

1 **“I hear the music and my spirits lift!”**

2 **Pleasure and ballroom dancing for community-dwelling older adults.**

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7 Running head: Pleasure and ballroom dancing for older adults.

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1 Abstract

2 Physical activity for older adults is recommended to encourage the maintenance
3 of functional autonomy and improve mental health. Ballroom dancing involves
4 aerobic, strength and balance work and is an inherently social activity. This 12-
5 month qualitative study considered the influence of ballroom dancing on health
6 and well-being in community-dwelling older adults. It explores an under-reported
7 aspect of physical activity, which may incentivise older people to participate, that
8 is, pleasure.

9 Qualitative data were managed and analysed using the Framework Analysis
10 approach. Semi-structured interviews were conducted with 26 older-adult
11 ballroom dancers. Five typologies of pleasure were identified. In addition to
12 ‘sensual pleasure’, ‘pleasure of habitual action’ and ‘pleasure of immersion’, as
13 suggested by Phoenix and Orr (2014), the ‘pleasure of practice’ and ‘pleasure of
14 community’ were also identified. Ballroom dancing produces a strong sense of
15 embodied pleasure for older adults and should be promoted by health and
16 exercise professionals for community-dwelling older adults.

17

18 Keywords: Dancing, ageing, physical activity, well-being.

19

20

1 **Introduction**

2

3 Although adults in the United Kingdom (U.K.) are living longer and are, in the
4 main, healthier and wealthier than previous generations, age is by far the biggest risk
5 factor for a wide range of clinical conditions, with musculoskeletal conditions being the
6 main cause of years lived with disability for older adults (Briggs et al., 2016; World
7 Health Organization (WHO), 2021). Approximately 65% of older adults aged 65-85
8 years live with at least two long-term health conditions (Barnett et al., 2012, cited by
9 Wolff et al., 2014), with musculoskeletal conditions commonly co-existing with mental
10 health conditions (Public Health England, 2019)

11

12 Given the gradual increase in the average age at which older adults are able to
13 retire and claim a state pension in the U.K., it is increasingly important that older adults
14 maintain a good level of health and functional autonomy to accommodate the extended
15 years in work (Dominiczak et al., 2014). Therefore, designing effective, multifaceted
16 health and well-being policies for an ageing population is a pressing concern. Due to
17 the rise of the ageing population over the last decade, worldwide health policy has
18 focused its priorities on the theme of ‘healthy ageing’ with the United Nations General
19 Assembly declaring 2021-2030 ‘The Decade of Healthy Ageing’ (WHO, 2021).
20 Beswick et al. (2010) suggest ‘healthy ageing’ consists of the ability for individuals to
21 remain independent, demonstrate personal growth, good physical function,
22 psychological well-being and social involvement.

23

24 Additional ageing theories such as ‘successful ageing’, ‘active ageing’ (Larkin,
25 2013), ‘ageing well’ (The Lancet, 2012) ‘productive healthy ageing’ (Public Health

1 England, 2019) and ‘resilient ageing’ (Hicks and Conner, 2013) have been suggested.
2 Such concepts have focused on adaptations throughout the life-course and maintaining
3 good levels of emotional and cognitive health, personal growth, physical activity and
4 independence, autonomy and on reducing social isolation, age-related discrimination
5 and abuse (Beswick et al., 2010). Whilst these concepts aim to address the needs of
6 older adults, they have also been criticised for their political rhetoric; ‘successful’ and
7 ‘active’ ageing may suggest ageing is a social and economic burden if not well
8 ‘managed’, and indeed, will be unachievable for some (Larkin, 2013, p.153). However,
9 Beswick et al. (2010) suggest that successful ageing can still occur in those who have
10 significant dependence upon others if social engagement is strong. The concept of
11 successful or active ageing will depend upon how ‘success’ is defined and by whom,
12 and it is acknowledged the term can have negative connotations; that if ‘successful’
13 ageing is not achieved, one is ageing *unsuccessfully*. It must be recognised that for
14 some, over-coming the inherent physical decline of the ageing body is hampered by
15 long-term health conditions, and a multitude of other socio-eco-demographic factors,
16 which may make ‘successful’ ageing near impossible.

17

18 Of course, it is not physical activity alone that can address population health.
19 Whilst activities such as ballroom dancing are a social and relatively inexpensive
20 physical activity to be involved in, requiring little in the way of expensive equipment or
21 dress if participating at recreational level, to improve population health outcomes, wider
22 issues need to be addressed for older adults. These include such complexities as suitable
23 access to and provision of healthcare, appropriate housing and security of living; both
24 financial and physical environments and socio-eco-demographic variables such as
25 gender, marital status and asset ownership and, consequently, there is a need for

1 supporting policies and interventions from governments too (Cheung-Ming Chan and
2 Cao, 2015; Arazi et al., 2022). The literature indicates that social and cultural factors
3 have a considerable impact on one's ability to adhere to physical activities. Financial,
4 accessibility and environmental factors have previously been cited as perceived barriers
5 to physical activity (Flynn and Stewart, 2013) and these are barriers that might become
6 more prevalent for older adults, in addition to logistical factors such as committing
7 sufficient time for transportation to and involvement in activities (Azari et al., 2022).
8 Whilst a complex topic to examine, lower socioeconomic group status has also been
9 associated with lower levels of leisure time physical activity (Elhakeem et al, 2017).
10 Using the Index of Multiple Deprivation (IMD) measuring local deprivation, recent
11 findings suggest that 50% of those in the lowest quintile, the 'most deprived' group, met
12 aerobic activity guidelines, in comparison to 68% of those in the least deprived
13 socioeconomic group (Health and Social Care Information Centre (HSCIC), 2017).

14
15 The ageing process is commonly considered to involve negative changes to
16 physical health, such as a decline in function, mobility, muscle strength, vision,
17 vestibular, somatosensory and central nervous system changes and an increased risk of
18 falls, yet there are limited numbers of older adults participating in vigorous physical
19 activity to levels that have a preventative effect on such age related changes (Fernández-
20 Argüelles et al., 2015; Flynn and Stewart, 2013; Gomes da Silva Borges et al., 2014).
21 Research suggests 13% of adults in the 65 to 74 age-group and 6% over the age of 75
22 participate in vigorous activity, with 35% of males and 45% of females aged over 75
23 being considered inactive (Flynn and Stewart, 2013 p.91). Therefore, whilst
24 acknowledging the complexities of improving population health, there remains a need
25 to encourage older adults to participate in physical activities that mirror current

1 guidelines for this age-group; these including activities that include aerobic,
2 strengthening, balance and co-ordination exercises to help reduce the risk of falls
3 (National Institute for Health and Care Excellence (NICE), 2013).

