Feature Article

Recreational folk dance: A multicultural exercise component in healthy ageing

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Recreational international folk dance provides a gentle form of exercise for people of all age groups, and may be used by an occupational therapist to provide a different leisure option for older people. The older adult is often stereotypically perceived as being only capable of certain types of leisure activities, such as bowls, bingo and cards. In multicultural Australia, activities need to be more diverse. Recreational folk dance provides an activity that is socially engaging, physically challenging, creative, and culturally and mentally stimulating. Involvement in the activity has general exercise benefits, which contribute to a healthy lifestyle. The participants can be empowered by their increased participation in community life, due to the classes, but also because of the public performance aspect that is offered with this activity. Exposure to folk costumes, customs, and traditions, can increase awareness of other cultures. Recreational folk dance has a beneficial effect on interpersonal and intrapersonal aspects of self. The language of dance crosses many cultures. Gesture and movement can be conveyed without words, thus making folk dance a good ‘non-language’ based activity to be used in a multicultural population.

KEY WORDS  culture, exercise, folk dance, occupation, older adults.

INTRODUCTION

Folk dance has been enjoyed for centuries in many cultures. Dance has been an integral aspect of healing and community rituals, and health professionals are aware of the cathartic and therapeutic aspects of dance. In many countries, dance is part of childhood through to senior years, particularly in village life. White Australia does have a folk-dance tradition, but not one that is central to the culture as in many other countries and, indeed, as it is in Australian Aboriginal culture. Folk dance as an activity is not often available to seniors, although certain characteristics of international folk dance make it particularly suitable as an exercise form for older citizens. This paper discusses the use of a folk dance program as a form of exercise for women aged 50–80 years. The program was designed to encourage increased physical activity and fitness of the individual, to increase the number of people using dance as a health-related activity, and to promote older adults in a positive light through increased participation in a healthy, stimulating and challenging exercise program. Folk dance has been used in varied settings, such as weekly gentle-exercise classes, aqua-aerobics, and nursing home and hostel exercise programs. It is particularly suitable for people from non-English-speaking backgrounds.
(NESB) and has been used with culturally diverse groups, including the chair-bound and the ambulant.

**THE PROGRAM**

Innovative policies, strategies and programs over the past decade have aimed to make all sorts of health services more accessible and appropriate for Australians of both English-speaking and non-English-speaking backgrounds. In view of this, the author’s own challenge was to combine her occupational therapy skills and interests with her love of folk music and training as a folk dance teacher, to target the healthy older adult in an exercise-through-dance opportunity. The first dance group for seniors was established in suburban Sydney in 1989. That group is still in existence.

The exercise activity was structured as a recreational class on a weekly basis, where seniors gathered to learn and practise folk dances from a variety of countries that have rich folk-dance and costume heritages. Recruitment publicity was directed at well older adults who were looking for a daytime exercise option. Posters were placed in public buildings and sent to local health professionals, and articles were written for suburban newspapers in order to attract participants. Adults enquiring about the class were encouraged to attend on a ‘try and see’ basis.

One folk-dance group has been operating in a culturally diverse area of Sydney since 1989, and one has been operating in Bowral since 1994. Although most of the current participants are from Anglo-Celtic backgrounds, there is a growing proportion of people from non-English-speaking backgrounds attending regularly. The predominance of women does not exclude men; however, it does confirm findings that ‘Healthy Older People Programs’ need to have a focus on older women’s activities as they make up a larger proportion of the older population.

Although the program is not currently funded by any health body, the author sought to promote the aims and objectives of the folk-dance groups according to health guidelines such as those presented by the ‘Healthy Older People’s Project’ (Report 1989, p. 16).

