

An exploration of older adults' perceptions and motivating factors behind participation in dance

Thalia MacMillan, PhD
SUNY Empire State College
325 Hudson Street, NY, NY 10013, USA.

Abstract

As we are living longer within our community, there is a need for a physical activity program that provides a creative outlet for individuals. An in-depth qualitative exploration of the attracting, perceived benefits, and motivating factors to stay in the program were examined via focus groups. Results suggested that what participants were attracted to the dance program due to physical and social factors, perceived benefits were akin to holistic wellness, and motivating factors were similar to intrinsic and extrinsic motivation. Implications for practice are discussed.

Introduction

For the past twenty years, statistics have alerted us to one key fact: our population is aging. According to recent estimates from the Federal Interagency Forum on Aging-Related Statistics (FIFARS; 2012), 40 million Americans, or 13% of the total population, were over the age of 65. This represents a tenfold increase in the number of older adults when compared to 1900. Hobbs (1994) referred to this increase as the graying of America. By the year 2050, worldwide over 16% of the total population will be over the age of 65 (NIA; National Institute on Aging, 2015).

This predicted increase has the potential to impact future programmatic needs for older adults. Across the world, individuals are living longer and within their own communities, with life expectancy rates and the number of centenarians increasing (FIFARS, 2012; NIA, 2015; US Census, 2010; Werner, 2011). This may be due to the fact that unlike previous years, individuals are now living longer with chronic health conditions due to improvements in medicine and increased access to health care (FIFARS, 2012; NIA, 2015).

Only 11% of community dwelling adults aged 65 and older have reported participating in leisure-time aerobic or muscle strengthening activities (FIFARS, 2012). While this prevalence can vary by age and ethnicity (Center for Disease Control and Prevention, 2005; Yan et al., 2009), this still represents only a small percentage of individuals who exercise on a regular basis. Very little is known as to what motivates an individual to participate in aerobic or muscle strengthening activities, however it has been established that mobility, balance, and physical functioning can be improved through physical activity (Butler et al., 1998; Christmas & Andersen, 2000; Conn, Minor, Burks, Rantz, & Pomeroy, 2003; Geffken et al., 2001; Mazzeo, Cavanagh, & Evans, 1998; Yan, Wilber, Aguirre, & Trejo, 2009).

Participation in physical activity can lead to benefits in health, enhance quality of life, and maintenance of independent living (American College of Sports Medicine, 1998; DHHS, U.S. Department of Health and Human Services, 1996; 2012). The most recent recommendations by the DHHS (20012) state that regular physical activity is essential for healthy aging. One could suggest that while regular physical activity is essential, it is startling that such a small percentage of older adults report physical activity of some kind. Accessible programs within the community offering exercise, or physical activity alternatives, may represent a way to keep individuals engaged and maintaining healthy lives. As such, it would be beneficial to determine the perceived benefits and motivations to take part or stay within a community based program.

A lack of physical activity participation has been associated with physical factors, such as a higher number of chronic conditions and increased health care visits, and demographic factors, such as being older than 45, female, and living in unsafe or rural environments (Lee and Ory, 2013).

In a sample of 490 community-dwelling adults aged 65 and older, lower amounts of physical activity was correlated with limitations in activities of daily living, the use of mobility equipment, increased hopelessness, and low participation in social activities (Plow, Allen, & Resnik, 2010).

The barriers to participating in physical activity have also been widely examined through quantitative research. Limitations or barriers to participation in physical activity or exercise include: pain/discomfort, fatigue, dizziness, weakness, shortness of breath, poor balance, the use of mobility equipment, limitations in activities of daily living, poor to average self-rated health, lack of social support, low participation in social activities, increased sense of fear, negative experiences with exercise, and transportation issues (Bayliss et al., 2003; Hudson, Soubhi, & Fortin, 2008; Lee and Ory, 2013; Plow, Allen, & Resnik, 2011; Rasinaho et al., 2006). There are two types of limitations with this type of research. First, the research has only utilized a quantitative approach to examining barriers to participation. A more in-depth examination of these barriers and how it affects current or future physical activity participation is warranted. Second, all of the studies have used a global term of physical activity that is defined as vigorous or moderate in nature. As chronic conditions may preclude participation in vigorous or moderate types of physical activity, it is necessary to determine the perceived benefits of and motivations to join a low impact type of physical activity, such as dance.

Motivation for participation in physical activity programs in general has only been briefly explored. In a study of 645 Finnish community dwelling adults aged 75-81, disease management, health promotion, and positive experiences related to exercise were found to motivate individuals to participate in physical activity (Rasinaho et al., 2006). However, this study utilized a questionnaire with predefined categories that may not have examined the true in-depth meaning of motivation to participate. Further, additional research is needed on physical activity programs for special populations, such as racial/ethnic minorities, those with low socioeconomic status, and those with a disability (Hughes et al., 2011).

