ISSN: 2978-2333

Journal of Sports Psychology and Medicine

SCIENTIFIC Research and Community

Review Article

Open Access

Belly Dance as a Low-Impact, Culturally Tailored Movement Modality for Adult Women's Health and Rehabilitation: A Narrative Review

Svitlana Zralko

Zralko Dance Academy, Austin, Texas, USA

ABSTRACT

Belly dance is usually discussed as a performing art, yet the clinical and rehabilitation literature increasingly suggests that structured dance practice can also function as a feasible health-promoting movement modality for adult women. The purpose of this narrative review is to synthesize the evidence most relevant to rehabilitation-oriented practice and to propose an applied framework for safe adult instruction. Literature indexed in PubMed and major peer-reviewed sources was reviewed with emphasis on belly-dance-specific studies and high-quality systematic reviews of dance interventions in middle-aged and older adults. Evidence directly specific to belly dance is strongest in fibromyalgia and breast-cancer survivorship, where trials reported improvements in pain, functional capacity, quality of life, self-image, fatigue, depressive symptoms, body image, sexual function, and selected upper-limb outcomes. Broader dance literature supports benefits for physical function, balance, mobility, cognition, mental health, and adherence in older populations, while recent evidence also suggests potential cardiometabolic relevance, including blood-pressure improvement in dance-based programs. The available evidence does not justify exaggerated disease-treatment claims; however, it does support belly dance as a promising low-impact, culturally meaningful, and adherence-friendly adjunct for adult wellness and selected rehabilitation contexts.

*Corresponding author
Svitlana Zralko, Zralko Dance Academy, Austin, Texas, USA.

Received: March 25, 2026; **Accepted:** March 30, 2026; **Published:** April 08, 2026

Keywords: Belly Dance, Dance Therapy, women's Health, Rehabilitation, Healthy Aging, Quality of life, Breast Cancer Survivorship, Fibromyalgia, Hypertension

Introduction

Dance-based exercise occupies a useful position between structured rehabilitation and conventional fitness. It combines rhythmic movement, music, motor learning, social engagement, emotional expression, and repeated low- to moderate-intensity practice. For many adults, especially women who do not identify with gym-based exercise, dance may be more acceptable, more meaningful, and easier to sustain over time than generic exercise prescriptions. In rehabilitation and health-promotion contexts, this matters because adherence is often the decisive barrier: the most physiologically sound intervention has little public-health value if people do not continue doing it.

Within this broad field, belly dance deserves specific attention. Unlike many higher-impact dance forms, belly dance relies on controlled multiplanar movement of the trunk, pelvis, rib cage, upper limbs, and lower extremities, usually with adjustable intensity and substantial room for graded modification. It can be taught as performance art, leisure activity, fitness practice, or adapted movement intervention. This flexibility makes it relevant to adult women across a wide functional spectrum, including beginners, midlife participants, older adults, and selected clinical populations.

The literature on belly dance is smaller than the literature on dance-based exercise as a whole, yet it is no longer anecdotal. Belly-dance-specific trials have reported positive findings in women with fibromyalgia and in breast cancer survivorship. Review-level evidence on dance more broadly supports effects on balance, functional fitness, quality of life, and multidimensional well-being in middle-aged and older adults. More recent hypertension-focused reviews suggest that dance therapy can improve blood pressure and selected cardiometabolic outcomes, although that evidence cannot yet be attributed specifically to belly dance without caution.

The present review was designed for a practical purpose. First, it synthesizes the existing scientific literature relevant to belly dance and adult women's health. Second, it translates that evidence into an implementation framework that is useful to instructors, wellness programs, and rehabilitation-oriented community initiatives. Third, it identifies where the evidence is already persuasive and where claims must remain hypothesis-generating rather than definitive. The central argument of this review is that belly dance should not be presented as a miracle treatment or a replacement for standard medical care; instead, it should be understood as a promising, low-impact, culturally meaningful adjunct movement modality with plausible and partly demonstrated value for functional, psychosocial, and supportive rehabilitation outcomes in adult women.

