, and community engagement (e.g., [1,28,29]). Having positive relationships, which could be argued to meet the general need to belong, does not guarantee the subjective experience of belonging [30].

Belonging has been defined and conceptualised in various ways (e.g., [31–36]). While there is no one way of defining belonging, Ref. [37] 's review on belonging argued that most definitions often focus on social belonging and omit vital aspects like cultural ties and place-based connections. Aspects of these, however, seem to be highlighted in the definitions proposed by [31,34–36]. For example, [31] viewed belonging as a psychological construct and used [38] (p. 21) definition "*as the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment*". According to [37], the concept of "belonging" and "belongingness" lacks consistent definitions and clarity across studies. In the context of educational settings, belonging's definitions include school experiences, peer and teacher relationships, and emotional connections to the school environment (e.g., [39–41]).

Other definitions conceptualise a sense of belonging as the extent to which individuals feel personally accepted, respected, included and supported by others in their social environment [36]. Ref. [34] presents three analytical levels to conceptualise belonging. The

first level includes social locations, which refers to a person's position in society based on factors such as gender, race, class, nation, and profession. Ref. [34] recognises the intersectional and evolving nature of these positions which have implications in terms of power dynamics within society. The second level of belonging, according to [34], focuses on individual identification and emotional attachments and highlights how identities are narratives, stories people tell themselves and others about who they are (and who they are not). These narratives do not all relate to belonging to specific groups but can be about attributes, body image, vocational aspirations, and affiliations, see [42]. These identities can either be personal or collective, and they can change, and be contested and multiple. These narratives are not merely cognitive stories but relate to emotional investments and desires for connections [34]. The third level pertains to ethical and political value systems that influence how individuals and communities perceive belonging [34]. These values are crucial in determining what constitutes legitimate belonging and guide our judgement about our own and others' sense of belonging [34].

Ref. [35]'s scoping review suggests subjectivity, groundedness to an external referent, reciprocity, dynamism, and self-determination as five elements that are central to a transdisciplinary and multidimensional understanding and conceptualisation of a sense of belonging. They defined a sense of belonging:

“As a subjective feeling of value and respect derived from a reciprocal relationship to an external referent that is built on a foundation of shared experiences, beliefs, or personal characteristics. These feelings of external connectedness are grounded to the context or referent group, to whom one chooses, wants, and feels permission to belong. This dynamic phenomenon may be either hindered or promoted by complex interactions between environmental and personal factors” [35] (p. 1031).

Several literature reviews suggest that dance has positive physical, health, and physiological well-being outcomes for adults [43–47] children, and adolescents, including participants with mental and physical conditions [48–53]. Dance was also found to reduce problematic behaviours and improve social interaction and communication in adults in care homes [54]. Behaviour change (e.g., sexual health, lifestyle habits) and subjective well-being outcomes were also found to improve because of creative arts project involvement for adolescents [49,55,56].

Other reviews (e.g., [44,57,58]) focused on and highlighted the positive effects of dance on reducing psychological distress for adults and psychological benefits for adolescents [48,50,52,53,59]. Past and recent reviews (e.g., [48,53,59]) have emphasised that evidence related to psychological constructs such as self-concept is still poor due to the small number of studies on each construct, inconsistent findings, or methodological limitations.

Nevertheless, some of these identified reviews on the effects of dance present findings related to behaviour change outcomes (e.g., [47,49,55,56]) and do not focus on the value of dance on its own but include a combination of creative art-based projects and/or dance and physical exercise or music. Others focus on the adult population and health-related outcomes (e.g., [43,44]); those that focus on adolescents have less coverage of all adolescent age groups (e.g., [51,56]), and others that focus on full-age coverage of all adolescents mostly focus on health, social, and behavioural related outcomes (e.g., [50,59]). These social and psychological outcomes tend to mostly outline findings related to the self (e.g., [59]) and alleviation of depressive symptoms (e.g., [50]), and none of the reviews appear to feature outcomes related to a sense of belonging. As highlighted by the above literature on the definitions of belonging (e.g., [27,28,31,33–37]), the concept and its features are some of the important social determinants of identity development, well-being [29,31], and mental health for young people (e.g., [60]).

A systematic review, rather than a scoping review, is considered appropriate to “identify and inform areas of future research and uncover international evidence that will address” [61] (p. 2) this review's aim: which is to collate and synthesise findings of studies conducted to date that explore building a sense of belonging through dance with adolescents. This review will focus on the following distinct but related research questions: What

is the role and impact of dance in building a sense of belonging with adolescents? How is a sense of belonging built through dance with adolescents?

2. Materials and Methods

The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines [62]. PRISMA provides checklists and recommendations to authors of reviews and meta-analyses to ensure transparency, validity, and reliability [59]. The research questions and search methodology employed in this review were informed by the PI(E)COS system [63,64]. This consisted of Population (P) for Adolescents, Intervention (I) for dance type, Exposure (E) for dance participation, Comparison (C) was not applicable in this as the focus is on the impact of dance, Outcomes (O) for sense of belonging, and Study Design (S) related to the types of studies included. The review was pre-registered with the International Prospective Register of Systematic Reviews under the registration number: CRD42023460788.