4 ***Ballroom Dancing, health and well-being***

5 Social ballroom dancing is a physical activity that includes elements of aerobic,
6 balance and strengthening exercise (Blanksby and Reidy, 1988; Gomes da Silva Borges
7 et al., 2014; Verghese, 2006). It is an inherently social activity that can help build one's
8 confidence, skills and sense of worth (Cooper and Thomas, 2002). Although the
9 majority of ballroom dancing studies use small sample sizes for a period of around 2 to
10 3 months to assess for health and well-being changes, results have demonstrated that
11 even in very short duration studies, ballroom dancing appears to give rise to significant
12 changes in functional activity, gait measurements, balance outcome measures and
13 cognitive performance in clinical populations worldwide (Abreu and Hartley, 2013;
14 Belardinelli et al., 2008; Gomes da Silva Borges et al., 2014; Hackney and Earhart,
15 2009; Hackney et al., 2007; Hulbert et al., 2017; Kattenstroth et al., 2011; McKinley et
16 al., 2008; Rios Romenets et al., 2015; Verghese, 2006). In further short-term studies,
17 ballroom dancing has been suggested to show a moderate reduction in depression scores
18 and some positive subjective experiences such as enjoyment, social interaction and a
19 pleasure for learning being reported in questionnaire responses (Haboush et al., 2006)
20 and significant reductions in depression and improvements in quality of life and self-
21 esteem measures (Pinniger et al., 2012).

22

23 Lima and Vieira (2007) studied the meanings of ballroom dancing and its health
24 benefits in 60 people aged sixty years and over in Brazil. Ballroom dancing was said to

1 be ‘entertaining’ and ‘relaxing’ (p.137) and participants felt happiness and an ability to
2 forget their problems and unpleasant experiences during classes; “everything turns into
3 beautiful moments” (p.138). The authors suggest the older adult dancers were able to
4 foreground their own bodies and modify the conventional role of older adults, “the body
5 may change from a source of oppression to a course of freedom” (p.140).

6
7 Koch et al. (2016) also considered the theme of the dancing body in their
8 feasibility study of a tango intervention for adults with Parkinson’s. While based upon
9 only a single 90-minute intervention with 34 participants, findings suggested significant
10 improvements in well-being, body self-efficacy and cognitive outcome expectancy.
11 Additional measures demonstrated increases in happiness and elements such as those
12 related to aesthetic experiences, emotional expression, unison with partner and joy and
13 pleasure. Rodio and Holmes (2017) explored ballroom dancing for older adults in an
14 assisted living facility and discovered it provided a sense of community and allowed
15 individuals to reconnect, reminisce and actively engage in life. Similarly, Stevens-
16 Ratchford (2016) interviewed and observed older adults who had been participating in
17 long-standing ballroom dancing for over a decade, for 2-hour sessions, 3 times over a 4-
18 week period. The dancers considered ballroom dancing to provide cognitive challenge
19 and stimulation of their minds, motivation to develop their dancing skills despite its
20 challenges and that dancing had become an important and pleasurable part of their lives
21 over the years.

22 The results from the studies above provide positive findings that suggest
23 ballroom dancing could enhance ‘successful’ ageing and emotional well-being in older
24 adults since participation in ballroom dancing has been found to provide a sense of
25 enjoyment, community and social inclusion across diverse cultures. However, much of

1 the dancing research has focused on older adults residing in assisted living
2 environments, or living with long-term neurological or cognitive pathologies, rather
3 than individuals who reside independently in their own homes who self-manage a
4 variety of long-term health conditions. Further, it has only been examined in short-term
5 or episodes of ‘one-off’ data collection, rather than longitudinal studies with more
6 ‘novice’ dancers.

7 *Pleasure and physical activity*

8 The extent to which individuals are able to successfully age, is to some degree
9 dependent on their investments and interests, which, in turn, are shaped by socio-eco-
10 demographic factors such as one’s social class, gender, race, lifestyle and educational
11 and income levels (Arazi et al., 2022). Interests are forms of embodied pleasure and
12 there has been increasing interest in how individuals gain ‘pleasure’ from their health-
13 seeking behaviours. Pleasure is considered an important aspect of health promotion and
14 advocated as a factor that should be incorporated into public health policies to improve
15 adherence to exercise (Allain, 2020; Bennett et al., 2017; Crawford, 2006; Ekkekakis et
16 al., 2011; Frazão et al, 2016; Mikkelsen, 2017; Phoenix and Orr, 2014). Although
17 ‘pleasure’ has rarely been considered from the perspective of older adults, Phoenix and
18 Orr (2014) suggest the pleasures of physical activity should be explored across the life
19 course. Pleasure needs to become a focus of health promotion for older adults as it can
20 foster interpersonal relationships and belonging (Bennett et al., 2017; Lindelöf et al.,
21 2017).

22
23 ‘Pleasure’ is defined as, “being the diverse emotions that make a person ‘feel
24 good’, including, “happiness, joy, fun, sensuality, amusement, mirth, tranquillity”

1 (Smith, 1980, p.75, cited by Phoenix and Orr, 2014, p.96). Phoenix and Orr (2014)
2 identify 4 typologies of pleasure; sensual pleasures, documented pleasures, the pleasure
3 of habitual action and the pleasure of immersion. According to Phoenix and Orr (2014)
4 ‘sensual pleasures’ encompass the sensory experiences of physical activities, such as the
5 sensations of touch, sounds and smells. ‘Documented pleasures’ relate to the
6 documentation of one’s activities after the event in diaries, training logbooks or other
7 forms of written accounts. The ‘pleasure of habitual action’ relates to the habitual
8 involvement in physical activity and the pleasure, “evoked by the habit of doing the
9 activity”, which provides an element of structure and purpose in life, particularly after
10 life-changing events such as retirement (p.98). The pleasure of immersion is noted to be
11 the pleasure derived from being able to “escape from and/or gain perspective on issues
12 demanding attention” in one’s everyday life (p.99). Cabrita et al. (2017, p.1) also
13 suggest that, “pleasure is one determinant of intrinsic motivation” but is often forgotten
14 when promoting physical activity for older adults and is “under-researched and under
15 theorised” in healthcare.

16 ***Research aim***

17 This study aimed to explore the health and well-being experiences of
18 community-dwelling older adults who participated in social ballroom dancing over a
19 12-month period. ‘Well-being’ is a term often used in healthcare practice but there
20 remains some debate around the meaning of well-being and how it might be
21 conceptualised and measured (Hartwell, 2013). Whilst different health policies and
22 disciplines might have contested perspectives on a definition of ‘well-being’, there
23 remains broad assumptions that well-being is concerned with dimensions such as one’s
24 life satisfaction, positive mental health, resilience, positive social relationships and

1 autonomy (Mansfield et al., 2020). These multidimensional factors were explored with
2 the participants in this study with relation to their involvement with ballroom dancing.

3
4 The findings apply, add to and extend Phoenix and Orr's (2014) work on
5 pleasure and physical activity with the presentation of an adapted typology model
6 specific to the pleasures of ballroom dancing for community-dwelling older adults.

7 **Methodology**

8 This report focusses on the qualitative element of a longitudinal qualitative-
9 dominant, concurrent mixed-methods study (Padgett, 2012), which was conducted over
10 a 12-month period, to investigate the influence of social ballroom dancing on health and
11 well-being for older adults. The quantitative element, which focused on the analysis of
12 standardised clinical outcome measures for falls risk, balance and well-being, has
13 previously been published (Chipperfield and Stephenson, 2022).