Dance holds a unique duality. It represents a physical activity and form of low impact aerobic exercise (Krotee, 1991; Pruett, 1983), while also representing a form of creative arts (Talty, 1989). It can also be seen by many as culturally appropriate as it allows for individual and creative expression (Marquez et al., 2014; Molloy et al., 2015; Nakamura et al., 2015; Talty, 1989). Dancing has the potential to stimulate creative expression through movement and rhythm, as well as rejuvenate feelings and connections with the past (Apol & Kambour, 1999; Hoban, 2000; Osgood, 1993; Spindell, 1996; Vankova et al. 2014). A 12 week intergenerational program of elderly and high school female students utilized dance as a modality to both foster and inspire personal expression (Apol & Kambour, 1999).

There is dearth of research on the utility of dance programs, however. The limited research thus far has found participation in dance programs to be of clinical utility to older adults as they are of therapeutic, recreational, or psychosocial value (Berryman-Miller, 1986; DiGiammarino et al., 1992; Hoban, 2000; Molloy, Keogh, Krampe, & Guzman, 2015; Spindell, 1996; Talty, 1989; Vankova et al. 2014). Dance programs also have the potential to go across treatment modalities; it can be conducted within groups or pairs, has the potential to encourage socializing, and can be conducted in a variety of different settings (Hoban, 2000; Pruett, 1983).

Limited research has been conducted on the perceived benefits of dance. Participation in dance or dance programs has been found to be beneficial to: health and physical function (Eyigor et al., 2009; Holmerova et al., 2010; Marquez et al., 2014; Nakamura et al., 2015); balance (Borges et al., 2012; Eyigor et al., 2009; Federici, Bellagamba, & Rocchi, 2005; Krampe, 2012; McKindley et al., 2008; Molloy et al., 2015; Nakamura et al., 2015; Sofianidis et al., 2009); cognitive function (Kim et al., 2011; Kimura, 2012; Marquez et al., 2014); mental health (Castro et al., 2009; Molloy et al., 2015; Vankova et al., 2014); body awareness (Berryman-Miller, 1988; Hoban, 2000); self-esteem (Berryman-Miller, 1988); social skills (Rossberg-Gempton et al., 1999); and a sense of belonging (Rossberg-Gempton et al., 1999). While these studies have helped to illustrate the utility, effectiveness, and efficacy of a dance program with older adults, one limitation is that over half of the studies found utilized residential or facility based samples. This has limitations for the application to a community dwelling group. Further, very few studies were found that utilized qualitative methodology; this limits the type of knowledge that is known about the motivations or perceived benefits of dance programs.

Therefore while previous research has documented that physical activity, exercise, and specifically dance are beneficial to individuals in a variety of ways, there is low participation in physical activity overall. What attracts an individual to choose to take part in a dance program versus another form of physical activity has not yet been explored.

Research has lacked an in-depth examination of the perceived benefits and motivations to stay within a dance program. Dance represents a low impact form of physical activity that can encourage socialization and promote physical and mental health. Given the increase of older adults within the community, the potential health and wellness benefits of dance, and the need for community based programs, a dance program within the community that is accessible to all older adults who wish to take part is needed. The purpose of this study is to explore in-depth with older adults who currently take part in a community based dance program the perceived benefits of, motivations to take part in, and what attracted them most to the program. This information will aid in developing alternative physical activity programs within the community, as well as tailoring outreach to different communities that wish to offer a senior dance program within the community.

Study design and methods

Research Design and Data Collection

A qualitative research design was utilized for this study that incorporated a participatory action research approach. Prior to the beginning of the research, this project was approved by the Institutional Review Board at SUNY Empire State College. This research will focus on the efforts of a senior dance program that operates in New York City; it currently holds two classes in Harlem, is taught by the same instructor, and is free of charge to all who take part. The two classes are held at the same community center, which is a public location. One class is offered in the morning and the other in the afternoon; this schedule accommodates all of the individuals who wish to take part in the program. Each class had one instructor and two class assistants. Each class was offered once a week for 2 hours. Given the many responsibilities of the participants, the majority reported that once a week fit well into their schedules and was not too time consuming. Recruitment of individuals into the dance program was conducted through a variety of ways in order to gain maximum exposure to the community. This included the following: word of mouth, flyers posted at the communication center, announcements placed at local senior centers, advertisements placed in several neighborhood newspapers, and an email blast was sent out to individuals who taken previous classes with the program. Each class had on average 25 individuals participating in it. Each class was conducted in the same manner; it began with a warm-up style routine, progressed to the dance routine, and then concluded with cool down stretching.

The dance routines developed for the program focused on low impact moves that would promote greater mobility, strength, social interaction, and expression. These were drawn from a variety of dance styles (including ballet, jazz, and modern dance) and creative movement techniques. The aim was to have participants articulate personal movement ideas using a broad base of dance making skills. Each dance or routine was accompanied by music, which ranged from melodies and songs familiar to the senior (such as popular songs) to new ideas of rhythms and combinations of sounds (such as classical or drum beats). Additional information on the specific dance moves utilized in the class can be sought from the researchers. During the class, individuals were given the option to participate either by standing or being seated; both groups were equally included as one assistant interprets several of the floor routines for the seated group. The core emphasis of the dance instruction was that seniors were encouraged to perform at a level that they feel comfortable at; the instructor does not force individuals to perform at a level that they are not capable of doing. Homework activities were not provided to participants; handouts of different types of dance activities, such as centering oneself by holding onto the back of the chair, were provided at each class for participants to take home if they wished.