2.1. Search Strategy

A systematic search of the following databases concluded in September 2023: Web of Science, PubMed; PsycINFO, MEDLINE (EBSCOhost); Embase. Publications were identified on all databases with no year of publication restrictions using Boolean operators (e.g., AND, OR) truncation (Adolescen*, Belong*) and brackets with bespoke search terms as seen in Table 1, which were informed by common terms used to define belonging and its features (e.g., [27,28,31,33–37]) and broad dance types and interventions. The advanced search functions of all the databases were used to ensure that the main keywords and search terms listed in Table 1 were consistently used for searches.

Table 1. Search terms used for the systematic search in Web of Science, PubMed, PsycINFO, MEDLINE (EBSCOhost), and Embase.

Main Keywords	Search Terms
Adolescence	Adolescen* OR Teen* OR Youth OR Young people OR Student
	AND
Dance	Dance OR Dance programs OR Contemporary dance OR Dance activities OR Dance education OR Dance therapy OR Ballroom dance OR Sport dance OR Ballet OR Jazz OR Folk Dance OR Hip-Pop OR Square dance OR Dance movements therapy OR Dance effectiveness OR Dance belonging OR Dance interventions
	AND
Belonging	Belong* OR Sense of belonging OR Inclusion OR Connect* OR Social connectedness OR Social identity OR Peer relationships OR Group dynamics OR Psychological well-being OR Self-esteem OR Self-perception OR Emotional development OR Community engagement OR Youth development OR Social support OR Interpersonal relationships OR Group cohesion OR Peer support OR Cultural diversity OR Acceptance OR Identity

2.2. Inclusion and Exclusion Criteria

As illustrated in Table 2, studies that involved adolescents between the ages of 10 and 19 in line with the WHO and UN's age designation for adolescence were included. Studies that focused on the use of dance as an intervention were included. Any type of intervention study was included (qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies, and mixed methods studies). The intervention content had to be dance and/or any kind of dance form. To be included the study's outcome had to have at least one aspect of belonging. The terms from the definitions of

belonging (e.g., [27,28,31,33–37]) built some of the belonging terminologies for the search. The studies had to be published as peer-reviewed journal articles to guarantee a certain quality standard of included studies in terms of content, methodology, and structure. Only studies that were written in the English language, in any year, and from any part of the world were included.

Table 2. Inclusion and exclusion criteria.

Inclusion Criteria	Exclusion Criteria
All adolescents, teenagers, youth, young people or students between the ages of 10–19 in line with WHO and UN’s age designation	Any participant below the age of 10 and above the age of 19
Any type of intervention study (e.g., qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies, and mixed methods studies).	Reviews, systematic reviews, meta-analysis
The intervention content had to be dance and/or any kind of dance form	Other physical or art activities other than dance; dance and other interventions (e.g., physical activities, nutritional programmes or other arts-based interventions)
at least one aspect of building a sense of belonging/belonging	Construct not related to the sense of belonging/belonging
English language	Non-English Language
Publication as peer-reviewed journal	Grey literature

Studies were excluded if participants were below the age of 10 and above the age of 19. Any review studies, such as systematic reviews, meta-analyses, or grey literature, were excluded. Studies that did not focus on the value of dance on its own and/or include the content of other interventions (e.g., physical activities, nutritional programmes, or other arts-based interventions) were excluded. Studies that did not highlight outcomes related to belonging/sense of belonging and in non-English languages were excluded.

2.3. Study Selection and Data Collection Process

Initial database searches for potentially relevant papers on all the databases were undertaken, as well as hand-searches of the reference list of 18 other reviews in the topic area, all of which were used to inform the introduction section of this current review. Citation records, including titles of all potentially relevant articles from each of the databases searched and the 18 other reviews’ reference lists, were imported into Microsoft Excel. This was used to identify and remove duplicates and to manage the data screening and extraction process. Due to risk of bias, both authors independently screened all titles and/or abstracts of the extracted citations. For studies where eligibility could not be determined based on the title and/or abstract alone, these remained in the Excel sheet for full-text review to avoid selection bias. This was followed by the full-text screening of all potentially relevant studies meeting the inclusion criteria set. Both authors carefully documented reasons for exclusion after title and/or abstract and full-text screening. Discrepancies between article selections were resolved after discussion using the inclusion and exclusion criteria set to guide final decisions at the end of each step of the process.

Data extraction sheets were developed using Microsoft Word. Data from each included study were extracted and checked. The following information for each paper was extracted: citation information, participants’ demographics, study design/measurement, type of data, dance intervention, and key findings mostly related to the research questions of this review (see Table 3).