Review Approach

This manuscript is a narrative review informed by published peer-reviewed evidence and designed to support clinical, educational, and community implementation. Literature was identified primarily from PubMed-indexed studies and open-access review articles concerning belly dance, dance-based interventions, adult women, older adults, rehabilitation, quality of life, functional fitness, breast cancer survivorship, fibromyalgia, and hypertension. Priority was given to randomized and non-randomized clinical trials, systematic reviews, and meta-analyses. Additional review-level sources were used when they clarified implementation issues, adherence, or broader healthy-aging outcomes relevant to adult dance participation.

Because the purpose of the paper is synthesis rather than formal quantitative pooling, the review does not claim the procedural completeness of a registered systematic review. Nevertheless, the evidence was organized around clinically and pedagogically relevant domains: musculoskeletal and functional outcomes, psychosocial outcomes, oncology survivorship, cardiometabolic and blood-pressure implications, and implementation considerations for adult women. Where belly-dance-specific evidence was limited, the broader dance literature was used to define the likely boundaries of benefit and to prevent overstatement. This distinction is crucial. A recurring problem in movement-based health writing is extrapolation beyond the actual evidence base. In the present paper, direct belly-dance findings and broader dance findings are deliberately separated so that practical enthusiasm does not replace scientific accuracy.

Why Belly Dance is Theoretically Relevant to Adult Health

Several characteristics make belly dance unusually suitable for adult wellness and supportive rehabilitation settings. First, the movement vocabulary is inherently scalable. The same lesson can be taught at beginner, moderate, or performance-oriented intensity by modifying range of motion, tempo, duration, stance width, and complexity. Second, many core actions in belly dance emphasize segmental control rather than ballistic power. Pelvic tilts, hip drops, figure-eight patterns, undulations, chest lifts, rib-cage slides, arm pathways, and coordinated weight shifts create repeated opportunities to train postural awareness, trunk control, rhythm, and dissociation of body segments. Third, the dance can be practiced with minimal equipment, in small spaces, and with chair-supported or reduced-amplitude adaptations when needed.

From a rehabilitation perspective, belly dance is also notable because it unites physical and psychosocial mechanisms. Physically, it may support mobility, balance, endurance, coordination, and confidence in movement. Psychologically and socially, it can enhance body image, agency, enjoyment, and connection to a group. These mechanisms are not secondary. In adult women, especially during midlife, post-treatment recovery, or periods of reduced activity, the emotional acceptability of an intervention often determines whether it becomes a sustained habit. Belly dance also allows participants to engage in artistic self-expression without requiring prior technical dance background, which may reduce intimidation for true beginners.

These theoretical advantages do not prove efficacy by themselves, but they explain why the form merits scientific attention. They also help interpret why benefit patterns in the existing literature tend to cluster not only around function and symptoms, but around quality of life, self-image, and emotional well-being. A modality that people enjoy, identify with, and feel competent performing is more likely to produce meaningful health behavior over time than one that is prescribed but emotionally neutral.

Adherence deserves special emphasis because it is a neglected mechanism in exercise medicine. A feasible intervention is not just one that can be performed biomechanically; it is one that participants are willing to return to next week and next month. Community-based dance studies in adults and older adults have reported sustained attendance patterns and acceptable adherence over time, suggesting that enjoyment, identity, and social interaction may help convert movement from obligation into habit. For adult women balancing work, caregiving, symptom burden, and self-consciousness about exercise, this may be one of belly dance's most clinically relevant advantages.

Another theoretical strength is the combination of repetition and novelty. Belly dance lessons often rehearse foundational patterns while progressively recombining them into new sequences. This may support motor learning without the monotony that undermines many home-based exercise programs. Instructors can also maintain engagement by varying music, cultural framing, arm styling, tempo, and traveling patterns while preserving a stable movement foundation. From a behavioral standpoint, this allows participants to feel both safe and stimulated.

Finally, belly dance is compatible with culturally responsive and women-centered programming. Many exercise interventions fail because they assume that all participants are motivated by the same goals and social meanings. Belly dance can instead be framed around embodiment, creativity, confidence, and community. In settings where women seek not only fitness but also identity reconstruction after illness, migration, aging, divorce, or burnout, that broader frame may increase participation in ways that conventional prescriptions do not.

