

# Efficacy of Dance Movement on the Wellbeing of the Elderly in Ghana

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## **Abstract**

In Ghana, one major contributing factor to the poor wellbeing of the aged is associated with inactivity and sedentary lifestyle. As seniors age, the rate at which they engage in physical activity decreases. This makes their inactive bodies prone to diseases such as muscle mass reduction, osteoporosis, and poor balancing, less mobility endurance, flexibility, and general loss of wellbeing. Meanwhile the aging populace forms a crucial part of Ghana's human resource base, thus, the need to safeguard their pre- and post-retirement health. Currently, the application of dance movement technique as a physical wellness and fitness activity in improving the wellbeing of the elderly in Ghana is under explored. This was an exploratory case study which set out to examine the efficacy of dance movement in improving the general wellbeing of the elderly in Ghana. The triangulation method design was adopted to collect data from 20 participants (male and female) who enrolled into the dance for fitness program organized by Centre for Aging Studies (CFAS) in collaboration with the Department of Dance Studies at the University of Ghana Legon. Each participant's systolic and diastolic blood pressure levels were recorded before and after each session and questionnaires administered through series of weekly interviews. Other instruments such as observation of the participants, video recording of the sessions, and face-to-face interviews were also used to ascertain the efficacy of dance movement on the general wellbeing of the seniors. The study

indicates that the aged or seniors in Ghana desire to engage in dance as soma-physical activity to prevent and/or reduce some age-related diseases and to improve their general wellbeing.

The findings suggest that helping seniors make the right choice towards healthy and successful ageing goes a long way to helping them age gracefully. This is because successful ageing is a socioeconomic need. Therefore, using dance movement technique as a preventive tool for improving the wellbeing of the elderly within our society is likely to minimize the high cost of medical care for the aged. Again, the application of soma-wellness and its knowledge has the tendency to decongest and ease the pressure on our ill-equipped hospitals and other health facilities especially in this COVID-19 era.

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## **Introduction**

Globally, the population of the elderly is rapidly increasing. It is estimated that the number of people aged from 60 years and above will rise to 2 billion by the year 2050 (WHO, 2014). In Ghana for example, the population of the elderly (ages 60 years and above) is expected to double from its current state of 6.7% of the national population to more than 12% by the year 2050 (WHO, 2014). Currently, the age structure of Ghana's population is gradually changing in line with the global pattern. This can be attributed to the decline in mortality and fertility rates and an increase in life expectancy, from advancement in medical technology and improved living standards this increase is likely to put pressure on the already scarce health infrastructure in the country.

What this invariably means is that there is no end to this increase. According to the Ghana Statistical Service (2010) the "... elderly refers to a category of adults who have attained advanced ages, 60 or 65 years" (p. iii). And an individual is said to be "...ageing when he/she attains ages that are classified as old ages" (p. III). In contrast, this study considers the aged as persons from age 50 and above. Demographically, the aged or seniors is used to refer to persons within the age bracket of 60 to 65 years. However, this age bracket varies in both developed and the developing world. In Ghana for example, the formal sector considers the retirement age to be 60 years and people are considered elderly once they retire.

Weeks (2012) divides the aged into "young old", and the "old old" based on their disparity, relative strength, agility, and the zeal to perform physical activities like dancing, and walking. He further categorizes the "young old" as those within the age bracket of 65-74 and the "old old" as those from 75 – 90.

In a personal communication with one of the participants of this study, she said "I ... see ageing as a state of mind, as I sit here, I'm 60 years but I see myself as young and not old". To a person like this the idea of "young old" might not work for her. In fact, linear age does not relate perfectly with functional age. For instance, two people may be of the same age, but differ in their mental and physical capacities (Bowen & Atwood, 2004).