2.4. Study Risk of Bias and Quality Appraisal

The Mixed Methods Appraisal Tool (MMAT) [65] was used to appraise each included paper using Microsoft Excel Sheet. This MMAT was employed because it has been shown to be an effective critical appraisal tool for assessing the quality of studies with multiple methods and designs, which were generated in the current systematic review. The effectiveness of the MMAT is also seen in each item for the various methods used to facilitate the assessment of both the risk of bias and the quality of different aspects of included papers. For example, items pertaining to RCT included assessment of randomisation, blinding of participants, and incomplete outcome data [65]. In line with MMAT guidance, studies were not excluded based on quality scores. Instead, these were used to assess the certainty and consistency of evidence and robustness of conclusions across studies. The MMAT has five questions for each type of study, similarly to [66], the three responses of the items in the MMAT were assigned a score of 2 for “Yes”, a score of 1 for “No”, or 0 for “Can’t tell”; this meant that studies could score a minimum of zero and a maximum of 10. The MMAT also has two screening questions that can be applied to all studies, if responses were “No”, or “Can’t tell”, it meant none of the studies were primary research; since primary research was an inclusion criterion for this systematic review, we felt it was not necessary to score the screening questions as all included papers would have been filtered out.

2.5. Data Synthesis

It was anticipated that the included studies would be heterogeneous; therefore, a narrative synthesis informed by [67,68] was adopted to describe the included studies. The heterogeneity of the included studies was organised and explored by looking for similarities, patterns, or differences in the findings of the included studies (e.g., based on factors such as dance style, age group, gender, etc.). Studies were grouped systematically based on common characteristics such as populations, type of dance interventions, and common outcomes related to building a sense of belonging in dance with adolescents.

3. Results

The search process identified a total of 267 publications. These include 111 identified from Web of Science, 40 from PsycINFO, 20 from PubMed, 24 from MEDLINE, and 15 from Embase. Reference list searching of 18 other review articles already included in the introduction of the current review yielded 57 additional publications. Following duplicate removal ($n = 57$), 210 titles and abstracts were screened based on the inclusion criteria set and 53 of the 210 articles were found to be potentially relevant. The full text of the 53 articles was assessed for eligibility, and of these, 39 were excluded for various reasons related to the age of the participants (e.g., [69]) either below the age of 10 (e.g., [70,71]) or above the age of 19 (e.g., [72]); most of the excluded studies were focused on dance movement therapy or dance as therapy and for the treatment of emotional conditions (e.g., [73]), others were focused on body image and self-esteem of dancers in the context of the pathogenesis of eating disorders (e.g., [74]), and others included dance in the context of physical exercise and risky behaviour [75,76]; one paper was excluded because the full text was not written in English (e.g., [77]). A total of 14 studies met the inclusion criteria set and were included in the current review. Details of each study are shown in Table 3, and details of the identification, screening, and inclusion process are illustrated in Figure 1.

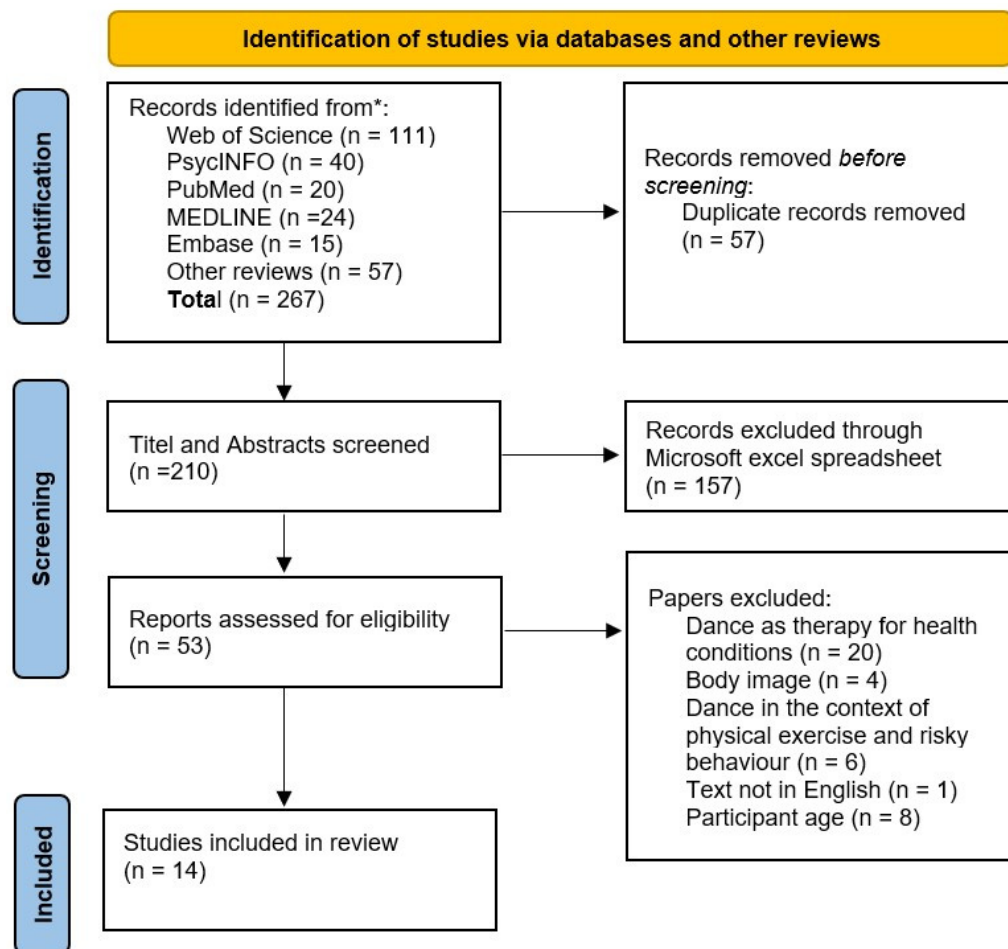


Figure 1. PRISMA 2020 flow diagram [62] showing the identification, screening, and inclusion process. *—the number of records identified from each database searched (rather than the total number across all databases) is reported here.