Belly-Dance-Specific Evidence in Fibromyalgia

The most often cited belly-dance-specific rehabilitation study is the randomized controlled trial by Baptista and colleagues in women with fibromyalgia. In that study, eighty female participants aged 18 to 65 years were allocated either to a belly dance group or to a waiting-list control group. The dance intervention lasted sixteen weeks with two sessions per week. Compared with controls, participants in the dance group demonstrated significant improvements in pain, six-minute walk performance, disease impact, self-image, and several quality-of-life domains. The authors concluded that belly dance could reduce pain and improve functional capacity, quality of life, and self-image in this population.

This trial is important for several reasons. First, it shows that belly dance can be delivered with enough structure to function as a clinical intervention rather than as a purely recreational activity. Second, the pattern of benefit is multidimensional rather than narrowly symptomatic: pain improved, but so did function and self-perception. That matters in chronic pain conditions, where patients often need interventions that address movement confidence and quality of life, not just symptom intensity. Third, the dose was realistic for community implementation. Two classes per week for sixteen weeks is feasible in adult wellness programs.

The fibromyalgia literature beyond a single trial also supports the plausibility of dance-based approaches. A later systematic review and meta-analysis on dance interventions in fibromyalgia reported a large pooled effect for pain reduction and additional improvements in quality of life, depression, anxiety, disease impact, and physical function. That review was not limited to belly dance, but belly-dance studies formed part of the evidence base. Taken together, the findings suggest that dance may serve

as a non-pharmacologic adjunct in chronic pain management where adherence and patient enjoyment are particularly valuable.

At the same time, restraint is needed. Fibromyalgia outcomes are influenced by expectation, social support, baseline activity tolerance, and variation in teaching style. Sample sizes remain modest, and the inability to blind participants is a structural limitation of exercise research. Therefore, the evidence is promising rather than final. Yet for adult women with chronic pain, belly dance already appears more defensible as a supportive modality than many wellness trends with far less empirical backing.

Psychosocial and Body-Image Outcomes

One of the most distinctive features of the belly dance literature is the recurrent appearance of psychosocial benefit. This is not surprising. Belly dance is practiced in front of mirrors, in music-rich environments, often in groups, and in a form that emphasizes controlled rather than punitive movement. Unlike exercise cultures organized around weight loss alone, belly dance frequently frames the body as expressive, capable, and aesthetically meaningful. Such framing may be particularly relevant for adult women who have experienced illness, aging-related changes, or long-term disengagement from movement.

In the fibromyalgia trial, self-image improved along with symptom and function measures, suggesting that the intervention affected more than physical status. A stronger psychosocial signal appears in the breast-cancer survivorship literature. In a randomized clinical trial of women undergoing hormonal treatment after breast cancer, Boing and colleagues compared belly dance, mat Pilates, and control conditions over sixteen weeks. The belly dance group showed significant improvements in body-image limitations in both the short and long term. This finding is clinically meaningful because body image after cancer treatment is often shaped by surgery, treatment side effects, altered mobility, and changes in sexual confidence.

The psychosocial case becomes even stronger when earlier pilot findings are considered. In a non-randomized clinical trial, belly dance was associated with improvements in quality of life, fatigue, depressive symptoms, body image, and sexual function among women with breast cancer. The between-group findings in that small pilot were limited, but the direction of change supports the hypothesis that belly dance may be especially well suited to populations in whom emotional recovery, embodied confidence, and social reconnection are central outcomes.

These observations have broader implications. Many adult women enter movement programs not primarily to optimize laboratory biomarkers, but to feel better in their bodies, regain confidence, reduce stress, reconnect with femininity or creativity, and return to social participation. Psychosocial outcomes should therefore not be treated as "soft" or secondary. In real-world adherence, they are often the mechanism by which physical activity becomes sustainable. Belly dance may hold a comparative advantage precisely because it addresses these domains directly rather than incidentally.