There was no expectation by the instructor that participants would practice any dance movements in between class sessions at home; anecdotally the majority who took part reported that they had practiced some of the warm-up and dance routines at home as they had enjoyed doing them. On their registration sheets, over half did report that they took part in some other form of exercise (i.e., walking, swimming, or Zumba at the senior center). The program ran in two sections, a fall and spring session; the fall session runs from September to December and the spring session runs from January to June. The overwhelming majority (85%) of participants who start the program in the fall stay for the spring session and complete it. Attendance at the groups was relatively stable; participants reported attending almost all of the sessions (90%). It should be noted, though, that individual could begin or stop participation in the program at any time.

Focus groups were chosen as the method of data collection. This allowed for what Padgett (1998) refers to as synergy between group members; as the individuals participating in the senior dance program already knew each other through participating in the class, they had already had created a working connection.

A focus group, opposed to a sole interview with each member, helped to establish and further this connection amongst group members as together they spoke of ideas and topics.

Two focus groups were conducted in the fall session, one for each class. Each focus group was held during the same week in December before the last week of class. A non-probability convenience sample was utilized for this study. At the beginning of a class, the researcher made an announcement about the focus group and invited individuals to participate. Those who were interested in participating were invited to speak to the researcher after the end of the class. Both individuals who had taken part in the program previously and those who were participating for the first time were invited to participate. The only ineligibility criteria was that individuals needed to speak English. For each class, 8 individuals came forward to participate. They were told that participating in the focus group would not impact any further participation in the dance program. As noted by Padgett (1998), 8 individuals in a focus group is an ideal number as it allows for diversity of opinions on the questions being presented.

From the inception of the research, efforts were guided by a committee of two program participants, staff of the program, and the researchers. This committee developed the moderator's guide that would be utilized to guide the two focus groups; the same moderator's guide was utilized by the researcher who conducted both focus groups. The two program participants on the committee did not take part in the focus groups and had participated in the program in the previous year. The moderator's guide contained the ground rules for the group, the questions to ask the participants, and any probes that the moderator might consider using; these were guided by theoretical knowledge in the field, as well as suggestions made by the committee. For the purposes of this analyses, three of the questions focus group will be analyzed: 1) what about the dance program attracted you?; 2) many people the past have mentioned that the dance program has benefited them in a positive way – have you felt this and if so in what way?; 3) what motivates you to perform in a dance program?

The same protocol and moderator's guide were utilized for each focus group session. Each focus group was conducted after the dance program for the day had been completed and after all of the other individuals in the program had left. This was done so that individuals who participated in the focus group would have some level of privacy in participating. Those in the focus group were offered light refreshments during the focus group. Prior to participation in the focus group, participants were asked to read and sign an informed consent and were given a copy of this for their records. Each focus group was audiotaped; prior to the beginning of each focus group, participants were asked for their permission to audio tape. Prior to beginning the focus group, ground rules were established with each group by the moderator. Once all members agreed to the ground rules, the group began. At the end, all participants were debriefed to the purpose of the focus group and thanked for their participation.

Participants

Demographic information was not collected during the focus groups, nor was information collected on if the focus group participants had participated previously in the program. This information had been collected on the initial registration sheets when the participants signed up for the dance program.

As seen in Table 1, age ranged from 55 to 92 with a mean of 72. The overwhelming majority of those in the program were women. Two thirds of the sample was African American and was born in the US. Over forty percent had participated in the past in the dance program.

Data Analysis

Analysis of the qualitative data was conducted utilizing an inductive analytical approach, specifically a grounded theory approach. Grounded theory methodology and analytical methods represent one of the most widely used forms of qualitative research. Unlike quantitative research that starts with a theory and then seeks to prove or disprove this in a given population, grounded theory allows for the development of theoretical ideas or concepts that is derived directly from the data and specific to a set of individuals (Strauss & Corbin, 1997). This analytical approach allows for thematic coding of responses. This type of analysis is beneficial as it allows the analysis to utilize a comparison process that allows for new ideas and insights to emerge from the data. The qualitative data was reviewed by the evaluator and an individual experienced in qualitative analysis.

The audio tape was transcribed by the lead researcher into a Word file and verified by a research assistant. This file was distributed to both researchers for analysis. Each researcher utilized the same principles of inductive analysis techniques: thematic analysis, constant comparison, and member checking. Two members from each focus group volunteered to take part in the member check-in.

The exploratory nature of this study and the type of data collected allowed us to frame our analysis around theoretical issues related to perceptions and motivations of a senior dance program. Thus, grounded theory approaches were the best choice for exploring this topic, as well as determining what type of patterns or themes would emerge (Strauss & Corbin, 1994). Through the triangulation of data analysis techniques, we sought to increase the credibility of our findings to create an enhanced understanding of the perceptions and motivations of participants in the dance program.