As self-confidence grows, participants may feel inclined to volunteer for the performance aspect of the program. This means wearing a folk costume and performing a number of dances with the group on a stage, at a centre or in a street performance. The dances can be simplified for older frail aged participants, and work has been done by the author in this area with ‘sit dances’ for use in nursing homes and hostels. Here the dance is carried out sitting in chairs but retaining as much of the character of the dance as possible, so that it amounts to more than a mere movement-to-music session. Often the footwork and armwork can remain much the same. Occasionally it is enough to change the timing to half-time so the movements are slower. Use of scarves as in a Greek dance, tambourines in an Italian tarantella, or castanets in a Spanish or Portuguese dance, can help to add to the character.

**RELEVANCE TO OCCUPATIONAL THERAPY**

While folk dance is not specifically an occupational therapy activity, historically it is appropriate for the therapist to run such a program. Mosey (1986, p. 235) states:

… in considering a purposeful activity, an occupational therapist looks at its parts: the motions used; the procedure and the process; material and equipment; the result of the process, whatever it may be; the interpersonal relations that influence the process and in turn are influenced by it; the context in which the activity occurs; its possible cultural meanings; the factor of age and gender; and the performance components required and their relation to occupational performance.

She goes on to say that:

… they have several characteristics that allow them to be used as an effective tool in the occupational therapy process. Purposeful activities are described as being universal, fundamental to performance components and occupational performances, made up of elements that can be identified, holistic, able to be manipulated, promoting differential responses, able to be graded, facilitating communication, having a focusing organising effect, emphasising doing, frequently involving the non-human environment, varying on a continuum from conscious to not/unconscious, varying on a continuum from simulated to natural (p. 241).
A knowledge of skill learning assists in devising and running such a program for older adults. There is an understanding that cognitive and social interaction initially requires conscious effort. As mastery is attained, responses and skills become more automatic, and tasks are accomplished without any thought. Mosey (1986) agrees that purposeful activities have been part of occupational therapy since its inception and that they have a role in restoring and maintaining function.

Occupational therapy training and folk dance teaching skills combine and work together to provide an environment conducive to learning. Both therapist and teacher know there is an end result in mind, which, although it may not be attained in every case, in process is just as important to master many new skills. The challenge of the occupational therapist or dance instructor in facilitating learning is to modify the display or situation in such a way that desired outcomes are met.

Knowledge of learning theory tells us that concepts and facts can be acquired slowly or quickly, but high proficiency in motor performance can only be attained after repeated experiences. The novice requires assistance and looks for instructor guidance, but the experienced dancer can interpret acts for herself. In learning, visual feedback is necessary to motivate, reinforce and direct behaviour. The occupational therapist or teacher demonstrates the dance first, then breaks it into small parts, presenting each section until it is learnt, then jointly the whole dance is performed. This process is developed from the understanding that visual, verbal and kinaesthetic cues are beneficial in skill acquisition.

Landers (1978, p. 345) stated ‘the well accepted fact that more information can be conveyed through a single demonstration than through any other form of communication’ makes dance a powerful non-verbal activity suitable for non-English-speaking participants.

Singer (1986, p. 421) claimed that ‘most skills can be taught in their entirety or broken down into parts’. This means that, in practice, parts may be practised separately or as a whole. Mental rehearsal and physical practice frequently results in more improvement than physical practice alone. Presenting parts one at a time allows mastery at each level. Feedback, both internal, from the eyes and sense organs, as well as external, by fault detection and correction, permits skill mastery and satisfaction. Kielhofner (1995, p. 132) stated that ‘skill is an observable feature of actual performance’. The end result of the dance is the final outcome in skill attainment.

**RATIONALE BEHIND THE FORMATION OF A DANCE EXERCISE PROGRAMME FOR OLDER ADULTS**

By 2001, it has been predicted that the proportion of the Australian population born overseas will be just over one in five, or 22% (Report of the Healthy Older People (H.O.P.) Project, 1989, p. 14). Multicultural recreational folk dancing can provide an activity to cross language and cultural barriers, and provide a physically and socially satisfying form of exercise. In keeping with the Report of the Healthy Older People (H.O.P.) Project and the United Nations’ Principles for Older Persons (1991), there is a responsibility ‘to add life to the years that have been added to life’. The use of recreational folk dancing with older adults fits into the primary prevention level of health promotion, by aiming to improve a healthy lifestyle and by reducing health risks associated with growing older.