Breast Cancer Survivorship and Supportive Rehabilitation

Breast cancer survivorship is an area in which belly dance has shown particularly interesting potential. Survivorship care increasingly recognizes the importance of physical activity for fatigue, upper-limb disability, quality of life, and emotional well-being. Yet adherence can be poor when programs feel overly clinical, generic, or disconnected from self-expression. Belly dance offers an alternative pathway: structured movement with artistic identity, group participation, and visible progress in posture, carriage, and confidence.

A pilot non-randomized clinical trial found that twelve weeks of belly dance were associated with improvements in quality of life, fatigue, depressive symptoms, body image, and sexual function in women with breast cancer. More recent work expanded the outcome focus beyond mood and self-perception. In a randomized three-arm clinical trial reported in 2024, women post-breast-cancer surgery who participated in belly dance demonstrated improvements in upper-limb functionality, lymphedema-related outcomes, isometric strength, and symmetry measures. Those findings are notable because they connect belly dance to supportive rehabilitation outcomes that are directly relevant to daily function.

The mechanism is plausible. Belly dance uses repeated upper-limb positioning, shoulder mobility, thoracic opening, trunk rotation, and coordinated movement between arms and torso. In a carefully adapted format, these elements may support mobility and confidence after surgery while also embedding practice in an enjoyable setting. The broader exercise-oncology literature strongly supports exercise for upper-body strength and upper-limb disability in breast cancer-related lymphedema contexts. Belly dance should therefore be understood within this supportive exercise framework, not as an isolated miracle modality but as a potentially attractive and acceptable option within a larger evidence-based survivorship strategy.

However, clinical prudence remains essential. Participants after cancer surgery should be screened for pain, cording, range-of-motion limitation, active swelling, treatment stage, and fatigue level. Progression should be gradual, with symptom monitoring and cooperation with the medical team where appropriate. The value of belly dance in this context lies precisely in its adaptability: movements can be simplified, arm ranges can be staged, and expressive benefits can be preserved even at low initial intensity.

Table 1: Belly-Dance-Specific Clinical Evidence Relevant to Adult Women's Health

Study / design	Population and dose	Main outcomes	Interpretation
Baptista et al. RCT [1]	80 women with fibromyalgia; 16 weeks; 2 sessions/week	Reduced pain; improved 6-minute walk performance, quality of life, disease impact, and self-image	Strongest belly-dance-specific rehabilitation signal; supports use as an adjunct chronic-pain modality
Boing et al. pilot clinical trial [2]	19 women with breast cancer; 12 weeks; 2 sessions/week	Improved quality of life domains, body image, sexual function, fatigue, and depressive symptoms in pre-post analysis	Supports psychosocial and survivorship relevance, but small sample and non-randomized design limit certainty
Boing et al. randomized clinical trial [3]	74 breast cancer survivors on hormonal therapy; 16 weeks; 3 sessions/week	Improved body-image limitations in belly dance group; psychosocial gains maintained at follow-up	Suggests specific value for body image and embodied confidence in survivorship
Boing et al. randomized three-arm trial [4]	69 women post-breast-cancer surgery; 16 weeks; 3 sessions/week	Improved upper-limb functionality, lymphedema-related outcomes, strength, and symmetry	Suggests supportive rehabilitation value when carefully adapted

Functional Fitness, Balance and Healthy Aging

Even where belly-dance-specific trial data remain limited, the broader dance literature is highly relevant to adult women, particularly in midlife and older age. A systematic review published in 2024 concluded that dance interventions may improve physical function and quality of life among middle-aged and older adults, with favorable effects particularly on postural control, gait stability, motor skills, and balance. A 2025 systematic review focused on multidimensional well-being in older adults similarly reported positive contributions across physical, emotional, cognitive, and social domains. Earlier review work had already suggested that dance can improve muscular strength, endurance, balance, and functional fitness in older populations.