The first stage of analysis involved classifying a large amount of data into broad categories and themes. Using each participant's response to the question as a unit of analysis has been found to be reliable and valid for analysis purposes (Strauss & Corbin, 1997). Each researcher individually searched for words, phrases, situations, and whenever possible, the written expression of feelings to thematicize a shared meaning (Strauss & Corbin, 1994). Following a preliminary review of emerging thematic categories, we collectively revised our coding scheme and interpretation to better describe themes that appeared in the data. We sought to obtain subjective agreement of inductive coding categories in a manner that increased the dependability of findings.

Next, both researchers used the themes to constantly compare relevant situations and nuances (Strauss & Corbin, 1994). Constant comparison allowed us to discover rich, thick descriptions and examples of commonalities found in the focus group conversations. Since this portion of the analysis continued to involve the inductive formation of concepts derived directly from the aggregate document, we were careful not to force categorical definitions a priori so that we could develop unique themes based on the data.

Finally, several participants volunteered for member checking of the identified themes. Two participants from each focus group provided feedback and helped in the process of revising or acceptance of such themes identified during the initial qualitative analysis. A preliminary comparison of the themes found in the analysis were examined for both locations; no significant differences were found. The results were shared with the committee and the two participants from each focus group; together the decision was made to combine the themes from both groups. Results of the analysis are presented in Tables 2 through 4 with sample quotes from the focus group participants included.

Findings

Attraction to Program

Elements of the Program. All of the elements of the program combined together highlight that the program itself may truly be the sum of its parts. This included characteristics of the instructor and of the program. The first, and most potentially important, element of the program was the instructor. All participants noted that the characteristics of the instructor were vital to the success of the class. The characteristics noted by participants included: having positive energy, being engaging, and very enthusiastic, no judgment, very sensitive to each person's needs.

Characteristics of the program that appealed to participants included the length of the class, feeling as if you could learn and have fun, and the pace of the program. For many, meeting once a week was considered to be the right amount of time. The pace of class was also important as individuals did not feel rushed or pressured to do one particular dance move.

Exercise. A second common theme that attracted many was that of exercise. The fact that this was an alternative type of exercise or physical activity, as compared to walking or going to the gym, appealed too many. That the program was also not intense and was something that was constantly engaging was also appealing.

Dancing. The idea of dancing was also a common theme. Many participants enjoyed dancing in some form throughout their lives, so the program allowed for a natural extension of that. Conversely, the program offered an opportunity to those that always wanted to dance but couldn't before.

Sense of Community. Another common theme that attracted many was the sense of community that the program engendered. Individuals in the group truly welcomed the idea of the program as a shared experience amongst all those who participated. The group members formed friendships and supported each other in a variety of ways, such as helping to figure out dance moves or checking in on each other to see if someone was attending class.

Perceived Benefits

Body consciousness. Body consciousness was the most common perceived benefit of taking part in the dance class. Participants reported that they felt more aware of their bodies.

Being aware of movements they were making or improvements in health was part of this. Several participants commented of being aware that the class benefited both their mind and body, such as in stress reduction.

Social Interaction. The second theme seen as beneficial was around the social interaction of the group. Fostering social connections, maintaining current friendships, and creating new friendships benefited many. Individuals reported that they truly benefited from being with others in the group and forming connections with them. The social nature felt by many also encouraged them to invite others to possibly maintain friendships.

Self-esteem or confidence. The third theme was around the topic of self-esteem or confidence. Many individuals noted that they felt good as they did what they could. This was seen as a benefit as they felt more confident or felt a boost in morale. Many felt that they weren't expecting this type of benefit, but were glad to know that they could do the dance moves.

Health. Many participants reported a benefit of improvements in their health as a result of class participation. This was seen in both physical and mental health, such as boosts in energy or reducing stress. Many noted that participating in the program helped them to no longer feel the same aches and pains as they did before.

Motivation to take part

Do for oneself. Participants overwhelmingly noted that what motivated them to participate is that this was something that they could do for themselves and not others. The majority of those in the program care for others, such as grandchildren or spouses, or have volunteer responsibilities; participating offered them a respite in those responsibilities for a brief period of time. This notion extended to inspiration, creating a lasting exercise program, or carving out additional time just for him/her.

Exercise. Exercise was also a common motivator. The combination of an exercise program that was accessible (i.e., free of charge, in a good location), was a social activity, and provided a chance to get in shape was a key strength of the program for many.

Effect of the program. The effect of the program that it has the individual or those around them was also a motivating factor. Individuals reported that the effect the program had on themselves personally motivated them to keep participating in it. This theme illustrated itself in several ways. First, the friendships that were formed by the group participants. Second, individuals noted the effect the program had on one's outlook moving from a negative one to a positive one. Third, the participant's families in some way motivated them.

Positive impact on health. Participants were motivated to continue performing as they felt that the program simply put would have a positive impact on their health in some way. Words like "health", "balance", "flexibility", and "joints" were all improvements that were noted.

