

OLDER ADULTS' EXPERIENCES OF AN AGE-SEGMENTED EXERCISE PROGRAM

by

KATHERINE MALIHA

B.A., The University of Ottawa, 1993

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## ABSTRACT

This study examined the experiences of older adults within an age-segmented fitness program. The research was guided by the following questions: (1) What are the experiences of group members of a program designed for older adults?; and (2) How are members' experiences related to their social position? Current research has demonstrated that the physical activity and exercise levels of older adults progressively decrease with age. To date, studies have shown that older adults who exercise do so not only for health, but also personal and social reasons. In addition, gender greatly influences whether or not an older adult is likely to exercise, and what meanings he or she will attribute to the practice. Building on the extant research, this study explored the meanings that older men and women attributed to exercise and investigated how older adults constructed their social identities in relation to their aging bodies and within the context of an exercise program.

The study utilized data from in-depth qualitative interviews and focused observations with six male and six female members of a fitness program for older adults. The average age of the men in the sample was 73, while the average age of the women was 67. The majority of the men and women were well-educated, married, able-bodied, and self-identified as heterosexual. Each of the men and women were interviewed twice for a total of 20.5 interview hours. In addition, each member was observed an average of two times, for a total of 12 observation hours. The data were analyzed using Strauss and Corbin's (1998) concepts of open and axial coding.

My findings revealed that membership at the program reinforced age and gender relations through the use of the body as a symbol of self-expression (Biggs, 1997), which prescribed manhood and womanhood in opposition to each other, and where fit aging was defined in opposition to ageist stereotypes of disease and decline. The meanings that older men and women attributed to exercise were framed by their gender, their socialization experiences, and their attitudes about exercise and their aging bodies. This research found that older men and women negotiated their identities as individuals who were fit rather than old by contrasting their experiences with others who were not aging as successfully, and by conforming to ageist discourses privileging youth and health. My study contributes to the literature on exercise and ageism by revealing how some older adults negotiated meaning and identity in the context of socially constructed discourses around gender, fitness, and the aging body.

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## **CHAPTER ONE: INTRODUCTION**

A growing body of research has documented the physiological, cognitive, and social benefits of exercise and physical activity (see, for example: Hughes, van Beurden, Eakin, Barnett, Patterson, Backhouse et al., 2008; Kelley, 2009; McAuley, Blissmer, Marquez, Jerome, Kramer, & Katula, 2000; Rejeski & Mihalko, 2001). For the purposes of this thesis, physical activity is defined as “any bodily movement produced by skeletal muscles that results in energy expenditure and can include work, sports, physical conditioning, household activities, or leisure and other activities” (Caspersen, Powell, and Christenson, 1985, p. 126). Exercise is defined as a subset of physical activity that is “planned, structured, and repetitive and has as a final or an intermediate objective the improvement or maintenance of physical fitness,” with physical fitness being a measurable set of attributes that are either health- or skill-related (Caspersen et al., 1985, p. 126). For older adults, exercise may provide particular physical, mental, and social benefits unique to later stages of life (Fahlman, Morgan, McNevin, Topp, & Boardley, 2007; Public Health Agency of Canada, 2009; Stathi & Simey, 2007). According to Albert, Im, and Raveis (2002), exercise is protective against all of the types of disabilities more likely to present themselves to older, rather than younger, adults. Such benefits extend to protection against disease, psychological factors, and physiological changes associated with aging (Albert et al., 2002). Currently, women in western countries spend a quarter of their lives disabled, and men have physical limitations for the latter 20% of their lives (Olshansky, Carnes & Cassel, 1993). However, these physical disabilities or limitations could be greatly reduced if older adults were to exercise, since a lack of

physical activity actually doubles one's risk of disease and disability (O'Brien Cousins, 1998).