14
15 Doyle et al. (2009, p.178) discuss the paradigm of 'pragmatism' and advocate an
16 'eclectic' approach to the research process, whereby the merits of combining both
17 qualitative and quantitative research paradigms in mixed method studies are utilised to
18 optimise the ability to answer one's research questions. This further highlights that
19 mixed methods are useful in healthcare research as they not only report on outcomes,
20 but also the *context* of outcomes measured and because healthcare research presents,
21 "complex and multi-faceted research problems" (Doyle et al., 2009, p.175) because
22 'health' is a complex and multifaceted phenomenon. John Dewey, in his early
23 advocacy of pragmatism notes, "neither inquiry nor the most abstractly formed set of
24 symbols can escape from the cultural matrix in which they live, move and have their

1 being” (1938, p.20 cited by Corbin and Strauss, 2008, p.3). Following the position of
2 Dewey’s paradigm of pragmatism, with its emphasis on lived experiences (Morgan,
3 2014); participants’ beliefs and actions were considered in the process of a pragmatic
4 approach to the qualitative inquiry in this research study. The qualitative methodology
5 will be outlined below.

6

7 *Participants*

8 The aim was to recruit a purposive sample of 25-30 participants. Creswell
9 (2007) suggests using 20-30 participants in qualitative inquiry to develop theoretical
10 saturation. Participants were community-dwelling older adults who participated in
11 social ballroom dancing. Inclusion criteria were minimised, recognising that many older
12 adults live with various long-term health conditions. Therefore, inclusion was based on
13 considerations of age group (>55 years-old with no upper defined age limit),
14 community dwelling status (lived alone or with a partner in their own homes) and social
15 ballroom dancing requirements (dancing for at least 1-hour per week, and novice/non-
16 competitive dancer level) and the suitability of the outcome measures chosen to assess
17 for physical function (as reported in Name Withheld and Name Withheld, 2020). Prior
18 to recruitment, it was recognised that dancing classes were an activity that participants
19 often started as a new activity shortly after retirement, at around the age of 60, but at
20 times partners were slightly younger (hence the >55 age group). Participants with
21 diagnosed dementia-related pathology were not the focus of this study as there has been
22 previous research into dementia and ballroom dancing (for example, Rösler et al., 2002;
23 Verghese et al., 2003). Thus, to avoid duplication and some of the practical ‘challenges’
24 a prospective study may present for those living with dementia (Samsi and Manthorpe,

1 2020), such as changes in communication and language production, word-finding
2 difficulties, limited concentration spans and possible distress or agitation arising from
3 symptoms, people with dementia were excluded.

4 *Qualitative approach*

5 Participants' well-being experiences, motivations, meanings and realities were
6 gathered via semi-structured interviews. An interview guide was used to address
7 specific research questions. This focused on the reasons why older adults engage in and
8 adhere to social ballroom dancing as a physical activity and the relationship between
9 ballroom dancing and their health and well-being. This was modified following each
10 round of interviews, having considered the findings from the preceding interviews.

11
12 Participants were interviewed by the lead author on-site at the local university
13 campus, either as individuals, if they attended their dance classes alone; or as a pair if
14 they attended with a dance or life partner. This assisted with consideration of the
15 interactions and dynamics of a dance partnership. Participants were interviewed three
16 times during the course of the 12-month study; initially at baseline, after 6 months and
17 at 12-months. Baseline interviews considered influence of dancing on their health and
18 well-being, what were the participants' initial motivations to dance and explored their
19 dance experiences across the life course. Subsequent interviews at 6 and 12 months
20 considered how the experience of involvement in ballroom dancing influenced one's
21 health and well-being over a 12-month period, progression in dancing, adherence and
22 the motivations of participants to continue, or reasons for cessation. Interviews were
23 recorded using a digital voice recorder and transcribed verbatim.

24

1 The lead author had a personal history of social ballroom dancing and it was
2 recognised and acknowledged that this position might have had a potential impact on
3 the interpretation of findings via an ‘insider’ status. Lincoln (2010, p.7 cited by Smith et
4 al., 2012) argues that pragmatists not considering epistemological and ontological issues
5 are ‘naïve and fraudulent’ and that it is important for researchers to consider their
6 standpoint, their relationship to others and what constitutes knowledge.

7
8 Derived from Thematic Analysis, a Framework Analysis (FA) approach was
9 settled upon as it provided a pragmatic, thematic method to collect and analyse the
10 qualitative data (Ritchie and Spencer, 1994). FA is a well-known approach in health-
11 care research and was considered suitable for use when analysing semi-structured
12 interview data that has been collected to answer specific research questions, *a priori*
13 issues that need addressing and when the research has more limited timescales (Gale et
14 al., 2013; Ritchie and Spencer, 1994; Srivastava and Thomson, 2009). It depends,
15 somewhat, on how the research questions are posed as to whether an inductive or
16 deductive approach is taken in FA, but *how* questions, such as those posed during the
17 interviews in this study as to *how* ballroom dancing influences one’s health and well-
18 being, took a more inductive approach as the themes were generated through coding of
19 the data and Gale et al. (2013, p.3) note “this allows for the unexpected and permits
20 more socially-located responses”.

21
22 The 5-stage process advocated for FA to structure the analysis of qualitative data
23 was employed in this study due to its pragmatic approach and for the provision of a
24 comprehensive audit trail. The stages are: Familiarisation with the data, whereby the
25 interview recordings are listened to again and transcripts read through in full to ‘take

1 stock' of the data; Identifying a thematic framework, the recognition of recurrent
2 themes; Indexing, for which a structured approach as suggested by Gale et al. (2013)
3 was used, similar to that of Grounded Theory with 'line by line', 'open' and 'focussed'
4 coding stages used (Charmaz, 2014; Strauss and Corbin, 1998); Charting of emergent
5 codes and themes using Microsoft Excel[®] as a data organisation and management
6 programme. Finally, the Mapping and Interpretation stage is a reflexive process of
7 immersion in the data to consider reasons and provide explanations for the emergence
8 of given phenomena or people's attitudes, experiences and behaviours towards social
9 ballroom dancing. Charts were reviewed, the key themes and background literature
10 were considered to help address the research questions and comparisons and contrasts
11 made with the findings from this study (Ritchie and Spencer, 1994; Srivastava and
12 Thomson, 2009; Ward et al., 2013).

13
14 During the process of indexing and coding, a sample of the interviews were
15 considered by one of the research supervisors as a 'critical friend', thus encouraging
16 reflexivity of the data. The open codes were discussed and as a result one of the titles of
17 the key themes was amended. Whilst not performed as a means of demonstrating
18 'reliability' in the qualitative data, for there are arguments that reliability is
19 inappropriate in qualitative research (Smith and McGannon, 2018, p.113), this process
20 of peer review and discussion can assist with challenging each other's construction of
21 knowledge, thereby increasing the rigour of the analysis (Creswell, 2007; Smith and
22 McGannon, 2018). Codes were identified from each set of participant interviews and
23 sent as a Microsoft Word[®] document to each participant via email or post for comment.
24 The worth of 'member checking' is suggested by some as a process designed to enhance
25 validation and rigour in qualitative research (Creswell, 2007 p.46) yet it has since been

1 contested by others as an ineffective process due to its problematic epistemology and
2 ontology (Smith and McGannon, 2018). Whilst is recognised that ‘member checking’
3 has theoretical flaws, publication ‘checklist’ guidelines continue to ask whether
4 transcripts and/or themes have been ‘returned to participants for comment and/ or
5 correction’, with the widely cited ‘consolidated criteria for reporting qualitative
6 research’ (COREQ) criteria used (Tong et al., 2007, p352). The authors prefer to
7 consider, in agreement with Smith and McGannon (2018, p.104), that the process of
8 returning codes and themes allowed for ‘member reflections’; for neither the researcher
9 nor participant are truly able to ‘step outside of’ their own experiences. In this instance,
10 the participants were given opportunity for open dialogue on whether the themes
11 derived from the transcripts were an accurate representation of the interviews.
12 Participants said that no misrepresentations of their meanings had occurred during the
13 coding process, although, again, this process cannot be used as a claim for ‘validation’
14 since the agreement might be influenced by a participant’s comprehension or
15 inadvertent power dynamics at play between the researcher and participant (please see
16 Smith and McGannon, 2018, p.107)

17 *Ethical considerations*

18 Prior to recruitment, ethical approval was sought and gained from the University
19 of Huddersfield’s Research Ethics Panel to ensure adherence with ethical codes of
20 practice for inclusion of human subjects. Right to withdraw, confidentiality and
21 anonymity, storage of data and a risk analysis were considered and written informed
22 consent was given by all participants.