The New South Wales Department of Health Report of the Healthy Older People (H.O.P.) Project (1989) stated that a variety of activities are recommended to enhance the confidence of older people, and to maintain their good health. The report suggested that different strategies may be needed to reach different groups of people, and that targets may need to be set for particular subgroups. Many may choose an exercise class, while others may choose recreational folk dance to provide the disguised form of exercise they need to make up the exercise component of their weekly activities. Diversity in exercise programming is important in recognising the heterogeneity of the aged population.

The report also stated that health promotion strategies need to aim at building social networks and strengthening those that already exist. Promotion strategies should lead to the reduction of physical, mental, and social inactivity and isolation among older people, and help improve the image of ageing. Regular folk dance group activity satisfies these criteria.
ISSUES CONSIDERED PRIOR TO THE INCEPTION OF THE PROGRAMME

The issues included:
2. Stereotyping of activities especially for older age groups.
3. Issues of ‘wellness’, what that means, and how to achieve it.
4. Appropriate activities that incorporate a social focus.
5. The concept of empowerment and how to build that into activity programming.
6. The importance of activities especially for older women.
7. Conformity of activities.
8. The process of skill learning and achievement of satisfaction.

Ageing

The 1986 Census, as quoted in the Office of Ageing’s Directions on Ageing in NSW (1990, p. 6), found that almost 15% of the New South Wales population over 65 years of age were from non-English-speaking backgrounds. Older Australians are the fastest growing sector of the Australian population and, as reported by Hammond in Living Well (1994), 16% is aged 60 or over, a percentage that is expected to rise to 22% by 2011. Life expectancy is now 80 for women and 73 for men. The number of people over 80 is also increasing, and consequently, the Directions on Ageing document suggests that a focus on the ‘old old’ as opposed to the ‘medium old’ will be necessary. Migration has further added to the size of the aged population, but has also increased the cultural diversity of this group. Women make up two-thirds of people aged 75 and over (Office on Ageing, 1990). The document also suggests that it is necessary to provide opportunities that focus on wellness for this age group, and also states that ‘if people from NESB … are to gain access to generalist services, as they have a right to, the modification of services in linguistically and culturally appropriate ways must continue to be explored’ (p. 22).

Stereotyping

‘A most pervasive influence on the health of older people is the negative image of ageing and the poor status of older people in the community. It underlies poor participation of older people in sport and recreation and the exclusion of older people’ (H.O.P. Report, 1989, p. 15).

Old age has often been synonymous with ill health, disability, senility and poverty, and with being a burden to society. However, as quoted in Living Well (1994), ‘a child born in the 1980s is more likely to have healthy grandparents and even active great-grandparents than a child of the 1940s, 50s or 60s. Now people don’t start getting excited about your age unless you are near 90’. The publication goes on to quote some individual comments on ageing, including, ‘it’s something that doesn’t matter unless you are a cheese’, or ‘it’s 15 years older than I am’, or ‘40 is the old age of youth, 50 is the youth of old age’. Various government bodies working on programs with older adults are attempting to redefine new roles and images of ageing, and to come up with new slogans (e.g. ‘active at any age’, ‘better health, better life’, ‘60 and better’, ‘age adds value’, ‘getting older well’, ‘growing older but staying young’, ‘never too old’, ‘what’s age got to do with it’).

The appearance of women between 50–80 years in folk costumes, scarves or flowers in their hair, and make-up, performing international folk dances from a variety of countries with interesting sounds and rhythms, helps to challenge the stereotyping of what we expect older adults to do. Usually dance is carried out on a special occasion by a youthful group of ‘ethno-specific’ dancers performing dances from their country of origin. This form of gentle exercise for seniors broadens their cultural awareness, strengthens their social contacts, nourishes the spiritual or musical side of the brain, increases their physical fitness, and enhances their self-esteem. People from the group have been complimented on their appearance and the presentation of dances, especially when the audience has discovered their age and background.