Despite this evidence, the physical activity and exercise levels of older adults progressively decrease with age (Lim & Taylor, 2005; Statistics Canada, 1999; Schutzer & Graves, 2004; World Health Organization, 2002). Inactivity rates are highest among those aged 65 and older, and 66% of those over 75 do not engage in any regular form of exercise or physical activity (Lim & Taylor, 2005). Moreover, physical activity rates in later life are gendered as approximately 30% of older men exercise compared to only 15% of older women (Schutzer & Graves, 2004).

There is a wealth of literature that examines why older adults tend to avoid exercise. Most of these studies have focused on factors such as motivation (Rhodes, Martin, Taunton, Rhodes, Donnelly, & Elliot, 1999; Whitaker, 2005), self-efficacy (McAuley, Jerome, Elavsky, Marquez, & Ramsey, 2003; Perkins, Multhaup, Perkins & Barton, 2008), beliefs about exercise (O'Brien Cousins, 2000; O'Brien Cousins & Janzen, 1998; Sedlak, Doheny, & Estok, 2000), and other predictors of exercise behaviour and adherence (Resnick, & Nigg, 2003; Rhodes et al., 1999).

To date, there has been relatively little research focused on those who do exercise in later life and how they experience being physically active. The research that has been done suggests that older adults are likely to exercise for social and personal reasons, rather than simply for health considerations (Mendes de Leon, Glass & Berkman, 2003; O'Brien Cousins, 1998;), and older adults who are less marginalized by income or education, or who have had previous experiences with physical activity or sport, are more likely to exercise (McAuley et al., 2000; Shaw & Spokane, 2008; Wen, 2007). Some



research has also investigated the social environments in which older adults exercise. Most of these studies have focused almost exclusively on concepts of power production such as risk discourses, self-surveillance, and the spatial regulation of bodies (Dworkin, 2003; Fusco, 2006; Spielvogel 2002; van Ingen 2004; Wheatley, 2005), or psychological concepts such as self-determination theory and belongingness theory (Beauchamp, Carron, McCutcheon, & Harper, 2007). A few studies have explored the meanings that older adults attribute to the practice of the moving body (Oberg & Tornstam, 2001; Wainwright, Williams, & Turner, 2007), although not in the context of fitness program culture. This research has tended to focus solely on the experiences of older women (Leeds Craig & Liberti, 2007; Nadasen, 2008; Poole, 2001). Conversely, several studies have explored older men's attitudes toward their aging bodies in relation to exercise or sport (Smith 2007; Whitaker 2005).

At the same time, a few studies have investigated the social experiences of older adults in fitness programs (Nadasen, 2008), and the perceptions of different types of activities within the context of an exercise culture for older adults (Paulson, 2005). This research reveals that supportive interactions, networks, and activities with other exercise group members can create a unique culture, which shapes the ways in which those within the group experience their aging bodies. Additionally, Poole (2001) has explored how individuals construct their social identities in relation to their aging bodies, within the context of an exercise program. She found that older women who were highly committed to fitness activities used these practices to improve self-esteem as well as to construct intimacy and a sense of community through their friendships with other exercisers.

Although the extant research provides important insights, further research is needed to more fully examine the meanings that older adults attribute to physical activity and exercise. In light of the fact that the exercise participation levels of older Canadians have not increased significantly in the last 17 years (Statistics Canada, 2009), perhaps researchers are focusing too much on those who do not exercise rather than exploring why some older adults overcome personal barriers to exercise. Research that examines those who are engaged in exercise and physical activity will likely yield additional and important insights into why some older adults exercise while others do not. Additionally, given that the majority of the existing studies have been gender specific and have either focused exclusively on women or solely on men, there is a strong need to conduct research with both men and women simultaneously to see how their respective experiences are influenced by each other (Ebbeck, 2008; Gabriele, Walker, Gill, & Harber, 2005). Finally, research that explores how older adults use fitness practices to negotiate their identities in relation to the social construction of aging is of particular relevance. Turner (1994) argues that the social construction of aging is one of constant transformation, as the linear model of the life cycle has been altered through changes in marriage, childbirth, and retirement patterns. Due to these changes, the cultural imperative to transform one's body in relation to the self is part of identity construction in postmodern consumer culture; our bodies provide a way of communicating who we are as human beings (Poole, 2001; Turner, 1994). Later life in particular is perceived as a period of decline that must be managed or prevented, and fitness practices are promoted as ways to achieve this end (Calasanti & Slevin, 2001; Cruikshank, 2003; Gullette, 2004). Therefore, while exercise is promoted to older adults for its physical or measurable