3.1. Population and Study Characteristics

The current review of all the 14 included studies consists of a total of 2318 participants between the ages of 10 and 19. Nine of the included studies recruited girls as participants [78–86] and five [87–91] recruited both girls and boys (see Table 3). Five of the studies [79,82,85,86,91] reported participant ethnicity. Of these, participants were predominantly White, except for [84,85] where participants indicated non-Western immigration backgrounds.

Included study publication dates spanned more than 30 years, with the oldest dating to 1988 [79] and the most recent dating between 2018 and 2021 (e.g., [82,87]), which could be argued to indicate an emerging interest in the topic area. Most studies were completed in Europe (United Kingdom—5; Germany—2, Belgium—1; Sweden—1) and four in the United States of America and two in China. Five of the included studies employed quantitative randomised controlled trials; five used qualitative methods, two utilised quantitative descriptive approach, one study employed mixed methods, and one study used a quantitative non-randomised approach (see Table 2). The qualitative studies employed interviews, focus groups, and observations, and analysis took place using content or thematic analysis. Quantitative randomised control trials employed various measures such as health-related psychological fitness and psychological tests such as the Self-Esteem Inventory form, Self-Perception Profile, Body Attitudes Questionnaire and Physical Self-Perception Profile. Studies that used a quantitative non-randomised approach employed sociometric questionnaires. Those that utilised a quantitative descriptive method employed questionnaires which covered areas such as autonomy support, motivation regulations, friendship,

self-esteem, social physique anxiety, and body dissatisfaction. The mixed methods study employed both quantitative and qualitative questionnaires.

Table 3. Selected characteristics of included studies.

First Author, Year	Participant Demographics	Study Design/Measurements/Type of Data	Dance Form	Key Findings
Blackman, 1988 [78]	14–18-year-olds, 16 females, USA School Dance team members.	Randomised control trial to determine the extent to which physical fitness and female self-concept are affected by high school dance team participation. Quantitative data analysis of the following measures took place: Health-related physical fitness (Cardiovascular fitness, flexibility, muscle strength, body composition) pre- and post-tested; Control was tested only once at post-testing of the experimental group Psychological tests: Experimental pre- and post-tested and control only ones at post-test: Self-esteem Inventory, Form A; Tennessee Self Concept Scale and Attitude Toward Own Body.	High school Dance team participation	No significant differences in height, weight, age, and race. Most physical tests showed no significant difference. The Self Esteem Inventory showed no difference between pre- and post-experimental groups, but control group means were lower than post-experimental means in all subscales. Physical and social self increased significantly from pre- to post-experimental tests.
Burgess, 2006 [79]	13–14-year-olds, 50 British school girls from predominately Caucasian from a lower working class background Specialist Sports College.	Cross-over design (participants used as their own controls). Through random allocation, each participant received 6 weeks of both the experimental (Aerobic) and control treatment (PE). Pre-, mid- and post-tests given to each participant. Quantitative data analysis of the following measures took place: The Body Attitudes Questionnaire (BAQ); The Children and Youth Physical Self-Perception Profile (CY-PSPP) and The Leisure Time Physical Activity Questionnaire (LTPAQ) were used. Each measure was piloted on 40 pupils from the same College and yielded good construct validity, test-re-test reliability ranging	Aerobic dance, aerobic dance classes were performed twice a week for 6 weeks.	6 weeks of aerobic dance significantly enhanced body attitudes and physical self-perceptions; and improved body attractiveness, feeling of fat, and fitness.
Daley, 1999 [80]	113 female (Two participants were eliminated from analyses due to missing data) adolescents ages 15–16 years from a single-sex secondary school in southeast England. A total of 111.	the relationship between physical self-perceptions and participation in aerobics (as part of extracurricular physical activities) in girls. Randomised controlled trial Quantitative data analysis of the following measures took place: Physical Self-Perception Profile (PSPP) and participation in Physical Activity Questionnaire were administered.	Aerobic dance	Aerobics significantly enhance physical self-perception, sports and strength competence, and body attractiveness in adolescent girls.

Table 3. Cont.