However, because the definition restricts the age limit to 60 (in the case of Ghana), policies that affect "oldest old" affect the active "young old" too. Given the Ghanaian cultural system and role assignments, persons beyond the age of 60 are still engaged in both productive and reproductive caregiving activities such as heads of their homes, bathing of new-born babies in their communities, and attending to delivery of children (GSS, 2013). There are more female aged people (56%) as compared to male (44%). This is

one of the features of global ageing (GSS, 2013). About 58.5% of the elderly populace are economically active in formal or self-employed like agriculture (63.1%), sales work (13.3%), or craft and related trade (8.4%) (GSS, 2013). These occupations serve as major source of employment for the elderly, and about 84.4 % engage in these activities. However, just 2.7% of these aged are professionals. They serve in jobs as managers, technicians, and professionals. This shows that majority of the elderly are engaged in low-income employment. This kind of gap has the potential of increasing the vulnerability of the elderly as they age. Because most of these jobs demand for physical, mental, and emotional strength and commitment which declines as one ages. The physicality of their ageing becomes evident with the onset of wrinkles on their facial muscles, coupled with mobility problems, so some tend to use walking sticks. Eventually, when those who interact with the elderly stereotype them by infantilizing them, it leads to low self-esteem which affects them emotionally in a negative way (Yasmaski, 2009). This tends to create fear, anxiety, stress, depression, and other negative health problems for them. Aside all these, there are equally some factors that contribute to ageing which have adverse effect on the body, mind, and spirit of the elderly. The presence of chronic disease amongst the elderly in Ghana is very alarming and the most common ones includes cardiovascular diseases, cancers, respiratory diseases, arthritis, and other infectious diseases including chronic malnutrition, anaemia, osteoporosis, and hearing and sight problems.

In summary the causes of these chronic conditions range from poor lifestyle choices, genetic and environmental factors, and all these conditions negatively impact the general wellbeing of the elderly in Ghana. With the upsurge of chronic diseases, the healthcare system in Ghana is ill equipped in terms of infrastructure and specialized personnel for meeting the health

care needs of the older population (Open Access, 2017). This makes preventive care for the elderly an indispensable tool.

## **Wellness as a lifestyle**

The idea of wellness for the aged is intricate due to its multifaceted nature. It includes life values and fulfilment, self-esteem, and contentment. Therefore, the definition of the welfare and contentment of the aged, to a large extent relies on their affective and cognitive experiences. The affective aspect comprises of optimistic and pessimistic sentiments, and moods, whereas the cognitive facet has to do with the individual's subjective notion of life as compared to an idyllic hope of fulfilling their desires and aspirations (Alaphilippe & Bailly, 2014).

The concept of wellness is more than being physically fit, it is a holistic phenomenon that encourages a lifestyle that helps to improve and enhance the body, mind, and spirit. This holistic philosophy of wellness is inclined to dance. Similarly, the holistic nature of dance has a bearing on the body, mind, and spirit. Hence, there is the need to make this phenomenon accessible and appreciated by the elderly as an alternative medium for improving their general wellbeing as they age.

Moreover, most research findings have proven that the elderly who embrace the concept of wellness as part of their daily life activities have reaped a lot of health benefits from it. Thus, the health benefit of dance movement as a medium of wellness and health, has been elucidated by many scholars (Balgaoankar, 2010; Hanna, 2006) amongst others. For instance, in a non-pathological populace, the barometer for wellbeing is not co-terminus with age. Though the individual's current condition of life can influence his/her wellbeing to an extent, those conditions do not play a key role in that determination. These conditions can be subjective

or objective. Hence, the need to distinguish between objective wellbeing determinant conditions such as state of health, wealth status, and social networks of support as against the subjective aspect that deals with how a person measures himself or herself based on his/her health, financial standing, or social networks of support (Alaphilippe & et al., 2013).

They concluded that, though objective pointers like health plays a key role in evaluating what successful ageing is, subjective indicators like the individual's perception of his/her wellness condition equally matters. The definition and value of successful ageing as a concept, therefore, draws largely from how it impacts on the objective or subjective condition of the individual.