benefits, individuals may not exercise merely for these reasons. In a society that values independence and self-management, exercise is not solely a means to an end, it is also a lifestyle choice (Featherstone, 1991). For some individuals, the practice of exercise may be one way of managing their self presentations, aligning themselves with dominant values, and avoiding the exclusionary impact of being older in an ageist society.

Previous research on the body has been highly theoretical, but has not focused enough on specific social worlds, which “invest, shape, and deploy human bodies” (Wacquant, 1995, p. 65). In order to better understand how older adults define a social situation, (Thomas, 1923) it is important to apply a design that considers the nature of identity creation. The self is not static, but is rather an emergent, ongoing process, happening through interactions with others within particular social settings (Prus, 1996). Thus, this study explored the world of older adults at the gym as a series of social practices, heightened within the context of aging.

Using Symbolic Interactionism and Foucauldian theory as a theoretical framework, this thesis project investigated the experiences of male and female members of a fitness program designed for older adults. By exploring the meanings that these older adults attributed to their membership at the program, this project examined how the members’ experiences varied by gender. In addition, the study elucidated the group norms and attitudes that shaped members’ experiences and how these were, in turn, influenced by ageist and successful aging discourses.

### *The Research Questions*

The investigation of these areas of inquiry was guided by the following research questions:

- 1) What are the experiences of group members of an exercise program designed for older adults?
- 2) How are participants' experiences of the program related to their social position?

## **CHAPTER TWO: REVIEW OF RELEVANT RESEARCH AND THEORY**

In order to contextualize my findings in the extant literature, in this chapter I will review and discuss the research and theorizing pertaining to gender, exercise, aging, ageism, and fitness spaces. I will also outline my theoretical frameworks, namely Symbolic Interactionism and Foucauldian theory.

### *2.1 Gender and Exercise*

In this section, I elucidate the gendered reasons for exercising, gendered barriers and facilitators of exercise, and gendered experiences of exercise.

#### *2.1.1 Men and Exercise*

##### *Reasons, Motivators, or Facilitators for Exercising*

Studies have shown that the reasons why older men participate in exercise more than older women may have to do with factors other than health alone. Firstly, men who have been active throughout their lives are more likely to exercise as older adults (O'Brien Cousins, 1998; Whitaker, 2005). In addition, men with both positive early exercise experiences and recent involvement in activity are more likely to adhere to exercise programs (Rhodes et al., 1999; Whitaker, 2005). Older men also exercise for the enjoyment of the activity. For example, a study of older Italian cyclists found that positive aspects attributed to exercise included the thrill of physical challenges related to their sport, the perception of control or mastery related to skill improvement, and the social aspects of cycling with others (Whitaker, 2005). The men in this study linked their enjoyment of cycling to both the challenges presented by the activity as well as the opportunities to socialize with other men. Other studies have shown that men enjoy

exercise because of the perceived benefits such as physical and mental health improvements (Dye & Wilcox, 2006; Loeb, 2004), and perceptions that they will gain some control over their aging bodies (Loeb, 2004). The research demonstrates that although deteriorating health can reduce an older man's ability to exercise, gaining control over one's health condition(s) is frequently cited by older men as a motivator for increasing their activity levels (Loeb, 2004; Rhodes et al., 1999). For example, a study by Kronenwetter, Weidner, Pettengill, Marlin, Crutchfield, McCormac et al., (2005) investigated the perceptions of older men involved in a prostate cancer outpatient program which included exercise, and found that the practice of fitness activities and other lifestyle behaviours gave the men hope and optimism about their conditions. The researchers linked this finding to the idea that these men were able to take control over aspects of their condition, tying them to feelings of power and mastery in a situation which otherwise rendered them powerless (Kronenwetter et al., 2005).