Wellness

Most older people believe ‘wellness’ comes from psychological and social factors as much as from medical ones, and is not just the absence of disease. Self-esteem, independence and interdependence with others, attitudes to yourself, to life and others, are also paramount. Van Zandt (1985, p. 123) states ‘dance provides exercise, group interaction, creative release, and improved functional capacities’.
Appropriate activity incorporating a social focus

According to the Report of the Healthy Older People (H.O.P.) Project, (1989) social isolation and loneliness are contributing factors to a wide range of mental and physical health problems and are more likely to be a female problem. The less tangible outcomes of a regular physical exercise program include social contact, camaraderie and humour, and these may well represent the most valuable aspects of an intervention program. The release of endorphins during relaxation and laughing are known to have a beneficial effect on the body. Interpersonal relations and personal development are paramount in terms of wellness. Participation by older people in community activities means that they are seen to be active citizens, not passive recipients of service. This leads to empowerment.

Empowerment

Involvement of older people in government policy making is one level of empowerment. As noted in Giles (1993, p. 10), there has been ‘an important achievement in changing community perception of old age from one of frailty to one of challenge and opportunity’. It is an image promoting successful ageing rather than negative stereotypes. Active involvement in exercise and community activities can lead to improved self-esteem and improved quality of life. ‘It is thought that a greater positive image reflects more confidence and in turn contributes to success in other areas’ (Evans, 1984, p. 29). This is a notion generally supported by many educators and psychologists.

Importance of activities especially for older women

It is predicted that by 2001, 21% of the population will be aged 65 and over and there will be a predominance of women (H.O.P. Report, 1989, p. 13). Female carers and widows outnumber men. Women suffer more osteoporosis than men and consequently need to involve themselves in weight-bearing activities. Hence, a variety of activities with a social and physical focus need to be offered. Social networks are expanded through the social activity of dance and there are also positive cultural, recreational and neuromuscular outcomes. Occupational skills that may be familiar to females, such as dressmaking, embroidery, and make-up artistry, can be fostered or enhanced when dancing at the performance level. This allows for further self-expression and gratification when it comes to exhibiting the dances publicly.

Conformity of activities

Golf, bowls, croquet, bingo, cards, and community singing are well known activities offered to seniors. Some seniors engage in dance (e.g. ballroom or Scottish) but many cease the activity when they no longer have a partner, or if the pace is too fast. However, the success of line dancing or folk dancing classes with seniors has a lot to do with the fact that a partner is not necessary. The activity is different, and achievable especially if attention has been paid to the modification of steps, pace and formation of the dances. Folk dancing is an age-old activity. Until recent years the dancing of traditional dances was one of the basic recreational activities of many people throughout the world. In many countries, however, age gives way to youth and one becomes ‘too old to dance’. This perhaps has more to do with expectations than abilities. When partners or spouses have died, circle and line dances from many countries offer continuity rather than cessation of the activity. Folk dancing in its varied formations and with the graded pace of dances provides an enduring activity. Dances from different countries offer variety in rhythms and timing, which are often considered strange to the ear. This becomes a challenge mentally and physically, and in terms of cultural diversity. In fact, folk dance fulfils the requirement implicit in a statement from Rowland (1991, p. 34) in *Ageing in Australia* when he states ‘service provision on the basis of ‘Anglo-Celtic’ conformity is no longer tenable in multi-cultural Australia’. Folk dance crosses cultural boundaries and provides an opportunity for expression that can unite people from many backgrounds. The socio-cultural effect of such activities on a person have more than merely physical benefit, in terms of acceptance, being part of a group, developing skills, and using one’s faculties.