It is important to explore the historical underpinnings of dance as movement therapy. Dance Movement Therapy promotes security for the elderly through some methodologies such as providing choices (what movements do I like? Where do I feel comfortable?); promotes self-awareness; focusing on movement resources decreases feelings of insufficiency; walking in various manners provides security; sensory stimulation of the feet promotes stability; light or strong movements and light music vitalize; moving means to collect joy (p. 146). The above quotation captures in its entirety the essence of this study. That is to explore all the movements mentioned in tackling the wellbeing of the elderly.

Dance as a somatic practice aims to assimilate mind and body of the elderly in a rebuttal against cartesian dualism theory, which states that, what affects the mind does not necessarily affect the body and vice versa. It establishes a connection between one's emotion and feelings. (Damásio, 2012; Levy, 2005). The primary outlet for emotions is the body, which expresses movement. Hence, one can use the movement as a medium for working on

the emotional wellbeing of the participants. Dance movement technique can be used to help participants unburden their pent-up emotions because it is in the handling of these emotions that we find the meaning to our existence positively. Furthermore, it is important to realize that the individual can learn to harness, control, and be creative about how he/she responds to his/her inner self talk using the arts (dance) (Noble, n.d.).

### **Benefits of dance movement as a physical wellness medium for the elderly**

Rose (2008), as quoted in Baptista, J.R., and Narciso (2015) posits that “physical exercise in elderly people is effective in reducing physical risk factors normally associated with the high risk of falls” (p. 71). Dancing as a physical form of wellness has advantages on the general wellbeing of the elderly. Cammany (2005) states that dance movement helps in stimulating the lungs, cardiovascular and the musculoskeletal. It also activates the mind, thereby averting falls and favoring coordination, spatial orientation, and balance. Lack of balance and coordination are factors that often cause a fall among the elderly (Eyigor et al., 2009). Connolly and Redding (2010) reported that falls that lead to stroke are a major cause of hurt, fear, increased anxiety, and demise amongst the elderly.

Studies were conducted geared towards creating programs and interventions to aid the elderly to age successfully. In one of the studies, Connolly, and Redding (2010) conclude that there was improvement in the balance and stability posture of individuals with Parkinson’s disease because of their participation in dance movement techniques. Clearly, this falls within the context of the objective of this study which seeks to examine the efficacy of dance movement on the wellbeing of the elderly in Ghana.

Also, Eyigor et al. (2009), buttressed the view that physical enhancement leading to stability and quality of life are vital to the wellbeing of the elderly because it helps to increase or maintain their autonomy.

Borges and Colleagues (2014) postulates that, those institutionalized aged who have been housed for a long time, tend to exhibit some level of sedentary lifestyle. However, by participating in ballroom dancing their balancing level improved, thus, reducing the risk of fall and increased their physical wellbeing. Similarly, Rose (2008) and McKinley and Colleagues (2008) also share the opinion that, imploring Tango dance from Argentina as a wellness tool for the elderly helps improve their wellbeing and physical outlooks, which in effect can reduce the risk of falls. The use of dance as a medium for improving well-being appears to be a core fundamental tool for promoting physiological, mental, social, emotional and psychotherapeutic work with the elderly. Dance '*somaticism*' as I call it, dwells more on experiencing the body from an inside perspective to the outside. '*Somaticism*' deals with body awareness. This concept helps a person's physical, physiological, mental, communal mixing. All these elements help provide optimal well-being for the elderly.

### **Concept of active ageing**

The idea of active ageing emanated from a 2002 World Health Organisation vision document on life-long learning. Active ageing refers to the process of enhancing prospects for quality of life as people age based on a foundation of wellbeing participation and safety. The elderly need to be treated with care and dignity as against the passive care they receive. Therefore, active ageing refers to the participation of the elderly in socio-economic and other activities (Almeida, 2007; Osorio, 2007;



WHO, 2002). For this concept of active ageing to stand the test of time, care providers must include wellness, as well as the physical environment the aged live in to minimize age-related diseases. Thus, “active ageing depends on a set of influences at the level of the individual, the family support network and of society in general (Direcção Geral de Saúde [DGS], 2008).”