### *Barriers to Exercise*

Few studies have explored the barriers to exercise for men, perhaps because men have higher rates of exercise participation than women. Nevertheless, a number of studies have found one key source of limitation to older men's participation in physical activity or exercise: Men may not perceive themselves to be at risk of disease or ill-health which could be benefitted by exercise (Caspersen & Merritt, 1995; Courtenay, 2000; Gibbs, 2008). For example, in an exercise-related study focused on the prevention of falls, men did not perceive themselves to be at risk of falling and perceived themselves to be in good health (Hughes et al., 2008). In addition, a study by Sedlak et al. (2000) showed that although older men are almost equally susceptible to osteoporosis as women,

they do not perceive themselves to be at risk of the disease and are unlikely to exercise for the purpose of osteoporosis prevention. Despite these few studies, however, most of the research on barriers to exercise for older adults have either not considered gender differences, or has focused solely on older women.

### *Health Perceptions and Behaviours*

The research has demonstrated that men and women have differing views of health and the role of exercise. In general, men make fewer health care visits than women, although these gender differences are minimized when health problems are serious (Verbrugge, 1985). The research also suggests that men's differing attitudes towards their health stem from masculinity norms and discourses. Connell and Messerschmidt (2005) have stated that idealized or dominant masculinity is situational and historically specific, as well as a pattern of practice that perpetuates or allows dominance over women and over subordinated masculinities to continue. Representing power and authority, dominant masculinity shapes men's social relationships with women and with other men (Courtenay, 2000). Just as dominant masculinities exert varying degrees of power over women, masculinities are also positioned in varying degrees of power in relation to one another. Dominant masculinities subordinate lower-status, marginalized masculinities on the basis of factors such as race, ethnicity, sexuality, and age, to cite just a few examples (Connell & Messerschmidt, 2005). Gendered societal prescriptions for males include the ideas that men and boys are tough, independent, strong, and healthy (Courtenay, 2000). Therefore, marginalized males may embrace risk or reject healthy behaviours as a strategy to negotiate and construct gender and to demonstrate masculine ideals that establish to others that they are men (Lucas,

Orshan & Cook, 2000). Some of the health-related beliefs and behaviours used by men to establish and construct masculine identities include:

The denial of weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex, and the display of aggressive behaviour and physical dominance. ... Rejecting health behaviours that are socially constructed as feminine, embracing risk and demonstrating fearlessness are readily accessible means of enacting masculinity (Courtenay, 2000, p. 1388).

### *Experiences of Exercise*

Similarly, research suggests that men's experiences of exercise are strongly related to the establishment and negotiation of gender norms, which construct masculinity in opposition to femininity. Sexton's (1969) study of male identity suggested that male norms "stress values such as courage, inner direction, certain forms of aggression, autonomy, mastery, technological skill, group solidarity, adventure, and considerable amounts of toughness in mind and body" (p. 7). Bordo (1999) furthers this idea in relation to gendered exercising bodies, arguing that in "highly gendered worlds, 'femininity' and 'masculinity' [are] opposites that belong together [and] couldn't exist without each other" (p. 115). Therefore, the masculine, hard, muscular body is a physical embodiment of male norms, and is also set in opposition to softness and femininity (Bordo, 1999). The practice of building muscle through exercise may align men with dominant male characteristics and give them a sense of agency through the transformation of their bodies (Kimmel, 2006; Wacquant, 1995). For instance, a study by Reed, SooHoo, Summerhays and Gill, (2008) found that men who were fitter and more physically competent viewed themselves as more attractive and felt more confident than those who were unfit.