1 **Research Findings**

2 A purposive sample of 26 older adults were recruited to the study. The
3 participants' ages at baseline ranged from 58 to 83 years, with a mean age of 66.7 years
4 (Standard Deviation (SD)=5.85). Fifty-four percent ($n=14$) were female and 46%
5 ($n=12$) were male. All participants were recruited face-to-face via one local dance class
6 leader contact and met the inclusion criteria. Of the 26 participants at baseline, 23
7 (88%) had pre-existing long-term medical conditions for which they took regular
8 medication. The various conditions included different types of arthritis, osteoporosis,
9 Coronary Heart Disease, hypertension, hyperthyroidism and visual pathologies. No
10 participants were identified as having a dementia-related pathology.

11 Participants were recruited from newly formed dance classes, and interviewed as
12 soon as possible upon recruitment this usually being within several weeks of their
13 attendance at the dance class. Some of the participants had previously attended ballroom
14 dancing classes at a recreational level in their late teens and twenties several decades
15 earlier, but reported they had stopped once they married, had families and work and
16 home life dominated. One participant had been involved in ballroom dancing
17 competitions 5 decades earlier.

18 Twenty-three participants (88%; 13 females, 10 males, mean age 66.5 years
19 (SD=5.96)) completed the study and attended all 3 interview sessions over the 12-
20 month period, with the interviews at baseline, 6 and 12 months. Following the
21 interviews that occurred at the 3 stages of data collection, the questions regarding the
22 influence of ballroom dancing on one's health and well-being, one's reasons for
23 attending ballroom dancing classes and subsequent adherence appeared to have reached
24 a point of saturation whereby a comprehensive understanding was provided by
25 participants, with no new codes emerging. Three participants (2 male, 1 female;

1 participant numbers 16, 17 and 20) withdrew from the study after the baseline data
2 collection session and before the 3-month meeting as they had decided to cease
3 ballroom dancing classes before the 3-month data collection point and hence, no longer
4 met the inclusion criteria. Twenty of the 23 participants (88%) who completed the study
5 lived with long-term conditions for which they took medication.

6 In total 41 interviews were performed with individuals or dancing couples.
7 Interview lengths ranged from 9 minutes and 53 seconds to 69 minutes and 48 seconds.
8 The baseline round of interviews tended to be the longest length for each set of
9 participants, with the third round the shortest (as was the case for the shorter length
10 interview noted above), reflecting a saturation of the themes discussed by 12-months.
11 To assist with interpretation of the findings, the demographic characteristics, participant
12 pseudonyms and interview status are summarised in Table 1 below.

13 *Table 1 Participant Demographics and Pseudonyms*

14
15 Of note, the dyad of Florence and Isabel was two widowed friends who danced
16 together, travelled to the data collection sessions together and hence wished to be
17 interviewed together. All other dyads consisted of life partner couples. Participants 5,
18 10, 13 and 20 were interviewed as single participants.

19
20 Participants' addresses were recorded to allow for ease of correspondence for arranging
21 data collection appointments. This included the recording of postcodes, which allowed
22 for socioeconomic groups to be categorised using participants' postcodes according to
23 the Index of Multiple Deprivation (IMD) data in Table 2 below (National Perinatal
24 Epidemiology Unit (NPEU), *n.d.*). The IMD social group quintiles were not an atypical
25 spread of scores, with groups 2 to 4 evenly represented and the higher and lower

1 quintiles including lower number of participants, as might be expected. This
2 demonstrated that social ballroom dancing was enjoyed as an activity across social
3 groups.

4

5 *Table 2 Categorisation of socioeconomic groups by Index of Multiple Deprivation*
6 *scores*

7

8

9 ***Pleasure and ballroom dancing***

10 The over-riding theme that emerged during interviews was that of the ‘pleasure’
11 that ballroom dancing provided for dancers; not only the act of dancing itself, in terms
12 of aspects such as the aesthetics, the sense of freedom of movement and self-expression,
13 but the sociality of the dance with one’s partner and within the group. This aligns with
14 the work of Phoenix and Orr (2014) and their qualitative study on pleasure and physical
15 activity amongst older adults. With the exception of ‘documented pleasures’; as none of
16 the participants in this study mentioned participating in this form of pleasure, the other
17 three types of pleasure as suggested by Phoenix and Orr (2014) namely, ‘sensual’,
18 ‘habitual action’ and ‘immersion’ emerged from the data as evident within this sample
19 population of older adult ballroom dancers, thus demonstrating theoretical
20 generalisability between the research. However, the current research highlights that
21 there is more complexity to the types of pleasure associated with physical activity.
22 Whilst applying some of the types of pleasure of physical activity, as suggested by
23 Phoenix and Orr (2014), this study specifically applies and gives examples of these
24 pleasures in ballroom dancing and proposes two further types based upon the prominent
25 themes that emerged from the findings; the ‘pleasure of practice’ and ‘pleasure of

1 community'. These five types of pleasure will be presented in relation to community-
2 dwelling older adults who participate in ballroom dancing.

3 Figure 1 below represents a new model of the 5 typologies of pleasure of
4 ballroom dancing for older adults that emerged from the data in this study.

5 *Figure 1: The Pleasures of Ballroom Dancing for Older Adults*

6

7 *Ballroom Dancing and Sensual Pleasures*

8 The sense of sound was stimulated by hearing music to accompany ballroom
9 dancing and was often highlighted by participants as being an important aspect of the
10 pleasure of engaging in ballroom dancing. It provided a sense of reminiscence for
11 individuals; the music being of an era to enable 'rekindling' their youth and earlier
12 dance experiences. Vitti, Moore, Dalton and O'Neil (2018) also note the importance of
13 self-selected music to enhance a pleasurable experience during intense physical activity.
14 As Isabel suggested, she would not go to exercise classes where there was no music, "If
15 there wasn't the music it wouldn't be the same". Kathleen considered there to be a
16 combination of senses involved in her pleasure; those of movement and body awareness
17 (a sense of proprioception) *and* the audible music that provided her with sensual
18 pleasure. Similarly, Isabel noted, "You can move to the music and you *feel*... that's how
19 I feel anyway, there's a rhythm to it".