This wider evidence base matters because many biomechanical and behavioral features associated with benefit in dance interventions are also present in belly dance. Repeated weight shifts challenge balance and foot placement. Trunk and pelvic control train coordination and postural organization. Sequenced patterns require attention, memory, and movement timing. Group classes promote attendance through social accountability. Music may improve enjoyment and perceived exertion. These are not belly-dance-exclusive mechanisms, but they support the plausibility of using belly dance as one expression of dance-based exercise for healthy aging.

A useful related study examined dance practice in postmenopausal women and reported improvements in lipid measures, coordination, agility, aerobic capability, self-image, and self-esteem after sixteen weeks. Although this study was not designed around belly dance alone, it demonstrates that dance participation can generate effects that bridge physical and psychosocial health in a population highly relevant to adult female wellness.

For practical implementation, the healthy-aging relevance of belly dance lies less in performance complexity and more in adapted structure. Classes for adult beginners can emphasize upright posture, controlled weight transfer, chest and pelvic mobility, upper-limb coordination, rhythmic stepping, and low-impact endurance. Such classes may be especially useful in community settings where the goal is not stage proficiency but the preservation of autonomy, confidence, and regular movement participation.

Table 2: Broader Dance Evidence that Informs Belly-Dance Interpretation

Review-level evidence	Key message for this article	How it informs belly dance
Dance interventions in fibromyalgia	Meta-analytic evidence supports pain reduction and improvements in function, quality of life, anxiety, and depression	Strengthens the plausibility of belly dance as a chronic-pain adjunct beyond a single trial
Dance in middle-aged and older adults	Systematic reviews report improvements in balance, postural control, mobility, functional fitness, quality of life, and multidimensional well-being	Supports use of adapted belly dance for healthy aging and community wellness programming
Dance therapy in hypertension	Recent systematic reviews and meta-analyses report reductions in systolic and diastolic blood pressure in dance-based interventions	Supports cautious cardiometabolic relevance, but not a belly-dance-specific therapeutic claim
Community dance adherence	Community studies show acceptable attendance and maintenance of participation over time	Supports belly dance as an adherence-friendly movement option for adults who avoid conventional exercise

Cardiometabolic Health And Blood-Pressure Implications

Interest in dance as a cardiometabolic intervention has increased substantially. For hypertension, the evidence is now stronger at the level of dance-based exercise generally than for belly dance specifically. A 2024 systematic review and meta-analysis of dance therapy in hypertension found significant reductions in systolic and diastolic blood pressure, with additional favorable effects on high-density lipoprotein cholesterol. Another 2024 systematic review focused on middle-aged and older adults with arterial hypertension reported positive physical and psychological effects of dance therapy, again suggesting that dance can function as more than recreation.

These findings are encouraging, but they must be interpreted carefully. The hypertension reviews aggregate different dance forms, program durations, frequencies, and patient populations. They support the broader proposition that rhythm-based, repeated, moderate-intensity movement can contribute to blood-pressure management, but they do not prove that belly dance alone has a disease-specific antihypertensive effect. In a scientific article, that distinction is non-negotiable.

Still, belly dance remains a plausible candidate within the cardiometabolic discussion. It can be programmed as continuous low- to moderate-intensity activity, especially when sessions include longer standing combinations, traveling patterns, repeated arm use, and reduced rest intervals. It is also a form of exercise that many women may find more engaging than treadmill or calisthenic prescriptions. The adherence advantage could be clinically meaningful. Public-health benefit often depends less on the "best" theoretical exercise and more on the exercise people will actually continue.

Accordingly, the most accurate position is this: belly dance may be considered a promising, culturally meaningful, low-impact candidate modality within dance-based exercise approaches relevant to cardiometabolic health, but direct disease-specific claims for hypertension should remain cautious until more belly-dance-specific trials are available. For adults with known hypertension or cardiovascular disease, medical screening, symptom monitoring, progressive dosing, and coordination with standard care remain mandatory.

The translation of these findings into adult health practice should remain conservative. Better evidence exists for symptom support, body image, enjoyment, and function than for disease modification. Yet in preventive and supportive medicine, this distinction does not diminish the intervention's value. A movement form that reliably increases physical activity participation, reduces fear of movement, and improves quality of life can have substantial practical impact even without disease-specific superiority over other exercise forms.