## **Method**

The sole intent of the study is to examine the efficacy of dance movement practice as a holistic non-medicinal approach in improving the general wellbeing of the elderly in contemporary Ghana. This study implores the exploratory case study design with the mixed methods approach in practice-based research. The case study of some elderly participants who enrolled on the dance for fitness program organized by Centre for Aging Studies in collaboration with the Department of Dance Studies at the University of Ghana, Legon, were used for the research.

Twenty (20) elderly male and female participants between the ages of 50 and 70 years took part in this study. The participants were subjectively chosen based on their availability, willingness, readiness, and participation in the project to share their knowledge and experiences on how the dance movement technique has affected their wellbeing. They were divided into two groups; focus group and the experimental group they were taken through dance movement technique for a period of sixteen (16) weeks with the purpose of ascertaining the impact of the dance movements on their wellbeing.

The data sources for this study were grouped into primary and secondary data. The secondary data for this study was collected from book sources, journal sources, and published and unpublished materials that are relevant to this study. The primary

data was collected from the elderly within the ages of 50 years to 80 years who participated in the dance for fitness program through interviews, questionnaires, focus group discussions, participatory approach, in-depth interviews, and participant observation with other quantitative approaches such as a pre-test and post-test survey, and recording of their systolic and diastolic blood pressures and pulse. Some series of interviews were also conducted before the beginning of the project, mid-section and at the end to ascertain the efficacy of the dance movement on their general wellbeing test and strata 13 version which is more statistical shall be run for test result at the end of the session.

Throughout the sixteen (16) weeks period of the dance movements practice for improving wellbeing, the systolic and diastolic blood pressure (SBP & DBP) and pulse levels of participant were recorded before and after each session for quantitative data analysis purposes. The approach was used to collate participant's pre and post blood and pulse data for each session. Importantly, the participants were also mostly advised to visit the hospital intermittently for general checkups and to minimize the kind of movements they make due to their age.

### **Data analysis technique**

The data gathered from the study were in both qualitative and quantitative types. Therefore, both qualitative and quantitative analytical techniques were adopted. Concerning the qualitative data, a content analytical technique was used. The quantitative data was analyzed using statistical techniques in Stata version 13. Particularly, regression analysis functions were used. This was to examine the effectiveness of the dance movements on the systolic and diastolic blood pressures of the participants and on their general wellbeing by identifying the level of changes with

their blood pressure and their responses as they engaged in the activity. Strata version 13 was used in representing frequency graphs to improve the analysis of the data.

The collation of the quantitative primary data was done through a comparison of the before and after blood pressure readings of the participants. This was to ascertain the effectiveness of dance movement technique as a holistic form of wellness. In all, the triangulation of methods proposed a rich data source and the opportunity to corroborate findings across the methods (Wellington, 2015).

## Demographics of respondents

This section outlines the background characteristics of the 20 participants sampled for the intervention. Their background characteristics includes sex, age, education, marital status, and occupation. As part of the background checks, the study also investigated the state of the participants' welfare issues including their physical, medical condition, and blood pressure prior to the intervention of the DMP project.

**Table 1: Respondents' Background Profile**

| Variables    | Gender    |            | Total     |
|--------------|-----------|------------|-----------|
|              | Male      | Female     |           |
| 50 – 59      | 1 (5.2%)  | 3 (15.8%)  | 4 (21.0%) |
| 60 – 69      | -         | 6(31.6%)   | 6(31.6%)  |
| 70 – 79      | 4 (21.1%) | 5(26.3%)   | 9 (47.4%) |
| <b>Total</b> | 5 (26.3%) | 14 (73.7%) | 19 (100%) |
|              |           |            |           |