Aging in particular is considered to be a threat to dominant masculinity due to its associations with weakness, frailty, and dependence (Lorber & Moore, 2007). Therefore, older men may work on their bodies by exercising and lifting weights in order to bridge the gap between the self and the ideal, even building up their bodies in “an exaggerated attempt to incorporate what possible options remain of the male images they have had since youth” (Mishkind, Robin, Silberstein, & Striegel-Moore, 1987, p. 46-47) and to preserve male-female differences.

### *2.1.2 Women and Exercise*

#### *Reasons, Motivators, and Facilitators for Exercising*

The research suggests that women’s reasons for exercising include a range of physical and social factors. For example, research has shown that women may feel compelled to exercise in order to combat physical and cognitive decline associated with aging, as well as to lose weight, increase strength and flexibility, improve blood pressure, reduce the risk or affects of chronic conditions, and increase energy (Dishman, 1994; Garner & Mercer, 2001; Lim & Taylor, 2005). Women also begin and continue to exercise because of the motivation, encouragement, and support provided by other people (Lee, 1993; Lucas, Orshan, & Cook, 2000), including family members (Lucas et al., 2000), fitness instructors, health professionals, and peers (Dye & Wilcox, 2006).

#### *Barriers to Exercise*

Current research has explored some of the reasons why women’s exercise participation levels are lower than those of men. For women, barriers to exercise are often related to their social roles, including the often competing responsibilities of domestic labour, care giving for children and other family members, and working outside

of the home (Lucas, Orshan, & Cook, 2000; Segar, Jayaratne, Hanlon, & Richardson, 2002). Combined with a lack of social support from others, these social roles and responsibilities may be the most important barrier to an older woman's engagement in exercise (Casado et al. 2009; Rolfe, Yoshida, Renwick, & Bailey, 2009; O'Brien Cousins, 2000). In fact, Casado et al. (2009) found that adequate social support was more important for beginning and continuing exercise in women than men; Rolfe et al. (2009) found this requirement to be especially pronounced for women with health problems and disabilities. Not surprisingly then, not having someone to exercise with is an important barrier for women with respect to physical activity (Bird, Kurowski, Feldman, Browning, Lau, Radermacher, et al, 2009; Rhodes et al., 1999). Additionally, previous socialization experiences have been found to influence women's patterns of physical activity (Rhodes et al., 1999; Watt, Carson, Lawlor, Patel & Ebrahim, 2009). For example, older women may be less likely to exercise in later life than men because they were less active during childhood, adolescence, and young adulthood. Indeed, many older women did not participate as youths in sport and exercise because they were discouraged from activities that were considered unfeminine, including those involving competition and aggression (O'Brien Cousins, 1995; Rhodes et al., 1999; Watt et al., 2009; Vertinsky, 1990).

Finally, environmental factors often delimit women's engagement in physical activity. A study by Eyler, Baker, Cromer, King, Brownson, and Donatelle (1998) found that environmental barriers to exercise for women included safety, availability, and cost. A lack of access to safe places for fitness activities may negatively affect an older woman's participation in exercise (Casado et al., 2009; Rolfe et al., 2009; O'Brien

Cousins, 2000). Living in a poor neighbourhood without appropriate exercise or recreation facilities, or in one which is considered unsafe for exercising, has been shown to be a strong deterrent for women (Wen, 2007).

### *Health Perceptions and Behaviours*

Even though the exercise and physical activity rates of women are lower than those of men, women tend to have healthier lifestyle patterns than their male counterparts (Lucas et al., 2000). For example, women are less likely than men to be overweight, more likely to take vitamins, and more likely to visit the doctor for regular check-ups (Lucas et al., 2000; Verbrugge, 1985). As well, women's participation rates in risky behaviours that compromise health (including the use of tobacco and alcohol) are less than those of men (Verbrugge, 1985). At the same time, research has shown that women perceive themselves to be at greater risk of ill health, disease, disability, and injury than men (Wu, Goins, Laditka, Ignatenko, & Goedereis, 2009). A fear of wearing out their aging bodies (Vertinsky, 1995) may make women less likely to engage in exercise as a means to reduce their health risks. O'Brien Cousin's (2000) study of women's exercise beliefs found that older women felt physically vulnerable in regards to exercise, and were unsure about the actual risks and benefits of participating in exercise.