Instructors and clinicians should also remember that belly dance is not one uniform technique. Some classes emphasize high-volume shimmies and performance choreography, while others emphasize gentle mobility, posture, and expressive combinations. Future studies should therefore describe not merely that participants did "belly dance," but exactly what they did, at what intensity, for how long, with what progression, and under what pedagogical cues. That level of detail is essential if the field is to move from promising observations to replicable rehabilitation science.

A Practice-Informed Framework for Safe Implementation

Scientific review alone does not tell instructors or community programs how to translate evidence into a safe and useful class. For that reason, this review proposes a practice-informed framework for implementing belly dance in adult wellness and supportive rehabilitation settings. The framework is not a substitute for individualized medical assessment; it is a structured educational model aligned with the current evidence base.

First, programming should begin with low-complexity movement and low to moderate load. Early sessions should prioritize breath-linked posture, gentle spinal and thoracic mobility, comfortable pelvic patterns, supported weight shifts, and simple arm pathways. Large-amplitude backbends, prolonged floor transitions, explosive shimmies, forced turnout, or fatigue-driven choreography are unnecessary for a health-oriented class and may be counterproductive for deconditioned participants.

Second, instructors should distinguish between aesthetic teaching and therapeutic adaptation. The artistic identity of belly dance can be preserved without demanding stage-level intensity. In health-oriented classes, precision, comfort, rhythm, and confidence matter more than spectacle. This distinction is especially important when working with older adults, women with chronic pain, or cancer survivors.

Third, progression should be layered. Participants can move from isolated patterns to coordinated combinations, then to short movement phrases, and finally to longer sequences as tolerance improves. This allows coordination and cardiovascular demand to increase without sacrificing confidence. It also respects an often-overlooked principle: adults are more likely to remain active when they experience competence early.

Fourth, class design should deliberately include psychosocial safety. Many adult women enter movement spaces with prior discomfort about body exposure, judgment, or exercise failure. Supportive cueing, non-punitive language, inclusive clothing expectations, and permission for movement modification are not superficial considerations; they are part of the intervention.

Fifth, outcome expectations should be realistic. Instructors and program designers should emphasize likely goals such as mobility, confidence, enjoyment, participation, symptom support, balance, and quality of life. They should avoid unsupported disease-curing promises. This is both ethically and scientifically necessary.

When these principles are respected, belly dance becomes more than performance training. It becomes a scalable, community-ready movement approach that can sit credibly at the interface of wellness, healthy aging, and supportive rehabilitation.

Table 3: Practice-Informed Implementation Model for Adult Classes

Programming domain	Recommended strategy for adult wellness / supportive rehabilitation	Avoid
Entry level and screening	Begin with low-complexity standing movement, symptom check, and permission to modify range of motion	Assuming prior dance literacy or prescribing performance-level choreography at entry
Movement content	Use posture, breathing, pelvic tilts, weight shifts, chest mobility, gentle arm pathways, and short rhythmic combinations	Forced extremes of spinal motion, rapid fatigue-driven shimmies, repeated deep backbends, or abrupt floor work
Progression	Layer from isolated actions to short combinations, then to longer phrases as confidence and tolerance improve	Progressing solely by speed or spectacle
Psychosocial environment	Use non-judgmental cueing, inclusive clothing expectations, and positive body-neutral or body-appreciative language	Appearance pressure, mirror-based criticism, or competitive comparison culture
Clinical communication	Frame belly dance as an adjunct physical-activity modality that may support function, mood, quality of life, and participation	Claiming disease cure, guaranteed blood-pressure normalization, or replacement of standard medical care

Practical Implications for Adult Wellness and Rehabilitation Programs

The current evidence supports several practical conclusions. Community centers, women's health programs, survivorship initiatives, and culturally responsive wellness services can reasonably consider belly dance as an adjunct physical-activity option, especially for adult women who are unlikely to engage in conventional exercise programs. Instructors should be selected not only for dance skill but for movement pedagogy, ability to modify exercises, and awareness of common adult health limitations. Collaboration with rehabilitation specialists, exercise physiologists, or women's health clinicians could strengthen program quality further.