20

21 Touch is an important sense used during the experience of ballroom dancing.
22 The touch of a partner, the lead, constantly engages the follower and indicates the
23 direction of movement or the next steps to be performed in a routine and one cannot
24 successfully dance ballroom without attention to a partner's touch. This physical

1 sensation was highlighted by Simon who had suggested ballroom dancing was a shared
2 experience with his partner Elsie, they were together as a couple, “you’ve got *contact*
3 with somebody” as there was a sense of awareness of each other. In ballroom dancing
4 an acute awareness of a partner’s touch is an important aspect of leading and following
5 in dances as Les highlights, “My partner knows what I am going to do because me [sic]
6 body tells them”. Isabel described the proprioceptive sensual pleasure of the bodily
7 awareness of ‘floating’ around the dance floor providing pleasure when dancing with
8 Les. The pleasure of following the touch of a partner, thus enabling dancers to dance
9 provided a sense of instant gratification.

10

11 The notion of sensual pleasure can be extended to involvement of the
12 sensory/perceptual system of proprioception, which is responsible for the sense of
13 muscular position and movement (Toates, 2011). Participants discussed their muscles
14 ‘not being used to’ performing certain movements but that as they progressed they
15 realised the adaptations were ‘doing some good’, thus the reported sense of
16 improvement in posture, balance, joint position and body awareness via the sensory
17 proprioceptive system provided a sense of pleasure.

18

19 Not only was touch important in terms of the contact with a partner and the
20 enabling of the dance, but it also provided a psychological support when individuals
21 lacked confidence in their physical abilities. Kathleen highlighted this when referring to
22 her anxieties about falling, having previously sustained physical injuries resulting from
23 a fall. “When you’re dancing, you’ve got a partner to hold on to” she noted. This sense
24 of touch provided a supportive role, a sense of safety, security and confidence whereas
25 walking outside alone, “I’m always aware of it”. Similarly, Brenda and Robert had

1 observed the supportive touch of others *enabling* a frailer individual in a partnership,
2 “they support each other you know, husband and wife... they *so* enjoy it!” when
3 discussing how they had seen touch contributing to others’ enjoyment of the dance.
4

5 However, several participants discussed the intimate nature of touch in ballroom
6 dancing and how there was discomfort with touching anyone other than their life partner
7 or regular ballroom partner in such a manner. Sheila had suggested, “You don’t want to
8 be as intimate with somebody else” and as Robert reiterated “so it proves to me we go
9 with our partners to dance”.

10

11 In addition to the sensations of touch and sound in ballroom dancing, many
12 participants spoke of the visual aesthetics of ballroom dancing; suggesting that the sense
13 of sight and of visual stimulation also provided participants considerable pleasure. This
14 was evident in two ways; both as *participants seeing* and *the gaze of others*. Some
15 couples, such as Brenda and Ronnie, were inspired to begin ballroom dancing by the
16 sight of watching others dance whilst they were on holiday over many years.

17 Participants who had attended social dance events at such venues as the Blackpool
18 Tower Ballroom marvelled at the sight; the beauty of the building itself, the ballroom
19 floor, the costume, dress and make-up of dancers. It was considered and highlight of
20 one’s dancing experience and “mind-blowing” by Patrick. Eric’s summary of the
21 experience discussed the elaborate styles when dressing for the dance occasion and
22 “it’s, er, *a sight!*”.

23

24 Once some of the couples improved their skill levels and confidence and felt
25 capable of dancing in front of others at social dance events, they used the opportunity to

1 be seen to dance in front of others. As Claire had highlighted “this was one of the points
2 of doing it, was to go to Blackpool and sort of show off a bit, you know, to actually do it
3 in front of everybody else”. Perhaps this might also indicate the possibility of a
4 ‘pleasure of performance’ and this might be a provisional theme to further explore in
5 more experienced older adult ballroom dancers. There is no doubt that those even
6 observing others dancing at such events gained pleasure from watching others perform,
7 as Claire had recalled when the audience were watching her and her partner Isaac dance
8 and her sense of pleasure when they had been given a round of applause at the end of
9 their routine. Although for some participants, the gaze of others was a more
10 disconcerting experience causing participants such as Richard and Jeane, to shy away
11 from participation for fear of embarrassing themselves.

12 *Ballroom Dancing and the Pleasure of Habitual Action*

13 Many of the participants in this study had very recently retired and one of their
14 first concerns was to find a new structure and purpose for their lives, new activities and
15 new social avenues. For Pamela, her alarm clock post-retirement was set as it was for
16 work, but now her week’s ‘work’ consisted of numerous forms of physical activity “so
17 in that way, it is self-motivation, but I do treat it like work, which helps and it’s a
18 socialising side of it as well”. Les spoke of the importance of ballroom dancing as being
19 something he had to “get up and go to, be there at a certain time”. Julie also highlighted
20 her life was not now “governed by clocks” in terms of work commitments, leaving time
21 for dancing to become “part of our routine of life now really. I wouldn’t think of not
22 going”. For some participants, their lives were organised around dancing, including
23 going on dance holidays, attending social dance events or avoiding clashes such as
24 visitors coming or having to care for grandchildren on the days of their dancing classes.

1 Their pleasure from ballroom dancing has now grown and needed to be balanced and
2 organised around their day-to-day lives.

3

4 This group of dancing participants persevered despite set-backs, particularly
5 associated with their or their partner's physical health. This was evident for participants
6 such as Jeane and Robert. Jeane's husband Alan had said to her during the interviews,
7 "You do actually make an effort, don't you?" in reference to her overcoming several
8 ailments to participate in the weekly dancing classes. Similarly, Robert and his wife
9 Brenda also participated in spite of their physical limitations. They had been inspired by
10 watching others dance, who they considered to be older and more disabled than they
11 were, and were of the mentality, 'if they can do it, so can we'.

12

13 Les also discussed the need to improve his health following a cardiac event. "It
14 took me a while to realise I ought to, I thought I can manage without, then I thought oh
15 come on, you're Michelin man!". He 'realised he ought to' fulfil his bodily potential
16 and ballroom dancing became his form of habitual pleasure to enable this. In Les' case,
17 he returned to a physical activity that had provided him much pleasure in his youth.

18

19 Kathleen's environmental concerns related to access to the dance classes, she
20 would only attend if she was familiar with the driving route, if it was very local and if
21 there was a safe place to park her car, otherwise she would not go. When considering
22 her reasons for maintaining this habitual action of ballroom dancing, Kathleen noted:

23

1 Before I go, I think of, you know, I don't want to go. I turn out and then as soon
2 as I am there, I change and I feel better amongst people and I really enjoy it and
3 I come away feeling a lot better, feeling more, younger.

4
5 Kathleen demonstrated a relationship here between her social and physical
6 environments; she was in the company of familiar people, at a safe venue she knew.
7 Kathleen's biological needs are addressed as she began to feel better; and her body
8 demonstrated its potential as she began to feel younger. The mind 'feeling better' and
9 body's sense of 'feeling younger' indicated an enhanced well-being and sensual
10 pleasure through the habitual pleasure of ballroom dancing.