### *Experiences of Exercise*

The existing research has identified some of the complex and contradictory ways in which women experience exercise. Much of the socio-cultural research on women and exercise is concerned with how women negotiate societal pressures to achieve cultural ideals of slenderness and youthfulness through their fitness practices (Berry & Lauzon, 2003; Markula, 2001; Paulson, 2005; Schuler, 2004). Cultural fitness discourses promote

restrictive, if not oppressive, body ideals and “healthy” body image simultaneously; for instance, fitness magazines regularly promote exercise for weight loss and attempt to create an appearance motivation for fitness (Markula, 2001). They publish images of “extreme thinness” (Berry & Lauzon, 2003) or a “thin ideal” (Markula, 2001). At the same time, the magazines also publish articles promoting the idea that exercise should be motivated by health and that women should be comfortable with their bodies regardless of their sizes and shapes (Markula, 2001). Thus, women may feel tensions between motivations to exercise for health rather than for the sake of appearance (Dumas, Laberge & Straka, 2005; Schuler, 2004).

The practice of fitness may be both constraining and liberating for women. Research has explored the ways that fitness gyms and instructors may cause women to feel negatively about their bodies (D’Abundo, 2009; Martin-Ginis et al., 2003; Reed et al., 2009). D’Abundo’s (2009) ethnographic study of aerobics classes found that instructors’ messages to exercise participants included the encouragement of body modification, a focus on appearance, and the pursuit of the feminine beauty ideal. Another study of women’s exercise environments found that when women exercised in front of mirrors and were encouraged to focus on their exercising bodies, they were likely to feel poorly about themselves because of comparisons they made between their own bodies and the ideal body or the body of the instructor (Martin-Ginis et al., 2003). The negative effects of exercise and fitness environments on women’s body image exist for women regardless of culture, social class, and age (Ebbeck, 2008; Reed et al., 2008). However, some exercise practices may be liberating for women. Gimlin’s (2002) study of aerobics found that for some women, certain types of exercise were empowering

because physical acts such as stomping, yelling, and sweating transgressed traditional notions of femininity.

## *2.2 Socialization, Exercise, and Aging*

Differences in socialization experiences throughout the life course affect whether or not older adults will engage in exercise, and also how they will experience physical activity. These experiences are often gendered as girls and boys are socialized differently by parents, peers, coaches, and gym instructors (Messner, 1990). Boys are often socialized to embrace the values of competition, strength, and skill development through the practice of sports and other organized physical activities (Messner, 1990). These activities can provide opportunities for boys to connect with others because part of the development of normalized gendered identity for boys includes a separation of the self from others (Messner, 1990; Seippel, 2006). Therefore, the structure of organized sports and physical activities (which include rules or competition) can provide an acceptable form of connection and socialization for males (Seippel, 2006).

In contrast, girls are often socialized to define themselves through connection with others and may experience competition as a threat to that connection (Seippel, 2006). In addition, girls have traditionally been discouraged from engaging in strenuous physical activities such as sports. Vertinsky's (1998) examination of medical discourse in the late 19th century illustrates how exercise for females has historically been linked to a requirement for medical supervision in order to assure normal growth and development. Prescriptions for appropriate exercise were given for all stages of life, including adolescence, the childbearing years, and middle or old age (Vertinsky, 1998). Puberty was viewed as a time when it was deemed crucial for females to conserve energy to

ensure healthy reproductive capacities; thus, girls were channelled from rough physical activities such as sports and outdoor play to traditionally female activities such as housework and cooking (Vertinsky, 1998). Exercise prescriptions not only pathologized the female body, but also preserved traditional domestic roles for females (Vertinsky, 1998). The physical potential of girls and women was diminished through the application of “pseudo-scientific ideas and theories” (Vertinsky, 1998, p. 93). Such discourses dominated girls’ and women’s experiences of their physical bodies, and the effects of these discourses remain today.