Program evaluation should also evolve. Rather than relying only on attendance or participant testimonials, future community programs could track low-burden outcomes such as session adherence, perceived exertion, pain interference, functional confidence, self-rated health, fatigue, and selected balance measures. Such practice-based evidence would not replace clinical trials, but it could improve implementation quality and generate realistic hypotheses for future research.

For researchers, the field's next step is clear. Belly-dance-specific studies need larger samples, clearer reporting of movement content and intensity, longer follow-up, and better differentiation between general dance effects and belly-dance-specific effects. Clinical populations beyond fibromyalgia and breast cancer survivorship also deserve study, but only with careful methodological discipline.

For educators, the implication is equally clear. Scientific legitimacy in this field will not come from exaggerated claims. It will come from precise language, safe teaching, and programs designed around outcomes that matter to adult women in real life.

Future research should prioritize at least four directions. The first is dosage clarity: frequency, session length, total intervention duration, and target intensity should be reported with enough precision to support clinical translation. The second is movement-content transparency. Trials should state whether sessions emphasized isolated pelvic work, traveling patterns, upper-limb sequences, improvisation, stretching, conditioning, or choreography. The third is pragmatic outcome selection. Alongside laboratory or questionnaire data, studies should capture adherence, dropout reasons, perceived competence, and maintenance of activity after formal classes end. The fourth is comparator quality. Belly dance should be compared not only with waiting-list controls but with other acceptable forms of moderate physical activity, which would help determine whether its distinctive advantage lies in physiology, adherence, psychosocial response, or some combination of all three.

There is also room for mixed-method and implementation research. Quantitative outcomes tell only part of the story; qualitative interviews can clarify why women stay in or leave programs, what kinds of cueing feel empowering rather than judgmental, and how costume, music, mirror use, and group dynamics influence confidence. These details matter because the success of a real-world movement intervention often depends on its social architecture as much as on its exercise dose.

Limitations of the Current Evidence

The enthusiasm surrounding dance-based health interventions should not obscure the limitations of the evidence base. First, belly-dance-specific trials remain relatively few. Second, sample sizes are often small, and many interventions are conducted in highly motivated female groups, which can limit generalizability. Third, exercise studies cannot fully blind participants, leaving room for expectancy effects. Fourth, intervention content is not always described in enough detail to support replication. Fifth, psychosocial outcomes, while highly relevant, are measured with different instruments across studies, which complicates synthesis. Sixth, when broader dance literature is used to inform belly-dance implementation, some extrapolation is unavoidable.

These limitations do not negate the field; rather, they define the claims that can responsibly be made. At present, the evidence justifies describing belly dance as a promising adjunct movement modality with demonstrated benefits in selected contexts and a strong theoretical fit for adult women's health. It does not justify claiming universal disease treatment or superiority over all other exercise forms. That distinction is essential if the field is to mature scientifically.

Conclusions

The available literature supports a serious, evidence-informed place for belly dance in discussions of adult women's health. Belly-dance-specific studies suggest benefit for pain, functional capacity, self-image, quality of life, fatigue, depressive symptoms, and selected upper-limb outcomes in breast cancer survivorship.

Broader dance research reinforces the relevance of dance-based movement for physical function, balance, psychosocial well-being, and healthy aging in middle-aged and older adults. Evidence for blood-pressure reduction is encouraging at the level of dance therapy in general, though belly-dance-specific claims should remain cautious.

The most defensible scientific position is therefore neither dismissive nor exaggerated. Belly dance should be viewed as a low-impact, adaptable, culturally meaningful, and adherence-friendly adjunct modality that may support wellness, participation, and selected rehabilitation goals in adult women. Its value lies not only in physiological plausibility, but in its ability to make movement enjoyable, expressive, and sustainable. That combination may be its greatest contribution to women's health [5-14].

Conflict of Interest Statement
The author declares no conflict of interest.

Funding Statement
No external funding was received for the preparation of this manuscript.

Data Availability Statement
No new datasets were generated or analyzed for this review. All information discussed is derived from previously published sources cited in the reference list.