First Author, Year	Participant Demographics	Study Design/Measurements/Type of Data	Dance Form	Key Findings
Duberg, 2016 [81]	112 girls aged 13–18 from Sweden. The dance intervention group comprised 59 girls, 24 of whom were strategically chosen to be interviewed.	qualitative study embedded in a randomised controlled trial of a dance intervention for adolescent girls with internalizing problems. Data were analysed using qualitative content analysis with an inductive approach.	After-school intervention with dance twice weekly for 8 months—each dance class lasted 75 min and included: a 15 min warmup, 40 min of dance practice, and 15 min of relaxation including a brief light massage in pairs, rounded off with 5 min for reflection (contemporary dance?)	Dance intervention gave access to and enriched personal resources, a non-judgemental atmosphere, and supportive togetherness, creating a safe platform. Enjoyment and empowerment in dancing led to acceptance, trust, and emotional expression.
Kreutzmann, 2018 [82]	606 girls in 30 classrooms from grades 5 to 9 (10–16-year-olds). - Intervention group (314 students) and control group (292 students) in Germany. The proportion of students with a migration background, operationalized via students first language (e.g., Turkish and Polish), was 43% (5% missing).	Quasi-experimental untreated control group design, group assignment at the classroom level, and two waves of measurement, pre-test data collected at the beginning of students' first semester - Post-test data collected after completion of the dance program.	federally funded, school-based dance intervention. Dance classes in junior classes (1 semester dancing) or master classes (2 semesters dancing) or belonged to an untreated control group (0 semesters dancing).	Dance intervention increased students' sense of belonging to their classroom; a positive impact on peer relationships; participation in dance intervention for 2 semesters enhanced social belonging.
Lai, 2021 [87]	22 participants aged 13 to 18 years old in China—7 male and 15 female.	Qualitative study, in-depth interviews, analysed using thematic analysis.	MINDJAM: A Street Dance Performing Arts Youth Activity for Young People in Stigmatized Schools.	Street dance programme promotes positive psychosocial outcomes: happiness, prosocial attitudes, and self-efficacy. Expanded social networks led to feelings of happiness and social competence. The street dance nature of MINDJAM served as an anchor for engagement, and public performance fostered prosocial attitudes and teamwork; they learned to communicate and compromise with peers MINDJAM provided opportunities for social interactions.

Table 3. Cont.

First Author, Year	Participant Demographics	Study Design/Measurements/Type of Data	Dance Form	Key Findings
Oseroff-Varnell, 1998 [88]	32 high school seniors in the School of Dance program. - 47 first-year students entering the subsequent fall - Male and female - 22 students of those interviewed were volunteers. USA?	Interviews and observations.	A residential secondary school for performing arts, the Southeastern Arts Academy—Ballet and modern dance.	Socialisation into a school environment is important for student success, students seek reassurance and support primarily from their peer group. Teachers provided rapid verbal directions and demonstrations of dance moves.
Quested, 2011 [89]	392 dance students enrolled in full-time training in dance conservatories in the UK. (96 male, 293 female, 3 gender unspecified) in full-time dance conservatories in the UK	Quantitative descriptive study where participants complete questionnaires on Autonomy support, motivation regulations, self-esteem, social physique anxiety, and body dissatisfaction.	Dance school	Perceived autonomy support predicted intrinsic motivation and amotivation. - Extrinsic regulation positively predicted social physique anxiety. - Amotivation mediated the associations between autonomy support and self-esteem, social physique anxiety, and body dissatisfaction
Quin, 2007 [83]	348 school children, aged 11–14, female in the UK	Mixed method quantitative and qualitative study; a series of physiological and psychological assessments were administered.	Dance classes with creative approach.	Creative dance improves children's physical and psychological well-being. Positive effects on self-esteem, motivation, and attitudes towards dance.
Ritchie, 2020 [84]	A convenience sample of 13 in a secondary school situated in a South-East England; female pupils; aged between 11 and 15 consented to take part in the UK. International migrant pupils.	Qualitative research	Six 60 min dance classes exploring hip-hop styles.	Dance intervention fostered connection among migrant pupils, providing a safe space for building confidence; participation influenced a sense of belonging in pupils. Dance allowed migrant pupils to feel accepted and respected by others; pupils became less shy and more confident through dance.
Schaillée, 2017 [85]	Sample of 25. Age range from 11 to 19 years old, female in Belgium. Most participants were characterized by a multiplicity of factors including a (non-Western) immigrant background, limited comprehension of Dutch.	Field survey approach including observations at three dance sites - Interviews with 25 participants - Conversations with coaches, youth workers, and coordinators of the initiatives.	Urban dance programmes; minimum of one weekly training session; some participants enrolled for at least one year, others for at least three years.	the networking strategies used by two of the programmes (JES and Zwartberg) played an important role in facilitating bonding processes, as the girls often accompanied each other to the dance classes and on the way home. Common topics that emerged from the interview data were related to reinforced peer relationships and positive peer interactions that facilitated girls' development.

Table 3. Cont.