| Education                      | Male              | Female             | Total            |
|--------------------------------|-------------------|--------------------|------------------|
| College                        | -                 | 3(15.79%)          | 3(15.79%)        |
| Bachelor                       | 2(10.53%)         | 3(15.79%)          | 5(26.32%)        |
| Masters                        | 2(10.53%)         | 6(31.58%)          | 8(42.11%)        |
| PhD                            | 1(5.26 %)         | 2(10.53%)          | 3(15.79%)        |
| <b>Total</b>                   | <b>5(26.32%)</b>  | <b>14(73.68%)</b>  | <b>19 (100%)</b> |
| Marital Status                 |                   |                    |                  |
| Single                         | -                 | 3(15%)             | 3(15%)           |
| Married                        | 2(10%)            | 7(35%)             | 9(45%)           |
| Divorced                       | 2(10%)            | 3(15%)             | 5(25%)           |
| Widowed                        | 1(5%)             | 1(5%)              | 2(10%)           |
| Separated                      | -                 | 1(5%)              | 1(5%)            |
| <b>Total</b>                   | <b>5(25%)</b>     | <b>15(75%)</b>     | <b>20(100%)</b>  |
| Professional Career/Occupation |                   |                    |                  |
| Architect                      | -                 | 1 (5.88%)          | 1 (5.88%)        |
| Communication                  | 1 (5.88%)         | -                  | 1 (5.88%)        |
| Consultant                     | -                 | 2(11.76%)          | 2(11.76%)        |
| Professor                      | 1 (5.88%)         | 2(11.76%)          | 3(17.65%)        |
| Educator                       | -                 | 1 (5.88%)          | 1 (5.88%)        |
| Engineer and Entrepreneur      | 1 (5.88%)         | -                  | 1 (5.88%)        |
| Lecturer                       | -                 | 3(17.65%)          | 3(17.65%)        |
| Nurse                          | -                 | 3(17.65%)          | 3(17.65%)        |
| Pensioner                      | -                 | 1 (5.88%)          | 1 (5.88%)        |
| Public Servant                 | -                 | 1 (5.88%)          | 1 (5.88%)        |
| <b>Total</b>                   | <b>3 (17.65%)</b> | <b>14 (82.35%)</b> | <b>17 (100%)</b> |

Concerning gender, the field data indicated that female elderly participants (25, representing 75%) in the study surpassed the males (5, representing 25%). Perhaps, it was due to selection problem. In terms of age, three categories emerged: 50 – 59, 60 – 69, and 70 – 79. This shows that those within the last category (70 – 79) were more (47.4%) than the others. Again, the females (31.6%) were found to be within the 60 – 69 age brackets. Only one person did not disclose his/her age. Regarding marital status, the respondents (45%) were married couples with just one participant (5%) who had separated. The education results also showed that, majority (42.11%) of the respondents had ‘masters’ degree qualification. This is not surprising, as all had tertiary education. Owing to their academic qualification, all the respondents had a professional careers, which ranges from professorship to public servants as shown in Table 1 above.

Table 2 below offers a detailed description of the respondents’ background information. The respondents’ physical activeness, state of health, emotional balance, and social skills were all recorded before they were enrolled onto the project. This was to enable the study to draw a vivid distinction of the achievement of the intervention after its implementation.

**Table 2: Medication Condition**

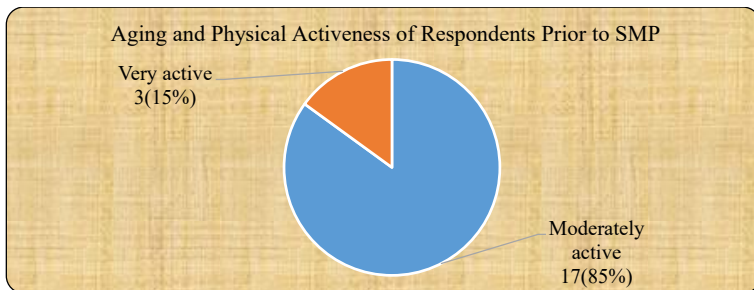
| Medication | Male    | Female   | Total     |
|------------|---------|----------|-----------|
| Yes        | 1 (5%)  | 4 (20%)  | 5 (25%)   |
| No         | 4 (20%) | 11 (55%) | 15 (75%)  |
| Total      | 5 (25%) | 15 (75%) | 20 (100%) |

*Source: Researcher’s Construct*

About (50%) of the participants suffered from both asthma and high cholesterol. Most of the participants have been battling these ailments for years ranging from three (3), five (5) years, fifteen (15), and others over thirty (30) years. However, they were assured that engaging in dance as preventive care intervention medium was not going to affect their wellbeing in a negative way.