The value of the process

Value of exercise generally

Regular aerobic exercise has been reported as having a significant positive effect on the cardiopulmonary system, thus slowing and even reversing the decline in efficiency
associated with ageing of this system (MacRae, 1986; Shephard, 1989; Stamford, 1988, p. 11). This is related to a reduction in blood pressure, which reduces the risk of atherosclerosis and adult onset diabetes. It also has a significant effect on reducing the loss of aerobic power and endurance associated with ageing. Van Norman (1995, p. 11) states that through regular exercise the slowing of reaction time and movement time can be minimized, and he/she goes on to quote MacRae (1989) that ‘physical activity may be one of the most powerful interventions currently available for combating the deterioration in functional capacity that occurs with the ageing of the central nervous system’ (p. 12). Exercise slows bone loss, and bone mineral density can be increased in formerly sedentary women. Exercise tones the internal organs, especially the heart and lungs; adds to mental alertness and memory improvement; improves coordination and balance; aids weight control; promotes better sleep; provides more energy; aids relaxation and reduces tension; leads to improved mental outlook and self-esteem; makes one look better and feel better; enhances creative thinking and problem solving; clears the mind of worrying thoughts and anxieties; slows the ageing of the body, including skin and muscles; and often provides a more positive outlook on life.

The value of folk dance specifically
Dance requires the rhythmic coordination of many parts of the body simultaneously. Sequencing skills enhance concentration, and expression of dance can nourish the soul. Visual, tactile and auditory stimuli are involved. Sounds can create a mood such as ‘quiet and peaceful’ or ‘happy and bright’. The music also encourages an appreciation of the different styles of dance. It stresses touching, feeling and moving in addition to listening and thinking. It offers emotional release, spiritual uplift, and creative expression along with the intellectual stimulation (Van Zandt & Lorenzen, 1985). It integrates psychological, physiological and sociological aspects in the process of movement. Exercise programs based solely on physiological benefits often fail to motivate people to activity, and they may make comments such as: ‘I’ve exercised enough in my life’ or ‘I’m too old now’, or they may see no relevance in improving their range of movement, stamina, or flexibility. Dancing in a group provides these physical benefits subtly through its social form and may be a ‘disguised’ form of exercise that is appealing.

Learning to sing songs to folk music can help in terms of learning language, synchronizing singing and dancing, and it can be a good measure of fitness to be able to sing while exerting oneself. Rhythm and music used appropriately can provide a strong stimulant to movement. It taps into one’s basic response to rhythm and beat, a phenomenon that was demonstrated to the folk dance group at a day centre, when a group of Greeks who were otherwise uninvolved in the exercise routines, got up and started dancing when Greek music was played. Singing while dancing often helps the dancers get a feeling for the music and movement. In many countries it is the usual practice for dancers to sing. The dancer appreciates the relationship between the music and movement by humming or singing while dancing. If the dance increases in pace and becomes too strenuous to keep singing, bystanders may take over the singing.

The opportunity to touch and hold hands in a group provides the tactile stimulation that many people may have been lacking as old friends, spouses, or relatives die, and they are left with fewer people with whom to share a close relationship. Touching is a positive interpersonal experience.

Dancing can be an activity to reduce stress and promote relaxation. Formal relaxation exercises need not be the only means of inducing relaxation. Rhythmic activity, such as jogging or dancing, provides tension release. The music also provides a sensory stimulus that encourages a pleasure response. Music I used from other countries had a haunting charm, or a bright spirit, or a slow lilting grace, or a happy village nature, allowing the class to experience a varied atmosphere.

What is folk dance?
The movements of folk dance may be the same as any movements in space (i.e. leaping, running, galloping, sliding or walking), and they can be done at different tempos, in different rhythms, and with varying degrees of effort. The differentiation between folk dance and other styles of movement lies in the purpose of the activity. Just as a tennis player uses certain movements to hit a ball, a folk dancer carries out a relatively fixed pattern of traditional dance. There may be some variation in style, depending on the region of the dance or the reason for performance whether it be celebrating a national event, or learning the ritual behaviour of a group of people, or just for fun.
While much folk dance is traditional, it is also living cultural behaviour, with a character that reflects people and their world. Centuries ago folk dances were closely related to customs and rituals, and the occupations of the people who performed them. For example, some were corn harvesting dances, Scottish sword dances, or dances associated with marriage, death, courtship, or animals. The dance ‘La Cucaracha’ was named after the cockroach.