References

1. Baptista AS, Villela ALG, Jones A, Natour J (2012) Effectiveness of dance in patients with fibromyalgia: a randomized, single-blind, controlled study. Clin Exp Rheumatology 30: 18-23.
2. Boing L, Vieira MCS, Moratelli J, Bergmann A, Cardoso AA, et al. (2018) Benefits of belly dance on quality of life, fatigue, and depressive symptoms in women with breast cancer: a pilot study of a non-randomised clinical trial. J Bodyw Mov Ther 22: 553-559.
3. Boing L, de Bem Fretta T, Stein F, Lyra VB, Moratelli JA, et al. (2023) Can mat Pilates and belly dance be effective in improving body image, self-esteem and sexual function in patients undergoing hormonal treatment for breast cancer? A randomized clinical trial. Arch Womens Ment Health 26: 141-151.
4. Boing L, Tatiana de Bem Fretta, Mirella Dias, Alcyane Marinho, Brigid Lynch, et al. (2024) What are the effects of pilates and dance on upper limb functionality in women post-breast cancer surgery? A randomized three-arm clinical trial. Support Care Cancer https://pubmed.ncbi.nlm.nih.gov/41673315/.
5. Cugusi L, Manca A, Dragone D, Mercuro G, Deriu F (2019) Effects of dance on pain in patients with fibromyalgia: a systematic review and meta-analysis. Complement Ther Clin Pract 35: 1-9.
6. Lu J, Nur Athirah Abd Rahman, Matthew Wyon, Shazlin Shaharudin (2024) The effects of dance interventions on physical function and quality of life among middle-aged and older adults: a systematic review. Plops One https://pubmed.ncbi.nlm.nih.gov/38640093/.
7. Fonseca I, Rueda M, Cabanzo C (2025) The effect of dance interventions on well-being dimensions in older adults: a systematic review. Front Sports Act Living https://pubmed.ncbi.nlm.nih.gov/40787603/.
8. Keogh JWL, Kilding A, Pidgeon P, Ashley L, Gillis D (2009) The effectiveness of dance interventions to improve older adults' health: a systematic literature review. Altern Ther Health Med 15: 50-59.
9. Rodrigues Krause J, Giovana Rampazzo Teixeira, Allice Santos Cruz Veras, Ana Paula Rodrigues Rocha, Sylvia Seidinger Chedid, et al. (2021) Dance practice modifies functional fitness, lipid profile, and self-image in postmenopausal women. Menopause 28: 1149-1156.
10. Peng X, Xu X, Hu P, Zhu X, Wang L (2024) The physical and psychological effects of dance therapy on middle-aged and older adults with arterial hypertension: a systematic review. Heliyon https://pubmed.ncbi.nlm.nih.gov/39687154/.
11. Jialin Wang, Yikun Yin, Zhengze Yu, Qihan Lin, Yongsheng Liu (2024) Does dance therapy benefit the improvement of blood pressure and blood lipid in patients with hypertension? A systematic review and meta-analysis. Front Cardiovasc Med https://pmc.ncbi.nlm.nih.gov/articles/PMC11540642/.
12. Laura Britten, Ilaria Pina, Camilla Nykjaer, Sarah Astill (2023) Dance on: a mixed-method study into the feasibility and effectiveness of a dance programme to increase physical activity levels and wellbeing in adults and older adults. BMC Geriatr https://pubmed.ncbi.nlm.nih.gov/36703116/.
13. Celia García Chico, Susana López Ortiz, José Pinto Fraga, Claudia Ceci, Pedro L Valenzuela (2025) Physical exercise and breast cancer-related lymphedema: an umbrella review, systematic review and meta-analysis. Support Care Cancer https://pubmed.ncbi.nlm.nih.gov/40745968/.
14. Fiona C Bull, Salih S Al Ansari, Stuart Biddle, Katja Borodulin, Matthew P Buman (2020) World Health Organization, WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization https://pmc.ncbi.nlm.nih.gov/articles/PMC7719906/.

Copyright: ©2026 Svitlana Zralko. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.