Discussion

The results of this qualitative exploration highlight that what attracts individuals, perceived key benefits, and motivations to participate can vary within a community. This is not surprising, however, as dance represents a creative expression, one that transcends cultural groups and communities (Marquez et al., 2014; Pruett, 1983). The findings in this study reflect that the needs of the older adult population are varied. As illustrated by the variation in themes seen, we cannot assume that what attracts, is perceived by, or motivates one individual or group will be felt the same by another. Further, as dance inspires creativity and creative expression (Spindell, 1996), it could also be postulated that this expression could be extended to elements of attraction, perception, or motivation.

The participants were different in what attracted them to a dance program. While some were attracted for the type of exercise, the idea of dancing, and elements of the program, others were attracted to keeping their minds sharp, having something that they could replicate at home, elements of the program, and a sense of community that the program engendered. While previous research has not examined attraction to dance program, it has researched barriers. Barriers documented in previous research are the concerns for physical and social limitations (Bayliss et al., 2003; Hudson, Soubhi, & Fortin, 2008; Lee and Ory, 2013; Plow, Allen, & Resnik, 2011; Rasinaho et al., 2006); however, this study was able to find what attracted individuals to the low impact dance program was physical and social factors, as well as specific elements of the program itself. It could be that this type of program is seen as less of a risk, more welcoming, and more enjoyable than other types of exercise.

Perceived benefits of the dance program revealed those akin to holistic wellness. Specifically, body consciousness, improvements in health, social interaction, self-esteem or self-confidence, and aspects of socialized were perceived by the group members. Research has documented that dance programs can benefit physical, mental, social health (Castro et al., 2009; Eyigor et al., 2009; Rossberg-Gempton et al., 1999). The results of this research study are able to document that qualitatively, as well as to provide a more in-depth portrayal of these factors by documenting the group members' perception specifically related to participation and not just related to the physical activity itself.

Finally, the findings also revealed intrinsic and extrinsic motivating factors as reasons for participation. Intrinsic motivating factors include something they could do for themselves, seeing the effect on others, and positive impact on health. Extrinsic motivating factors could include exercise, effect the program has on them, and exercise in general. Similar to the Finnish study of community dwelling adults (Rasinaho et al., 2006), aspects of health were also found to motivate individuals to participate in the dance program. However, the current study found additional motivating factors such as aspects of the individual and the effect the program it had on them. Rasinaho et al. (2006) did note that different factors can impact motivation, such as mobility limitation or social factors. It is possible that the perceived benefits the dance program had on each individual was largely impacted by the social interactions they experienced in the program. This may have moderated many of the effects on self-esteem and on health.

Implications for practice

Given that only 11% of individuals in the community reported participating in leisure-time exercise (FIFARS, 2012), yet such a higher number of individuals reside in the community and may have chronic health conditions, more than ever it is important to utilize innovative programs that attract a wide range of individuals and provide a creative, social outlet to exercise. As seen in this study, dance programs have the potential to represent innovation, creativity, and socialization for older adults.

As noted by Hughes et al. (2011), additional work is needed on the translation, maintenance, and implementation of physical activity programs with older adults. This research has documented that within a community individuals may be attracted to a dance program for a multitude of reasons and that each can be attracted, perceived, and motivated to a dance program by different factors. Overall it could be suggested that participants all seem to be driven by aspects of holistic wellness. Outreach to these groups within the community could be tailored differently in order to reach a larger group of individuals to participate. As the dance program had multiple ways for an individual to participate, such as in a chair, but still be within the group, the program has the potential to accommodate more individuals with chronic health issues. Additional research could examine aspects of the dance program itself, such as the effect over time or taking part over multiple years in the program.

Methodological considerations

Several limitations were present within the study. The first was that only two focus groups were utilized. While this provided for a multitude of data, the data was limited to the responses only given by those who participated in the focus groups. We recognize that while prompts can elicit additional responses from participants, it can only elicit so much. However, the data provides a foundation from which to explore these issues further in additional dance programs.

The sample also represented one of convenience as only two classes from one dance program were chosen. However, individuals in these two locations do represent those of the larger community. As the program grows to include other locations in different areas of New York City, additional focus groups should be conducted to determine if results differ within different areas.

Conclusion

In conclusion, the exploration of the dance program revealed that individuals were attracted to a dance program for various types of exercise benefits, sense of community, and aspects of the program. They perceived various types of mental, physical, and social benefits, and felt intrinsic and extrinsic motivating factors. While these varied by both locations, the findings reflect that both locations benefited from the creative expression of the dance.