Dance is an age-old practice for people from all countries, and an activity in which most people have participated at some time during their lives. The weekly class requires no adjustment to daily clothing (no high-cut leotard); it requires no special equipment or location such as a gymnasium; it doesn’t demand high impact exercise as do some aerobic classes; it can cross language barriers by the demonstration and copying of steps; and it can lead to an increased understanding of other cultures and their costumes, traditions, music, song, folklore and legends.

OUTCOMES

Written and verbal evaluations of the author’s folk dance group included questions regarding reasons for choosing folk dance, the benefits gained, the perception of family and friends, and other forms of exercise they use. In one group, 69% of participants chose the activity for the dance and 31% for the exercise. Benefits gained were: social, 56%; physical, 50%; dance, 25%; and concentration and memory or other mental skills 19% (some respondents gained more than one benefit).

Seventy-five per cent of participants indicated that family and friends were happy for them to participate; the other 25% were indifferent, unaware of their family’s thoughts. Every respondent indicated that they participated in another form of exercise: walking, 67%; other gentle exercise, 25%; lawn bowls, 22% and swimming, 11%. Some participants commented that they liked the exotic form of exercise and found dance to be more to their liking than exercise per se. The public performance aspect was appealing, especially in nursing homes and hostels where the benefits of the activity was seen to be applying to both performers and residents.

Other health benefits reported by participants include some weight loss, improved coordination, flexibility and balance, memory improvement and confidence in mixing with others, the sense of belonging to a group, and the fun and the joy of spontaneous laughter that comes from making mistakes or achieving successful results.

Participants have generally shown increased independence and motivation, self-esteem, socialization, involvement in the community, skill attainment, and desire to learn more complex movements. The original Sydney group has survived the absence of the author and founder and become autonomous. It has operated independently, with its own committee, for four years, and the teaching and coordinating functions are carried out by a 79-year-old participant who has natural leadership abilities. She learns new dances regularly from workshops, and organizes costumes and performances. An almost blind participant values dance as it improves her memory and auditory skills. One woman with arthritis has thrown her stick away and is sleeping better. Depression has generally been reduced. The participants have achieved the essence of wellbeing including competence, achievement, empowerment and skill.

POTENTIAL APPLICATIONS AND FUTURE DIRECTION

Other health professionals, such as diversional therapists, recreationalists and gentle exercise leaders, are seeing the need to diversify their activity programs and are responding to workshops offered by the author on how to incorporate easy folk dances into their programs. For clustering projects in nursing homes and hostels, folk dance may be the non-language-based activity that they have been looking for. More specifically, the author hopes to tap into such sponsored activities as ‘Heart Health Dance Programs’ and ‘Osteoporosis Prevention Programs’.

CONCLUSION

Group-based, weekly recreational folk dance has empowered the participants both individually and collectively. For some older people it is an attractive form of exercise that engenders strong loyalty and commitment. Compared with repetitive exercise class routines, folk dance is an attractive source of movement ideas. The breadth of folk dance types is huge, and the choice of dances to match the age and health status of participants is limited only by the willingness of the leader to find and
learn suitable dances. Folk dance can capture the imagination of people in ways that repetitive exercise routines cannot. This is probably because of its symbolic qualities and what it suggests about cultures, communication and community. Folk dance informs the intellect and appeals at an emotional level, while developing health and fitness through activity. Its associations are with colour and costume and story, rather than with regimented, repetitive exertion. Folk dance provides scope for growth in imagination and knowledge as well as physical well-being. Age and background have been no barrier to participation in this form of gentle exercise, showing that it is never too late to reap the physical and psychological benefits of an activity that is enhancing of the self.

REFERENCES


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