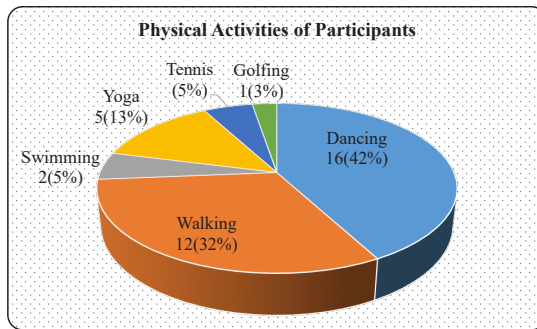
In determining their state of wellness before the intervention, the researcher strived to identify how their ageing is affecting their daily physical activities. *Figure 1* below outlines the outcome.

**Fig. 1: Response to Ageing and Physical Activeness**



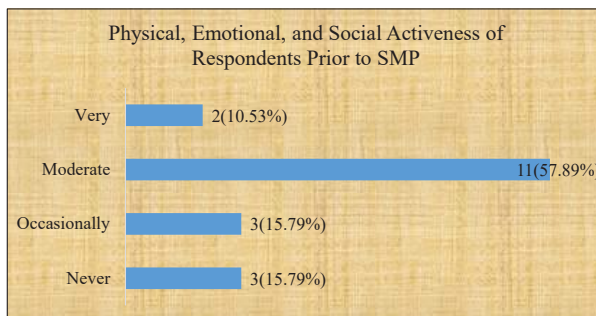
*Source: Researcher's Construct*

As seen in *Figure 1* above, the majority (85%) of the respondents claimed their ageing has made them moderately active. This meant that most of them could engage themselves in physical activities including exercise and other manual actions that demanded efforts. Knowing this, they were asked to mention some of the physical activities they engage in. *Figure 2* below outlines the various activities they engage in.

**Fig. 2: Respondents' Physical Activities**

*Source: Researcher's Construct*

The results in Figure 2 above show that dancing (42%) and walking (32%) are what most of the elderly do as an activity to maintain their physical wellness and improve their general wellbeing. Other physical activities included yoga, swimming, playing golf, and tennis. Though such physical exercises were being practiced by some respondents, such activities contributed minimally to their entire wellbeing as most (57.89%) claimed their physical, emotional, and social activeness were moderate (*see Figure 3*).

**Fig. 3: Respondents' Physical State**

*Source: Researcher's Construct*

From *Figure 3*, only a few (10.5%) were very active in their emotional, social, and physical states. With others, 15.8% were never active and occasionally active, respectively.

Dance Movement Practice (DMP) is an effective holistic wellness and fitness tool. It can improve body sensory awareness, balance, coordination, concentration, and mobility amongst the elderly. This was evident in the interviews conducted after the study period with participants. Most of the participants affirmed that the dance movements helped to improve their coordination, concentration, and mobility drastically. For instance, a participant with the initials AG who is aged 56 years acknowledged that if:

*“I focus on my body when learning new movements – e.g., how the feet and hands move - then after a while learn to do the movements without thinking about them.”*

What this means is that the dance movement techniques used helped the participant in terms of his coordination, concentration, and mobility. This finding is in congruence with McAuley and Katula (1998), McAuley and Rudolph’s (1995) assertion that engaging in exercise or dance as a physical activity does not only influence one’s wellbeing and physical abilities but also improves the physical functions of the participants. Therefore, DMP when used well, enhances the body’s coordination, mobility, and concentration levels.