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References

- American College of Sports Medicine (1998). Position stand: Exercise and physical activity for older adults. *Medicine and Science in Sports & Exercise*, 30(6), 992–1008.
- Apol, L., & Kambour, T. (1999). Telling Stories through Writing and Dance: An Intergenerational Project. *Language Arts*, 77(2), 106-17.
- Bayliss, E.A., Steiner, J.F., Fernald, D.H., Crane, L.A., & Main, D.S. (2003). Descriptions of barriers to self-care by persons with comorbid chronic diseases. *Annals of Family Medicine*, 1(1), 15-21.
- Berryman-Miller, S. (1986). Benefits of dance in the process of aging and retirement for the older adult. *Activities, Adaptation & Aging*, 9(1), 43-51.
- Berryman-Miller, S. (1988). Dance Movement: Effects on Elderly Self-Concept. *Journal of Physical Education, Recreation and Dance*, 59(5), 42-46.
- Borges, E., Cader, S., Vale, R., Cruz, T., Carvalho, M., Pinto, F., & Dantas, E. M. (2012). The effect of ballroom dance on balance and functional autonomy among the isolated elderly. *Archives of Gerontology & Geriatrics*, 55(2), 492-496.
- Butler, R.N., Davis, R., Lewis, C.B., et al (1998). Physical fitness: Benefits of exercise for the older patient. *Geriatrics*, 53(10), 46–62.
- Castro, J. C., Giani, T. S., Ferreira, M. A., Bastos, F. C., Cruz, T. P., Boechat, R., & Dantas, E. M. (2009). Depression in inactive and active elderly women practitioners of dance, weight-lifting or meditation. *Acta Medica Lituanica*, 16(1/2), 52-57.
- Center for Disease Control and Prevention (2005). Trends in leisure-time physical inactivity by age, sex, and race/ethnicity – United States, 1994-2004. *Morbidity and Mortality Weekly Report*, 54, 991-994.
- Christmas, C. and Andersen, R.A. (2000). Exercise and older patients: Guidelines for the clinician. *Journal of the American Geriatrics Society*, 48(3), 318–24.
- Conn, V.S., Minor, M.A., Burks, K.J., Rantz, M.J., & Pomeroy, S.H. (2003). Integrative review of physical activity intervention research with aging adults. *Journal of the American Geriatrics Society*, 51, 1159-1168.
- DiGiammarino, M., Hanlon, H., Kassing, G., & Libman, K. (1992). Arts and aging: An annotated bibliography of selected resource materials in art, dance, drama and music. *Activities, Adaptation & Aging*, 17(2), 39-51.
- Eyigor, S., Karapolat, H., Durmaz, B., Ibisoglu, U., & Cakir, S. (2009). A randomized controlled trial of Turkish folklore dance on the physical performance, balance, depression and quality of life in older women. *Archives of Gerontology & Geriatrics*, 48(1), 84-88.
- Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2012: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office.
- Federici, A., Bellagamba, S., & Rocchi, M. (2005). Does dance-based training improve balance in adult and young old subjects? A pilot randomized controlled trial. *Aging: Clinical And Experimental Research*, 17(5), 385-389.
- Geffken, D., Cushman, M., Burke, G., et al. (2001). Association between physical activity and markers of inflammation in a healthy elderly population. *American Journal of Epidemiology*, 153, 242–250.
- Hoban, S. (2000). Motion and Emotion: The Dance/Movement Therapy Experience. *Nursing Homes: Long Term Care Management*, 49(11), 33.
- Hobbs, Frank. 1994. "The Elderly Population." *Population Profile of the United States*. Retrieved January 28, 2012 (<http://www.census.gov/population/www/pop-rofile/elderpop.html>).
- Holmerová, I., Macháčová, K., Vanková, H., Veleta, P., Jurasková, B., Hrnčiariková, D., & ... Anđel, R. (2010). Effect of the Exercise Dance for Seniors (EXDASE) Program on Lower-Body Functioning Among Institutionalized Older Adults. *Journal of Aging & Health*, 22(1), 106-119.
- Hudson, C., Soubhi, H., & Fortin, M. (2008). Relationship between multi-morbidity and physical activity: Secondary analysis from the Quebec health survey. *BMC Public Health*, 8, 304.
- Hughes, S.L., Leither, K.H., Marquez, D.X., Moni, G., Nguyen, H.Q., Desai, P., & Jones, D.L. (2011). Physical activity and older adults: Expert consensus for a new research agenda. *The Gerontologist*, 51(6), 822-832.