First Author, Year	Participant Demographics	Study Design/Measurements/Type of Data	Dance Form	Key Findings
Stark, 2014 [86]	83 female dancers, 15–18-year-olds, USA; 73 identified themselves as Caucasian. Other reported ethnicities included African-American (3.6%, n ¼ 3), Hispanic (3.6%, n ¼ 3), Asian (2.4%, n ¼ 2), and Native American (1.2%, n ¼ 1). One dancer did not identify her ethnicity.	Cross-sectional correlational design. Self-reported well-being and perceptions of their studio’s dance climate. The following were administered: Perceived Motivational Climate in Sport Questionnaire-2 (PMCSQ-2 33-item questionnaire); Caring Climate Scale (CCS, 13 items); Positive and Negative Affect Schedule (PANAS; a 20-item questionnaire); Body-Esteem Scale for Adolescents and Adults (BESAA, a 23-item questionnaire). Friendship was measured in two separate ways: each dancer indicated the number of friendships they felt they had within their dance studio, including peers and teachers, and using a shortened form of the Inventory of Parent and Peer Attachment.	Dance classes in dance studios and dance types varied by studio.	<ul style="list-style-type: none"> - Dancers reported high perceptions of task-involving and caring climates. - Dancers had greater body esteem and better relationships with teachers and peers. - Promoting a task-involving and caring climate is effective for promoting well-being in dancers.
Wagener, 2012 [90]	61 adolescents assessed, 20 did not meet inclusion criteria, 41 were randomized. - 21 adolescents in the exergaming group, 20 in the control group. 20 out of 21 participants in the exergaming condition completed the treatment. USA. 12–18-year-olds, 66.7% female. A total of 40 as one dropped out.	Randomized controlled trial. The following measures were administered: <ol style="list-style-type: none"> 1. BMI 2. Perceived Competence Scale (PCS) 2. The Behaviour Assessment System for Children-2 (BASC-2) 3. Parent Rating Scales-Adolescent version (PRSA) 4. Adolescent Self-Report Scales (SRP-A). 	Exergaming—a supervised 10-week group dance-based exergame exercise programme,	<ul style="list-style-type: none"> - Exergaming improves obese adolescents’ psychological functioning and perceived competence to exercise. - Participants in the exergaming condition needed to increase their level of difficulty, suggesting cardiovascular benefits. - Exergaming leads to increased overall perceived competence and improved relations with parents. - Mothers of adolescents in the exergaming condition reported reductions in internalising symptoms. - More adolescents in the exergaming condition showed improved symptoms compared to the control condition
Zander, 2014 [91]	5th to 9th grade (10–16-year-old boys and girls). 421 youths (48% boys) in 23 classrooms of primary and secondary schools in Berlin, Germany. 52% of the participants had a migration background and indicated being of various other national backgrounds (e.g., Turkish, Polish). - 226 (54%) participated in the intervention.	Quasi-experimental untreated control group design with dependent pretest and post-test samples. Sociometric questionnaires used to assess affective and collaborative networks.	School intervention project TanzZeit, dance.	<ul style="list-style-type: none"> -Reciprocated collaborative relations increased only for boys in the intervention group. - Boys in the intervention group chose more collaboration partners, particularly girls. - School-based dancing programs may encourage boys to consider girls as academic cooperation partners.

3.2. Quality Appraisal (Risk of Bias)

The authors worked together to assess, check, and confirm the inclusion of articles. As seen in Table 4, using the Mixed Methods Appraisal Tool (MMAT) [65], most of the study quality was high, with 12 (85.71%) of the studies scoring 10 out of 10, one of the studies (7.14%; 78) scoring 8 out of 10, and another study (7.14%; 83) scoring 5 out of 10. Most of the studies that scored high quality were predominantly those that used qualitative, quantitative descriptive, quantitative non-randomised approaches, and some that used quantitative randomised controlled trials. The study quality which scored 8 out of 10 employed quantitative randomised controlled trials, and scored a 0 (“can’t tell”) on the item that asked “Are outcome assessors blinded to the intervention provided?” and the study that scored 5 out of 10, employed a mixed methods approach, which scored poorly on all the five mixed methods questions on the MMAT.

Table 4. MMAT Quality Score of included studies.

First Author, Year, Country	Methods						Quality Score Points Out of 10	
		Qualitative	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?		Is there coherence between qualitative data sources, collection, analysis and interpretation?
Duberg, 2016 Sweden [81]			2	2	2	2	2	10
Lai, 2021 China [87]			2	2	2	2	2	10
Oseroff-Varnell, 1998 USA [88]			2	2	2	2	2	10
Ritchie, 2020 UK [84]			2	2	2	2	2	10
Schaillée, 2017 Belgium [85]			2	2	2	2	2	10
	Quantitative randomized controlled trials	Is randomization appropriately performed?	Are the groups comparable at baseline?	Are there complete outcome data?	Are outcome assessors blinded to the intervention provided?	Did the participants adhere to the assigned intervention?		
Blackman, 1988 USA [78]		2	2	2	0	2		8
Burgess, 2006 UK [79]		2	2	2	2	2		10
Daley, 1999 UK [80]		2	2	2	2	2		10
Kreutzmann, 2018 Germany [82]		2	2	2	2	2		10
Wagener, 2012 USA [90]		2	2	2	2	2		10
	Quantitative nonrandomized	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Are there complete outcome data?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered (or exposure occurred) as intended?		

Table 4. Cont.