11 *Ballroom Dancing and the Pleasure of Immersion*

12 The sense of enjoyment and pleasure that participants discussed related to their
13 ability to 'forget everything' when ballroom dancing and this was a prominent aspect of
14 the meaning of ballroom dancing for them. Sheila discussed how dancing had helped
15 her cope during the period when her mother was dying by escaping from the oppressive
16 atmosphere of the hospital visits. Kathleen felt she was able to manage her constant
17 anxiety regarding family troubles by dancing "I just forget everything and then, and just
18 enjoy it". Phoenix and Orr (2014) discuss how detaching from one's daily concerns
19 and/or people involved attachment to another place and this appeared to be the case for
20 Kathleen's attachment to her ballroom classes, it was her *therapeutic landscape* (Hoyez,
21 2007, cited by Phoenix and Orr, 2014).

22
23 Whilst the ageing body might constrain or limit pleasures for some due to
24 physical changes, several participants discussed how, when 'in the moment' of the

1 dance, they forgot their aches, pains and ailments because the pain was over-ridden by
2 the sense of pleasure of the act of dancing. Immersion enabled such transformation that
3 their aches and pains were forgotten when in the moment of the dance, as demonstrated
4 by Florence who ‘forgot’ about her back pain when dancing “I could be sitting at home
5 doing nothing, being miserable or going out and as I say, once you start, you forget
6 about it”. Les had also noted the dancing took his thoughts away from his knee pain, for
7 some individuals dancing provided a transient distraction from their day to day selves.
8 Concentrating on the steps, the routines, the attention being paid to one’s partner gave
9 Les “something totally different to think about”.

10 *Ballroom Dancing and the Pleasure of Practice*

11 There was a consensus amongst participants that pleasure was gained through
12 the practice of ballroom dancing. The participants’ involvement in ballroom dancing as
13 a regular form of physical activity provided a sense of physical competence. Kathleen
14 had stated she was “not just an old lady sitting in a chair doing nothing”. However, the
15 competence not only took on physical forms, whilst Kathleen was physically active, she
16 was also learning a new skill, she was involved in a society and, as did her fellow
17 dancers, she gained considerable pleasure from this. Les had stated that in spite of his
18 health limitations, ballroom dancing was, “Something I *can* do!”.

19

20 There was also recognition that there had been improvements in their dancing
21 skills, and this was particularly evident when new members started the group, as Isabel
22 suggested, “we see newcomers and think gosh! We must have been like that when we
23 started”. This was not so much a negative reflection of the *lack* of skill demonstrated by
24 novice members, but a recognition that even if they do not think that dances are going

1 particularly well, they have in fact learnt a considerable amount since starting the
2 classes, “and we’ve learnt how to do it properly” Isabel expressed.

3

4 The element of a new challenge was also discussed and typified by Irene’s comment:

5

6 I mean one of my daughters said it’s great because I joined a choir a couple of
7 years ago as well and er she came to see me and she said, ‘you know it’s great
8 that you started a challenge at your age’ and it’s the same thing isn’t it dancing?
9 A challenge.

10

11 Irene’s daughter’s comment here ‘at your age’ although encouraging, also demonstrates
12 the social expectations of ageing in a more negative manner, that an age-related decline
13 in health is inevitable (Wolff et al., 2014) and that it is unusual or unexpected for people
14 to begin to learn new skills in older age. As an alternative view, Roberson and Pelclova
15 (2013) liken the social dance environment to a “playground where there is music,
16 people, dancing and fun” (p.5).

17

18 This accumulation of new dancing skills appeared to motivate participants to
19 practice and develop their skills further. Cooper and Thomas (2002, p.690) also
20 discussed finding that social dancing experiences (largely ballroom or sequence
21 dancing, but not exclusively) provided older adults with a “sense of worth and
22 achievement” when other skills had diminished. Most of the participants noted they
23 started ballroom dancing classes with fairly low expectations of performance, they just
24 wanted to be able to partake in dances, perhaps if on holiday, without embarrassing
25 themselves too much. However, over the course of the study as the participants’ skills

1 developed, they increased their sense of competence-motivation. The more competent
2 they felt, the more they wanted to further their skills. This led participants to comparing
3 themselves to ‘newcomers’ or ‘beginners’ indicating they felt they had moved on from
4 that position.

5 *Ballroom Dancing and the Pleasure of Community*

6 The majority of participants in this study began dancing classes post-retirement
7 with their life partners as it was seen as an activity they could do and enjoy together as a
8 couple. This was their primary reason for ballroom dancing. “A partner you can go
9 together with is a special thing for us because there’s so many ladies who go and they
10 haven’t got anybody to dance with and I feel really sorry for them” noted Irene.
11 However, in addition to finding activities they could do together, they sought new social
12 circles following the loss of work-life companions. This was perhaps important more so
13 for those participants who were single or had experienced the loss of a partner. Cabrita
14 et al. (2017) found that physical activity with a social companion resulted in a modest
15 increase of 6% more pleasure than activities performed alone. Haboush et al. (2006)
16 also suggest that the physical contact with another provides a sense of a more personal
17 experience and involvement in ballroom dancing as an activity. Pamela for example
18 finding her enjoyment of dancing was less when she did not have a regular partner to
19 dance with and sometimes had to ‘sit out’ dances or dance with beginners. She found
20 that at times she would take on a peer support role if she herself did not have a partner,
21 “Whilst I might not be dancing and getting enjoyment for myself, at least I’m helping
22 Emma teach someone else”. Other couples such as Brenda and Robert attended the
23 dance events noting they were limited by their physical health conditions, “We don’t do
24 much dancing but the social aspect of it is lovely”.

1

2 The new sense of community provided participants with a great sense of
3 pleasure. Pamela had even described it as a “second home”. Participants would meet in
4 the social space area prior to the classes to talk and for refreshments after their dancing
5 classes, noting even if their dance teacher was not there to provide refreshments, they
6 would meet anyway. The café area was *their* social space.

7

8 However, outside of the dance halls, as noted by Skinner (2010), and in this
9 study, dancing in public is also something (or *somewhere*) when participants lack
10 confidence. This demonstrating that in private dance spaces, some become other;
11 gaining confidence, losing inhibitions, but in a public space, one’s self is more reserved
12 and nervous, because perhaps, for some people, their dancing passions are still the
13 subject of ridicule from friends. Participants such as Richard and Jeane, whilst happy to
14 dance within their enclosed private dance-group space, did not wish to participate in
15 public dances. Jeane indicated she did not want to attend the social dances at the local
16 town halls and Richard, much to his partner Rachel’s annoyance, did not wish to dance
17 at the prestigious Blackpool Ballroom, both for fear of embarrassing themselves. The
18 above provides examples of the importance of the dancing space in providing a sense of
19 community, feeling ‘at home’ and safe in the environment.

20 **Discussion**

21 The qualitative findings from this study apply, add to and extend Phoenix and
22 Orr’s (2014) typologies of pleasure and physical activity, specifically to ballroom
23 dancing. The findings established the theme of a strong sense of pleasure derived from
24 the practice of ballroom dancing, from which a new model of the pleasures of ballroom

1 dancing was identified. Pleasure in ballroom dancing was considered to be expressed
2 through 5 elements: sensual pleasure, the pleasure of habitual action, the pleasure of
3 immersion, as suggested by Phoenix and Orr (2014), and two new typologies derived
4 from the findings to extend the model; the pleasure of practice and the pleasure of
5 community.