- Kim, S., Kim, M., Ahn, Y., Lim, H., Kang, S., Cho, J., & ... Song, S. (2011). Effect of dance exercise on cognitive function in elderly patients with metabolic syndrome: a pilot study. *Journal of Sports Science & Medicine*, 10(4), 671-678.
- Kimura, K., & Hozumi, N. (2012). Investigating the acute effect of an aerobic dance exercise program on neuro-cognitive function in the elderly. *Psychology of Sport and Exercise*, 13(5), 623-629.
- Krampe, J. (2012). Dance-based therapy to decrease fall risk in older persons. *Dissertation Abstracts International*, 73, 1484.
- Krotee, M. L. (1991). Aging around the World: International Dimensions of HPERD, Sport, and Aging. *Journal Of Physical Education, Recreation And Dance*, 62(5), 49-68.
- Lee, W.C., & Ory, M.G. (2013). The engagement in physical activity for middle-aged and older adults with multiple chronic conditions: Findings from a community health assessment. *Journal of Aging Research*, 2013, 1-8.
- Marquez, D.X., Wilbur, J., Hughes, S.L., Berbaum, M.L., Wilson, R.S., Buchner, D.M., & McAuley, E. (2014). B.A.I.L.A. – A Latin dance randomized controlled trial for older Spanish-speaking Latinos: Rationale, design, and methods. *Contemporary Clinical Trials*, 38(2), 397-408.
- Mazzeo, R., Cavanagh, P., & Evans, W. (1998). American College of Sports Medicine Position Stand: Exercise and physical activity for older adults. *Medicine and Science in Sports and Exercise*, 30, 992-1008.
- McKinley, P., Jacobson, A., Leroux, A., Bednarczyk, V., Rossignol, M., & Fung, J. (2008). Effect of a community-based Argentine tango dance program on functional balance and confidence in older adults. *Journal of Aging & Physical Activity*, 16(4), 435-453.
- Molloy, F., Keogh, J., Krampe, J., & Guzmán, A. (2015). Dance mobility: A somatic and dance programme for older adults in New Zealand. *Body, Movement And Dance In Psychotherapy*, 10(3), 169-180.
- National Institute on Aging. (2015). Global Health and Aging. Retrieved January 4, 2015 via the World Wide Web: <https://www.nia.nih.gov/research/publication/global-health-and-aging/humanitys-aging>.
- Nakamura, P. M., Papini, C. B., Teixeira, I. P., Chiyoda, A., Luciano, E., Cordeira, K. L., & Kokubun, E. (2015). Effect on physical fitness of a 10-year physical activity intervention in primary health care settings. *Journal Of Physical Activity & Health*, 12(1), 102-108.
- Osgood, N. J. (1993). Creative activity and the arts: Possibilities and programs. In J. Kelly (Ed.), *Activity and aging: Staying involved in later life* (pp. 174-186). Thousand Oaks, CA, US: Sage Publications, Inc.
- Padgett, D.K. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage Publications.
- Plow, M.A., Allen, S.M., & Resnik, L. (2011). Correlates of physical activity among low-income older adults. *Journal of Applied Gerontology*, 30, 629-642.
- Preutt, D.M. (1983). Dance for older adults. *Journal of Physical Education, Recreation, & Dance*, 54(5), 43-51.
- Rasinaho, M., Hirvensalo, M., Leinonen, R., Lintunen, T., & Rantanen, T. (2006). Motives for and barriers to physical activity among older adults with mobility limitations. *Journal of Aging and Physical Activity*, 15, 90-102.
- Rosberg-Gempton, I., Dickinson, J., & Poole, G. (1999). Creative dance: Potentiality for enhancing social functioning in frail seniors and young children. *The Arts In Psychotherapy*, 26(5), 313-327.
- Sofianidis, G., Hatzitaki, V., Douka, S., & Grouios, G. (2009). Effect of a 10-week traditional dance program on static and dynamic balance control in elderly adults. *Journal of Aging and Physical Activity*, 17(2), 167-180.
- Spindell, M. (1996). Dance/movement therapy opens communication pathways. *Brown University Long-Term Care Quality Advisor*, 8(13), 1.
- Stenger, L. A., Smith, C. M., & ERIC Clearinghouse on Teacher Education, W. D. (1985). *Healthy Moves for Older Adults*. Health, Physical Education, Recreation and Dance Monograph No. One.
- Strauss, A. & Corbin, J. (1994). Grounded Theory Methodology. In Denzin, N.K., & Lincoln, Y.S. (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Strauss, A.L., & Corbin, J.M. (1997). *Grounded theory in practice*. New York: Sage Publishing.

- Talty, J. K. (1989). *Dance and the aging--Beyond the porch, beneath the lights: Outlets for self-expression in the aging*. Paper presented at the annual meeting of the Speech Communication Association in San Francisco, CA.
- Yan, T., Wilber, K.H., Aguirre, R., & Trejo, L. (2009). Do sedentary older adults benefit from community-based exercise? Results from the Active Start Program. *The Gerontologist, 49*(6), 847-855.
- U.S. Department of Health and Human Services (1996). *Physical activity and health: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- U.S. Department of Health and Human Services. (2008). *Physical activity guidelines for Americans*. Rockville (MD): U.S. Department of Health and Human Services.
- Vankova, H., Holmerov, I., Machacova, K., Volicer, L., Veleta, P., & Celko, A. (2014). The Effect of Dance on Depressive Symptoms in Nursing Home Resident. *Journal of The American Medical Directors Association, 15*(8), 582-587.
- Werner, Carrie. (2011). "The Older Population: 2010." U.S. Census Bureau. Retrieved January 28, 2012 (<http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>).