### **Body posture stability and physical activeness**

Furthermore, the intervention was a tool for improving body posture. One participant said,

*...because of my sedentary lifestyle I developed some shoulder and back pain, around the age of 50 years. I couldn’t lie down so I went to the hospital and was given*



*paracetamol and other painkillers, I was advised to engage in physical activity like dance, so I joined this program with these aches, but the shoulders the first time we had the dance movement session with the focus on the shoulder movements, I didn't feel the pain in the shoulder again after I went home and the hip pain is no more, so I can confidently say I got those healing directly through dance movements.” (MK, age: 56years)*



**Image 1: Dance Movement Technique**

*Source: Author's exploration.*

## **Physical/body mobility and activeness**

In terms of active physical mobility, participants expressed their gains enthusiastically. According to one:

*‘It is the best thing I ever did...walking through that door that day because it has improved my mobility so much’  
(MM, age: 70years.)*

Another two added the following:

*I think the exercising has been the main benefit, because I have certainly improved my mobility and balance since I have been coming,' (YB, age: 60 years) and "My mobility has improved drastically, I feel more relieved in my body through participating in these activities" (EP age: 70 years).*

*Yes, physical I will say very active, although it comes with pains, but it has improved. There were certain things I couldn't do, but now I see improvement, now I can stop, now I can go down without holding anything thanks to these activities. (GO age: 77years).*

The above quotes also confirm the efficacy of dance movement technique as a preventive care medium for improving the general wellbeing of the elderly in Ghana. Again, engaging in Dance movement technique (DMT) as a preventive care intervention also improves mental stimulation, improves memory, positive social connections, and increased activeness. The DMP drew direct attention to specific sensory aspect of participants' body actions and movements that frequently occur but rarely noticed from inner experience. For example, one of the respondents disclosed that:

*'It's making us work, it's making us think' (AAL, age: 60 years). Another exclaimed, "It helps with my clarity memory, reasoning and thought process" (OH, age: 58).*

One participant gave a more detailed explanation as articulated below.

*These activities sharpen the brains, especially the dance movements. It makes me smart because at a point in time I feel that if I don't use the brain, I can't get the movement, they sharpen the thinking faculty. It makes you smart and*

*helps you synchronize the brain and the body.* MM, age: 70years.

In terms of cognitive wellness, a participant explained that:

*“Cognitively, yes it has improved although I can’t measure it, but on an average balance I think I have improved, because at this age when you set up to do something you forget, but now it has improved, these activities have helped to offload some of the stress on my brain.”*

(GO, age: 70 years).

However, it is not merely an aspect of brainwork but for one participant the dance movement practice highlighted her physical challenges that she rarely noticed as a new inner phenomenon. The statement below is her opinion:

*It’s made me aware of how much more difficult it is to pick things up and I hadn’t realized that I had slowed down that much but I can see it now and it’s made me realize that my reactions are much slower.* (YB, age: 65 years).

## **Emotional Stability/Wellness**

Emotionally, respondents expressed positive impact of the DMT in their lives. Some respondents claimed:

*“I’m emotionally stable because I don’t have time to think about other things that worry me and I’m very active in other things,”* (OK, age: 56 years).

Another respondent added that, *‘Emotionally stable yes, because it takes me out of the house and the fact that I look forward to those days and come to a place where I can meet my peers and laugh at each other in our confusions and have fun it has improved my emotional wellbeing.’* (GO, age: 77 years).

Just as the World Health Organization (W.H.O) posits, total welfare for the elderly encompasses emotional, physical, spiritual, intellectual, psychological, and social wellness. This emphasizes the essence of dance movement as a wellness tool to improve the wellbeing of the elderly.

*“My wellbeing level has improved due to having 3 set days for active dancing and stretching,”* (FM, age: 70years, YB, age: 65years, & AAL, age: 60years).