6 Whilst previous research studies may have discussed similar findings for the
7 reasons why people engage in physical activity, such as enjoyment and learning new
8 skills, these have not been framed using the language of '*pleasure*', nor particularly
9 focussing on older adults, whereas this study does. It was a consistent finding in this
10 study that such factors were experienced as pleasure by these older adult ballroom
11 dancers. In addition, it is in contrast to findings such as those from Stenner et al. (2020)
12 who found that reasons why older adults play golf differed between females and males.
13 In their study, social contact was deemed more important to females whereas
14 'achievement' was more important to males. In this study, social contact and
15 achievement were consistently reported as important by both female and male
16 participants, adding weight to the argument ballroom dancing can provide pleasure for
17 all.

18 The sensory systems of touch, proprioception, visual and auditory stimulation,
19 either alone or in combination elicited by the practice of ballroom dancing can provide
20 an avenue for pleasure for older adults. The experience of a combination of such sensual
21 pleasures can also assist with individuals connecting their "body to the world" and,
22 "connecting with one's environment" (Phoenix and Orr, 2014, p.97). As Phoenix and
23 Orr (2014) note, sensory pleasure could extend past the present moment in which the
24 activity occurred. The sensations produced in muscles could remain after the event, for

1 example, the feelings of stretching or mobility improvements in joints; the ‘doing good’
2 and the ‘getting used to’ sensations individuals felt.

3

4 The body’s sensual experiences also appear to form an inter-relationship with
5 their environment, as evidenced by the visual pleasure gained from watching dancers or
6 being watched, the aesthetics of the dance, the nature of the dance floor or the dance
7 space. Dressing up to dance was a way for older adults to resist societal pressures to
8 ‘grow old gracefully’, avoid flamboyant dress and adhere to “age-appropriate actions
9 and appearance” (Barry and Yuill, 2016, p.191). It is suggested these visual pleasures
10 were part of older adults’ personal resistance to ageing and society’s expectations for
11 older people to ‘disengage’ from society (Cumming and Henry, 1961 cited by Barry and
12 Yuill, 2016, p.192).

13

14 In Phoenix and Orr’s (2014) work with physically active older adults, their
15 various physical activity regimes had become a routine. Similarly, ballroom dancing
16 had become part of a routine for the majority of participants in this study; a ‘habitual
17 action’. Phoenix and Orr (2014, p.98) cite the work of Shilling (2008) suggesting that:

18 “Habitual action is associated with a balance in the relationship between
19 one’s social and physical environment, biological need and bodily
20 potentialities. It involves embodied subjects realizing routinized [sic] modes
21 of behaviour that in turn, might connect them to, and facilitate the
22 management of their surroundings and their bodies.”

23 An example of such a relationship was participants continuing the ‘habitual
24 action’ of attending dance classes to realise body potentialities, even when the physical

1 environment was less than appealing. Classes late at night when it was dark and cold
2 outside did impact upon one's motivation, with Sheila noting, "We sort of push
3 ourselves to go" but that, "you feel good afterwards". Crawford's (2006) work on
4 'healthism' is relevant here; that is, health is not achieved by instant gratification or
5 consumption practices in the moment, and that to achieve health, individuals must
6 accept a positive benefit of 'pushing' themselves to give up consumption and pleasure
7 in the moment. Ballroom dancing is not an activity that provides an instant gratification
8 in terms of providing a sense of achievement. Dances consist of steps, turns and
9 routines that take time to master and participants need to 'stay the course' and maintain
10 interest for at least months, if not years, to achieve their longer-term goals. Indeed,
11 Jallinoja et al. (2010, p.124) concur in their study of middle-aged adult women that,
12 "descriptions of immediate psychosomatic pleasures related to physical activity were
13 sparse", noting that pleasure was largely to be experienced *after* physical activity,
14 because it is associated with temporal patterns of health and well-being. The
15 participants who persevered with dancing in this study certainly did so driven by a
16 passion for the aim for their long-term goals.

17

18 Cather has previously described dance "as almost a type of narcotic for young
19 women" (1918, p.197 cited by Jensen, 2001, p.13). It is argued from the findings of this
20 study and papers such as Thomas and Cooper's (2002) study, that ballroom dancing
21 could be 'a type of narcotic' for some older women and men too, as evidenced by
22 Kathleen who exclaimed she would dance all the time if possible, and took every
23 opportunity to attend dancing activities. As did Julie, who, with her husband Ronnie,
24 were one couple who had increased their hours dancing as the study progressed. Julie
25 suggested they would not think of not going dancing now, it *had* become almost an

1 addiction for some, they were fully immersed in the physical activity and being a dancer
2 had become a significant part of their everyday practices and identity.

3 Skinner's (2010) work with salsa dancers refers to examples of dancers joining a
4 crowded dance floor, of diverse, sometimes anonymous bodies, allowing individuals to
5 escape the 'drudgery' of daily life (Skinner, 2010, p.7). There are similarities in this
6 study, with participants such as Kathleen and Les, who both lived alone, whereby
7 dancing provided an escape from their isolated routines. Becoming immersed in the
8 moment of the dance, participants such as Florence and Jeane, 'forgot' their physical
9 pains and Kathleen was distracted from her family worries. This again demonstrates that
10 there are various factors at play in one's experience of pleasure.

11

12 Reference can be made to Maslow's well-known 'hierarchy of needs' with
13 respect to the need for a sense of community (Maslow, 1954 cited by Green et al., 2015,
14 p.217). The mid-tier, 'belongingness and love needs', the level above basic
15 physiological and safety needs, is a psychological human need to form relationships,
16 make friends and be part of a group. It has been well documented that activities that
17 involve social contact lead to greater well-being and positive emotions (Cabrita et al.,
18 2017) and that those who enjoy greater social support are more likely to participate in
19 physical activities (Trost et al., 2002). Later life friendship and camaraderie were also
20 seen to be an important aspect of pleasure for older adult male Ice Hockey players in
21 Allain's (2020) study. What was interesting to see in this study, was the sense of
22 pleasure and camaraderie amongst the males of the group who, if with a female partner,
23 had often been 'cajoled' into attending dance classes. By the end of the 12-month study,
24 they told their stories of finding pleasure in an activity they were once not so sure about
25 attending.

1
2 Dancers in this study suggested that when dancing, they ‘become other’; the
3 transferring of the self and the body to a new space creates ‘other’. For some, the dance
4 space creates another home from home and helps to provide new confidences and
5 consciousness integrating dancers into a new community space. The dancing space
6 becomes one’s home, which Skinner describes as one’s ‘communitas’ (2010, p.14).
7 Whitworth (1995, p.209 cited by Thomas and Cooper, 2002, p.74) suggests “a
8 community spirit is developed by the dancers having the common aim of performing a
9 given sequence correctly”. The findings of this study would appear to agree with
10 Skinner’s (2010) observation of salsa dancers; there was a definite sense of
11 ‘communitas’, a new egalitarian community space forming not only in terms of the
12 people but the physical space open to all. Physical activity can foster pleasure via
13 interpersonal relationships and providing a sense of belonging for older adults (Bennett
14 et al., 2017); this pleasure being evident within this community of older adult dancing
15 participants.