Table 1. Participant Characteristics	
	%
Age	
Range	55-92
Mean	72.4
SD	8.7
Gender	
Male	3.3
Female	96.7
Ethnicity	
African American	63.3
Hispanic or Latino	6.7
Asian	10.0
Caucasian	13.3
Other	6.7
Born in the USA	64.3
Participated previously in the program	43.3

Table 2. Emerging Themes From What Attracted Individuals to the Program	
Themes	Sample Quotes from Participants
Exercise – general Exercise – keeps mind sharp Exercise – can do at home Type of exercise - gentle	<p>“Motion is lotion for the body. You have to keep yourself moving and going and take care of yourself.”</p> <p>“That the program attracted me since I have had a double hip replacement and I don’t walk enough. The doctor said I need to move more. This program I really liked the idea of since it was a different kind of movement besides walking.”</p> <p>“I can take the movements I learn here and do them at home. I can make this a continuous movement.”</p>
Idea of dancing	<p>“I have been dancing since I was a young girl. I liked the idea of taking part in a class where I would get to do that again with others.”</p> <p>“I feel happy when I am dancing, so why not take a class that lets me do that!”</p>
Elements of the program	<p>“The enthusiasm of the teacher makes me want to keep coming back week after week. I want to go to more of her classes!”</p> <p>“I felt such warmness from the teacher when I met her; that attracted me a great deal as I knew it would be a great environment to learn and to have fun.”</p> <p>“there was no judgment of ability levels”</p> <p>“Very sensitive to any body issues that a person may have. I have a bad back and they just encourage me to do what I can. I really like that.”</p> <p>“I love that this is on Friday. I can’t wait till Friday comes and I really like that the class isn’t too long or too short – it’s just right.”</p> <p>“It’s for any level of learning or body movement. If I can’t do the movements that day standings, it’s no big deal I just sit with the others who take part from the chairs.”</p>
Sense of community that program engendered	<p>“I love that we are all in this together; it’s a shared experience of dancing amongst all of us.”</p> <p>“Very much of a social experience for me. I really like that I get to be with others and that people of all ages could take part in this.”</p> <p>“The group was welcoming and inviting. That I get plenty of support from others in the group. We just release our inhibitions and enjoy ourselves while dancing”</p>

Themes	Sample Quotes from Participants
Body consciousness	<p>“I am more aware of my body now. I am more conscious of it.”</p> <p>“I hold my head up when I walk now, my posture is so much better. I have more confidence in my walking and my abilities. It’s a great feeling to have.”</p> <p>“This class has really helped me to be more flexible. I feel like I move my muscles more in the class than doing anything else and I like that as I’m not as stiff as I once was.”</p> <p>“I come with one frame of mind and I leave with another. I feel healthy and feel good. I just let go and release all of my tension and stress.”</p>
Improvements in health	<p>“I previously had health issues. When I take the class, I leave with a smile on my face, free of pain. That made me want to keep coming back to this”</p> <p>“Whenever I am in the program, I release all of this negative energy that I may have, and I leave feeling more alert and ready to take on the rest of the day”</p> <p>“By releasing all of this tension in energy, I feel like I am more in control of my health”</p>
Social interaction or being in a group	<p>“I benefit socially. I come for social reasons. The people are so friendly. We are all in the same boat and you do what you can in the class. You can sit with others and do what you can in the class. Knowing that I may not be the only one sitting and participating is a great thing.”</p> <p>“I love the social interaction; at home I am by myself and it’s no fun to exercise by yourself as you won’t do it. Here I am with others and we interact, we talk, we laugh, we have fun together.”</p> <p>“I like that I make new friends in the class. I feel like I connect to my community by being here.”</p>
Self-esteem or self confidence	<p>“I like that I come here and do what I CAN. I focus on what I can do and not what I can’t.”</p> <p>“I feel so much more confident having been here. Maybe it’s being able to move my body, maybe it’s that I am doing something for myself, but I walk better now and that makes me so confident.”</p> <p>“The program really boosts my morale. I know I can do the movements in the program and I do what I can. I don’t just try it, I do it”</p>

Table 4. Emerging Themes from Motivation to Perform in the Class	
Themes	Sample Quotes from Participants
Something they could do for themselves	<p>“I do this for me and no one else. It’s my time for me to relax and enjoy myself”</p> <p>“I want a long life and this gives me the opportunity to do that. That motivates me to keep going and coming here more than anything else”</p> <p>“The music is inspiring to move up and go – even for those who are sitting. Its life affirming knowing that I can get up and go as much as I want. The class makes you want to do things that you haven’t done before. It was so inspiring to see a person who was in a wheelchair or walker and no longer needs to use it”</p> <p>“Preparation – you are able to build up what you are learning in each class. You do small steps in each class and those are things that you can continue to keep doing by yourself at home”</p>
Positive impact on health	<p>“The program has re-awakened me and my health; it has made me realize what I can do for myself in terms of health and I like that. That keeps me going.”</p>
Exercise	<p>“I like that I get to exercise as it de-stresses me. That will keep me coming here”</p> <p>“I am fighting to stay fit!”</p> <p>“I enjoy exercising and I like that this is no cost to do”</p>
Effect the program has on them keeps them coming	<p>“I take this for the joy of it, it brings something to my life that wasn’t there before.”</p> <p>“What motivates me is I have friends here and I meet new ones here. Those friendships motivate me to continue onwards.”</p> <p>“Life didn’t end as we got older, life is now beginning”</p>
Sees the effect it has on others, such as family and friends	<p>“I take what I learn and do at home. My family mimics what I do. I set an example for them from what I learned in class and encourage them to do it also. It creates this opportunity for me to be creative and shine, yet do something for them also.”</p>