**Image 2: Participants relaxing after the day's session.**

DMP is efficacious as a non-pathological means of wellness and has prospects for being fused into the gerontological health system because it is a holistic medium for improving one's general wellbeing. According to the World Health Organization's standards, the total welfare of the elderly consists of emotional, physical, spiritual, intellectual, psychological, and social wellness. This emphasizes the essence of dance movement in somatic practice as an effective wellness tool.

DMP has also contributed to lessening the financial burden associated with medications for age-related diseases. Prior to the research, most of the participants were under various medical conditions (see Table 2) which demanded daily medications with its associated financial commitments.

AB 66, who hitherto was a diabetic confirms as follows:

*“I was on diabetes medication, but I have stopped in the course of the study because I think I can regulate my diabetes with the dance movements and food, and I have monitored and realized it has been helpful to me.” This testament is consistent with the therapeutic nature of dance and the fact that dance has health benefits that can be harnessed.*

The following participants also had these to say:

*“I think wellbeing or wellness is very essential at this age, because for me, I went off all medication, I was on blood pressure medication for years but through the choices I made towards a healthy lifestyle, I’m off. So, wellbeing at this age is very important”*  
(AG, age: 56).

*“I think wellbeing is very important at this age, because not being well is expensive, again at this age and era where all sort of things come up and if you constantly go to the doctor it becomes expensive and drains your pocket, so if there is anything you can do to avoid it just do it,”* (BA, age: 65).

In conclusion, evidence discussed here demonstrates that DMP has contributed significantly to body and sensory awareness, increased body control, co-ordination, and improved general wellbeing amongst the elderly.

## Discussion

The sole objective of this study was to examine the impact of dance movement technique on the general wellbeing of the elderly. This general wellbeing is in connection with their physical, emotional, cognitive, social wellbeing, their coordination, balance, flexibility, mobility abilities and to offer recommendations on dance movement practice as an alternative wellness activity in combating age-related diseases. The goal of this study is to proffer DMP as a wellness tool for fusing into the gerontological healthcare system. The mixed method approach was adopted for the study using participants from the “Dance for fitness” project. An in-depth reflection was then done on the findings to draw an empirical conclusion and make salient recommendations capable of serving as a resource material in adopting DMP as an alternate wellness tool for health practitioners and gerontologist in Ghana and beyond.

## Conclusion

A critical analysis of the findings of this study shows that Dance movement as a preventive care medium has improved the general wellbeing; physically, emotionally, socially, and cognitively. Thus, there is the need to reduce pathological treatment and promote this alternate approach to combat their age-related diseases. Ageing is a state of being, which has to do with the whole being - body, mind, and spirit. Therefore, the elderly or the aged should not be treated as a liability but seen as an asset for posterity.

## **Recommendations**

Gerontologists and policy makers should initiate programs to educate, sensitize, entertain, and communicate the wellness benefits of these activities for the elderly. Policies and programs of these kind should be well structured to facilitate movements that are permissible to the elderly due to their age. Policy makers should put infrastructures such as Social Centers or Day Care Centers in place for the aged after retirement where various activities like dancing, storytelling, and childhood games like Ludo, and Oware would be made available. There is the need for policies geared towards improving the wellbeing of the elderly in health institutions and care homes.

Graduates and practitioners of dance studies education from across the country can also be employed in or work hand in hand with gerontologists and elderly caregivers' centers to train them. In addition, it is very important to also sensitize the ageing population to make the right choices in enhancing their wellbeing, by engaging in dance movements, storytelling, games, walk, etc. They should take advantage of these activities and develop the right attitude towards ageing successfully and gracefully.

## **Implication for public policy**

Successful ageing is a socioeconomic need. Therefore, conducting a practical investigation on how dance techniques can improve one's wellbeing can save the high cost of managing the elderly within our society. In Ghana, there is high dependence on the not so adequate health facilities and systems. Thus, in the absence of soma-wellness, national health systems will not be able to stem the cost associated with managing the increasing numbers of individuals suffering from various age-related health problems.

However, through alternate successful ageing methods like DMP, the healthcare system could save cost while the individual enjoys a greater quality of life for a longer period and enable the aged to age successfully.

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