16
17 Mikkelsen relates instances of ‘becoming other’ through pleasurable activities to
18 Maslow’s (1954 cited by Mikkelsen, 2017) concept of *self-actualization*, the highest-
19 level self-fulfilment ‘need’, whereby individuals have an inherent desire to “become
20 everything that one is capable of becoming” (p.93). As Kathleen’s ‘education’ (skill
21 level) increased, so did her sense of pleasure and sense of ‘becoming other’; the feeling
22 of renewal and ‘turning back the clock’ that ballroom dancing provided for her and for
23 her fellow dancers. The dance provided the sense of being *able* when their day to day
24 lives were troubled by being *unable* due to physical ailments and, for some, early
25 cognitive decline. The participants were gaining new confidence and skills, feelings of

1 accomplishment ('esteem needs' being the second highest level of need according to
2 Maslow (1954 cited by Green, Tones, Cross and Woodall, 2015, p.217)), satisfaction
3 and greater motivation as they danced.
4

5 Participants very much valued the confidence gained from learning a new skill
6 during their older adult years, a period of the life course where societal influences often
7 cause older adults to become invisible. Wainwright and Turner (2006, p.243), suggest
8 there is an, "inevitable decline of physical capital in the ageing body", particularly so in
9 dancers. Les had talked of his frustrations about his body not doing what he wanted it to
10 be anymore, yet he retained his "muscle memory" of being able to remember dance
11 sequences learnt long ago (Wainwright and Turner, 2006, p.247). However, he had
12 taken on a new role as a dance mentor, assisting the dance teacher in some of the local
13 groups he attended; as Abel (2007, p.52) notes "perceptions, skills and knowledge can
14 be understood as cultural resources that are virtually stored inside the individual human
15 body". Les was able to use his "lifelong process of capital acquisition" (Abel, 2007,
16 p.52) in this instance, his embodied knowledge as a dancer.
17

18 Pleasure is linked to one's desire to engage in a physical activity (Lenneis and
19 Pfister, 2017) and in addition to considering the many factors associated with physical
20 activity uptake and adherence, previous research has called upon health policy makers
21 to promote the pleasures of physical activity to encourage people to become active
22 (Bennett et al., 2017; Mikkelsen, 2017; Phoenix and Orr, 2014).
23

24 The enjoyment gained from the social aspect of the dance and the pleasure

1 of community that it provided appeared to be the strongest motivation to dance. Whilst
2 there may be more intense forms of physical activity for older adults, Downward and
3 Dawson (2016) highlight that this can be associated with a lower sense of pleasure from
4 the activity and argue the importance of fun, social and recreational aspects of lower
5 intensity active leisure to achieve well-being

6 **Conclusion**

7 This study adds two new typologies of pleasure to the body of knowledge on
8 pleasure and physical activity; the pleasure of community and the pleasure of practice.
9 Recommendations for practice based upon this research are that ballroom dancing
10 should be highlighted in health promotion campaigns and as a suitable activity for social
11 prescribing, particularly given the evidence presented earlier that the majority of older
12 adults worldwide do not participate in sufficient physical activity for health gains.
13 Whilst promoting the pleasures of ballroom dancing is one factor that may encourage
14 participation, pleasure can enhance engagement with physical activity for older adults
15 and, in turn, healthy ageing. The importance of the social aspect of maintaining physical
16 activity in older adults was clearly demonstrated by the ‘pleasure of community’ theme,
17 therefore, health and exercise professionals should aim to incorporate a sense of
18 community and promote social forms of physical activity into their multifaceted
19 programme planning for older adults. It is also important for health and education
20 professionals to encourage positive encounters with physical activity across the life
21 course. It was found that many of the participants had positive experiences with
22 different forms of dancing during childhood or younger adult years, experiences that
23 they recalled as being pleasurable and had encouraged their choice to participate in
24 ballroom dancing in their older adult years.

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Participants in this study demonstrated that pleasure, in its various complex forms, can be felt by the ageing body, in spite of chronic illness or disease, thus promoting positive ageing experiences. The pleasure gained from the activity encompasses several aspects; the activity is fun and enjoyable, it builds a sense of community, it encourages development of new skills, provides a sense of worth and an escape from every day worries. It was seen as an activity whereby the enjoyment was so great, it could mask one's pain and the physical aspect of the activity was not seen as something to 'endure', unlike attending the gym to exercise, for example. As a physical activity option, ballroom dancing classes can help form a homogenous group of people in the sense of their life stage, desire to dance, will to learn and interests but given the findings from this study, as an addition to the global ballroom dancing literature, it is also an activity that provides pleasure for older adults from diverse heterogeneous social and cultural backgrounds.

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1 Table 1 Participant Demographics and Pseudonyms

2

Participant Number	Gender (M/F)	Age at start of trial	BMI category	Falls at 0 months	Medication at 0 months	Dancing hours/week at 0 months	Other exercise at 0 months	Pseudonym	Single or Dyad interview
1	F	63	Missing	No	Yes	1	Yes	Sheila	Patrick
2	M	64	Normal/healthy	No	Yes	1	Yes	Patrick	Sheila
3	F	78	Normal/healthy	No	Yes	1	Yes	Florence	Isabel
4	F	67	Normal/healthy	Yes	No	1	Yes	Isabel	Florence
5	M	68	Severely obese	No	Yes	2	Yes	Les	Single
6	M	72	Overweight	No	Yes	1	Yes	Eric	Irene
7	F	71	Overweight	No	Yes	1	Yes	Irene	Eric
8	M	67	Overweight	No	Yes	2	Yes	Isaac	Claire
9	F	63	Normal/healthy	No	Yes	2	Yes	Claire	Isaac
10	F	58	Overweight	No	Yes	1	Yes	Pamela	Single
11	M	67	Normal/healthy	No	Yes	1	Yes	Michael	Emily
12	F	62	Overweight	No	No	1	Yes	Emily	Michael
13	F	83	Missing	Yes	Yes	1	Yes	Kathleen	Single
14	F	68	Severely obese	No	Yes	1	No	Brenda	Robert
15	M	72	Overweight	No	Yes	1	No	Robert	Brenda
16	F	67	Normal/healthy	No	Yes	2	No	Elsie	William
17	M	65	Normal/healthy	No	Yes	1	Yes	William	Elsie
18	F	62	Overweight	No	Yes	1	No	Jeane	Alan
19	M	67	Overweight	No	Yes	1	Yes	Alan	Jeane
20	M	75	Normal/healthy	No	Yes	1	No	Daniel	Single
21	M	71	Overweight	Yes	Yes	1	Yes	Richard	Rachel
22	F	59	Overweight	No	Yes	1	Yes	Rachel	Richard
23	M	65	Normal/healthy	Yes	Yes	1	Yes	Rod	Amy
24	F	61	Overweight	No	Yes	1	Yes	Amy	Rod
25	M	61	Overweight	No	Yes	1	Yes	Ronnie	Julie
26	F	60	Overweight	No	Yes	1	Yes	Julie	Ronnie

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1 *Table 2 Categorisation of socioeconomic groups by Index of Multiple Deprivation*
2 *scores*

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4

Quintile group	IMD score range	Participants n=26	%
1	≤ 8.49 (Least deprived)	4	15.4
2	8.5 - 13.79	7	26.9
3	13.8 - 21.35	7	26.9
4	21.36 - 34.17	7	26.9
5	≥ 34.18 (Most deprived)	1	3.85

5