First Author, Year, Country	Methods						Quality Score Points Out of 10
Zander, 2014 Germany [91]		2	2	2	2	2	10
	Quantitative descriptive	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the research question?	
Quested, 2011 UK [89]		2	2	2	2	2	10
Stark, 2014 USA [86]		2	2	2	2	2	10
	Mixed methods	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	
Quin, 2007 UK [83]		1	1	1	1	1	5

3.3. Settings and Type of Dance Interventions

Most of the dance interventions took place in secondary school settings, others were outside school contexts, for example, in dance studios or gyms (e.g., [81,86]) or social projects (e.g., [85,87]) or school of dance programme or dance school (e.g., [88,89]). The studies included different types of dance forms: aerobic dance was often compared to the physical education-only control group [79,80], high school dance team participation [78], street dance [87], ballet and modern dance [88], creative dance [83], hip-hop [84], urban dance [85], exergaming dance [90], and contemporary dance [81]; others did not detail dance types [82,86,89,91].

3.4. The Role and Impact of Dance in Building a Sense of Belonging

Outcomes directly related to the role and impact of dance in building a sense of belonging with adolescents were found in 5 of the 14 included studies [81,82,84,85,87]. Contemporary dance interventions were found to have provided participants with the opportunity for supportive social togetherness in the dance group, which emphasised acceptance and kindness [81]. Togetherness in the dance intervention also gave the feeling of social community and being included and created a non-judgemental and supportive girls-only environment and 'the value of a sense of belonging' as well as the opportunity to meet new friends from other schools, friendships which continued after the intervention ended [81]. Enjoyment and empowerment in dancing also led to acceptance, trust, and emotional expression, thus leading to the ability to approach life with a sense of self-trust, freedom, and openness [81].

Similarly, [82] found that dance intervention participation for two semesters (versus none) increased students' sense of social belonging to their classroom; a positive impact on peer relationships through acceptance of and by peers. Improvement in peer relationships was also found in [87], where the street dance nature of MINDJAM supported engagement and fostered prosocial attitudes and teamwork, such as learning to communicate and compromise with peers, which were facilitated through the warm and supportive environment

created by instructors and expanded social network and created opportunities for social interactions which led to happiness and social competence. The authors in [84] found that dance intervention provided a safe space for participants to build confidence, and dancing together fostered meaningful connection and a sense of belonging among participants by feeling accepted and respected. Urban dance intervention reinforced and facilitated a sense of belonging through positive peer interactions which were also facilitated through the coaching approach in the programmes as well as meaningful bond creation for the participants as the girls often accompanied each other to dance classes and on their way home [85].

Outcomes indirectly related to the role and impact of dance in building a sense of belonging with adolescents were found in nine of the 14 included studies [9,78–80,83,86,88,89,91]. These studies found that dance interventions increased physical and social self-perception, enhanced body attitudes and attractiveness, and improved self-esteem, motivation, and attitudes towards dance [78–80,83,89]. Dance interventions improved body esteem and better relationships with teachers and peers and promoted a caring and task-involving environment in dancers [86], improving reciprocal collaborative relations and encouraging boys to consider girls as academic partners [91]. Dance interventions also improved relations with parents [90]. Dance interventions enabled students to seek support and reassurance primarily from peer groups, supportive verbal directions, and even critical approaches used by some teachers, as reported by participants, also acted as motivation for students to work hard to improve [88].

3.5. How a Sense of Belonging Can Be Built through Dance with Adolescents

Findings from the 14 included studies highlight how a sense of belonging in dance with adolescents can be facilitated through environmental, social, and developmental features. For example, as highlighted in [81,84], a sense of belonging was built in dance through supportive environments where adolescents feel valued, accepted, and respected (e.g., [88]). Included studies such as [85] illustrate how a sense of belonging through dance can be fostered through the facilitation of positive peer interactions that empower adolescents to form meaningful connections and bond with each other [82]. These can often be facilitated through shared experiences and mutual support by their fellow dancers (e.g., [86]). Other features that appear to build a sense of belonging in dance include developmental skills such as promoting collaboration and communication among adolescents (e.g., [87,90,91]). Included studies such as [78–80,83,89] could be argued to indicate how a sense of belonging in dance can be indirectly facilitated by building dancers' confidence and ability to express themselves creatively (e.g., [84]).

4. Discussion

This systematic review aimed to collate and synthesise empirical findings that explore building a sense of belonging in dance with adolescents. Synthesis of the included studies do respond directly and indirectly to the review questions: What is the role and impact of dance in building a sense of belonging with adolescents? How is a sense of belonging built through dance with adolescents? The five included studies that directly respond to the review's first question indicate that dance can play a crucial role in building a sense of belonging with adolescents, which can have a positive social and psychological impact on adolescents' well-being and mental health [29,31,60]. The features of belonging from the five included studies [81,82,84,85,87] seem to align with the literature (e.g., [31–33,36,39,40]) conceptualising belonging.

The nine included studies [9,78–80,83,86,88,89,91], which indirectly respond to the review's first question, illustrate how building a sense of belonging can have positive physical and social self-perception enhancement, improved body attitudes and attractiveness, and improved self-esteem, relationships, and teamwork skills. These indirect outcomes appear to mostly support the definitions of belonging presented by [34], particularly [34]'s second level of belonging, which sees this level of belonging extending toward personal

attributes, body image, and broader characteristics which people use to shape their sense of self and how they belong and relate with the world around them. These seem to further highlight how the interpretation of ‘a sense of belonging’ can vary, revealing the contested nature of the concept across different studies [37].

All the included studies address the review’s second question by highlighting the environmental, social, and developmental factors that can build a sense of belonging through dance with adolescents. It is, however, important to note that not all the included studies purposefully investigated building a sense of belonging in dance with adolescents. Out of the 14 studies included in this review, only 2 [82,84] directly looked at a sense of belonging as one of their outcomes. This seems to indicate that a sense of belonging is rarely the focus of dance research. This could be due to several reasons, one of which relates to the evidence that dance research primarily tends to focus on other outcomes, such as physical health benefits [43–53], reduction in problematic behaviours [54], changes in sexual health, lifestyle habits [49,55,56], and reducing psychological distress in patients (e.g., [44,48,50,52,53,57–59]). The current findings highlight the importance of dance in facilitating positive mental health outcomes for individuals (e.g., [20–25,29,31,60]). The findings further corroborate past and recent reviews (e.g., [48,53,59]) which indicated that evidence related to psychological constructs that related to a sense of belonging is still poorly investigated in dance research.

Other reasons related to the scarce research focusing on a sense of belonging in dance with adolescents could be due to measurement and methodological challenges (e.g., [48,53,59]). Defining and quantitatively measuring a sense of belonging in dance can be challenging and may require the use of standardised and universally accepted metrics to evaluate the concept (e.g., [82]). According to [37], the concept of “belonging” and “belongingness” lacks consistent definitions and clarity across studies. This, for example, is illustrated by how the different definitions provided in the introduction section of this systematic review are substantiated by findings that directly and indirectly respond to our review’s first question. Future research in this area could, therefore, consider purposefully and holistically exploring building a sense of belonging in dance with adolescents using qualitative approaches (e.g., [84]). This will allow participants to provide more in-depth subjective perspectives and experiences on the role and impact of dance in helping them build a sense of belonging and how these can be effectively and purposely facilitated.

5. Limitations

Due to the contested nature of the definition of belonging [37], it could be argued that some studies indirectly addressing building a sense of belonging in dance with adolescents may have been missed in this review. However, the thorough search strategies developed and employed for searching the databases, as well as the reference list searching of other reviews in related topic areas, will have mitigated the negative impact that selection bias could have had on the findings. Also, the relatively broad key terms used for a sense of belonging have helped to identify a wide range of studies in the field. These key terms featured common words used by [27,28,31–37] in their definitions of belonging.

The included studies predominantly included White participants, with a limited number of participants from Black and minority ethnic backgrounds, which hinders the generalisation of these findings beyond White participants. Moreover, because the studies only included those published in the English language, conclusions from these findings can only be applied to English-speaking countries and countries in the Global North. Also, the exclusion of grey literature may mean that potentially relevant unpublished work may have been missed.

6. Conclusions

This systematic review uncovered and synthesised international studies that directly and indirectly responded to the review’s main questions related to building a sense of belonging in dance with adolescents. Studies directly addressing the review questions

highlighted that a sense of belonging in dance among adolescents plays a crucial role and positive impact on their mental health and well-being. These outcomes align with established conceptualisations of belonging and reinforce how a sense of belonging can be cultivated in dance through supportive social environments, peer acceptance and support, empowerment, enjoyment and fostering prosocial attitudes, and positive peer interactions and collaborative partnerships. Adolescence is a time when young people seek to be noticed, accepted, understood, and valued; these needs facilitate a sense of belonging and can be developed through dance, thereby supporting adolescents' desire to 'fit in'. However, the scarcity of dance studies directly focusing on a sense of belonging among adolescents suggests that this concept is not a primary focus in current dance research. Moreover, the predominance of White participants in the included studies indicates a need for further research that focuses on more diverse population groups. Therefore, there is a scope for further dance studies to focus on the potential of dance as a space of acceptance and identity formation, encompassing a broader range of participants and experiences. Future studies could include a quantitative questionnaire focused on facets of a sense of belonging with adolescent dancers and/or a grounded theory approach to develop a conceptual framework and theory in relation to developing a dance teaching and learning environment that facilitates a sense of belonging with and for adolescent dancers for example. Also, further research could explore building a sense of belonging in dance with adolescents in the Global North as well as Global South countries.

Author Contributions: Conceptualization, A.P. and P.N.S.; methodology, P.N.S. and A.P.; software, P.N.S.; validation, P.N.S. and A.P.; formal analysis, P.N.S. and A.P.; investigation, P.N.S. and A.P.; resources, P.N.S. and A.P.; data curation, P.N.S.; writing—original draft preparation, P.N.S.; writing—review and editing, P.N.S. and A.P.; visualization, P.N.S.; supervision, P.N.S. and A.P.; project administration, P.N.S.; funding acquisition: no funding for this. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: This is not applicable as the systematic review did not require ethical approval. Moreover, the current Canterbury Christ Church University Research Ethics Policy v3 (June 2020) pp.1 states "Research projects that do not involve human participants or sentient animals and are using publicly available/published data do not usually require ethical approval." Therefore, systematic reviews of existing publicly available literature/data do not require institutional ethical approval.

Informed Consent Statement: Not applicable.

Data Availability Statement: Data is contained within the article. The original contributions presented in the included studies are included in the article further inquiries can be directed to the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

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