At the same time, older women’s experiences of their bodies are historically shaped and situated. While the practice of fitness is now considered not only safe but imperative for older adults (O’Brien Cousins, 2000), many still remember when exercise was considered to be inadvisable at a later stage of life (Grant, 2001). Grant’s (2001) study illustrates the complexities inherent in the perceptions and interpretations of exercise in relation to the aging body. These perceptions involve beliefs in the limits and inappropriateness of some forms of physicality for older people, as well as the internalization of values related to the imperatives of older adults taking responsibility for their own health through exercise (Grant, 2001). Although this study makes a valuable contribution to the understanding of older adults’ experiences of physical activity, further research is needed to explore how membership in a particular fitness culture, imbued with its own values, norms, and practices, affects the ways in which women (and men) navigate the process of aging.

### *2.2.1 Social Stratification*

The ways in which males and females are socialized to view and experience sport and exercise are also related to social stratification. The concept of social class or social stratification was originally used by sociologists to refer to the horizontal grade of a population based on wealth, income, education, occupation, status, level of consumption, and family background (Gordon, 1949). However, its definition has evolved to include the cultural sphere in which communities form around identity, taste, and consumption (Beck, 1992; Pakulski & Walters, 1996). Within these communities, abilities and tastes are symbols which contribute to the maintenance of class domination and serve to distinguish between social groups (Bourdieu, 1984). Class culture is determined by the people within particular social groups. The identities, tastes, and consumption habits of members serve to distinguish those within a dominant social group from other individuals or groups who do not belong, thus allowing a dominant group to maintain its status (Bourdieu & Passeron, 1977; Bourdieu, 1984).

Seippel (2006) contends that those from higher status backgrounds have broader options in terms of the possible roles of sport and exercise. Consequently, individuals from the upper classes are more likely to view such pursuits in terms of their health as well as recreational and enjoyment benefits than those from the lower classes (Seippel, 2006; Sugden and Tomlinson, 2000). In contrast, those from lower classes are more likely to relate to sport and exercise in terms of gendered norms and behaviours rather than in terms of health benefits or enjoyment. For instance, men from lower status backgrounds are more likely to have been socialized to value sport and physical activity as ways to align themselves with masculine norms such as strength and competition

(Messner, 1990; Seippel, 2006). Women from lower status backgrounds are less likely to value sports and exercise for their health benefits (O'Brien Cousins, 1995), and are more likely to place importance on domestic physical activities related to their social roles in the home, or on employment responsibilities, rather than on exercise (O'Brien Cousins & Jantzen, 1998).

Recent sociological studies have also explored some of the differences between the exercise attitudes and behaviours of men and women from varying educational and economic backgrounds. Some studies exploring the effect of education on the exercise behaviours of older adults have found that those with less education have lower exercise levels than those with higher education levels; this discrepancy increases with age (Shaw & Spokane, 2008; Ming, Browning, & Cagney, 2007). The differences in exercise patterns between older adults who are highly educated and those who are less educated may be due to differences in income levels and access to exercise and leisure activities and facilities (Rhodes et al., 1999). In addition, Rhodes et al. (1999) suggested that higher education levels in individuals may translate into a greater awareness of the health benefits of exercise, although they did not elucidate why or how this may occur.

The research concerning the influence of income suggests that individuals from economically disadvantaged childhood backgrounds are less likely to be active as adults; this trend is more pronounced for women than for men (Dye & Wilcox, 2006; Dumas & Laberge, 2005; Hillsdon, Lawlor, Ebrahim & Morris, 2008; Koster, Bosma, Broese van Goenou, Kempen, Pennix, van Eijik et al., 2006). For older adults, one study found that both men and women from poorer financial backgrounds experienced a sharper decline in physical activity levels than those from wealthier backgrounds, most specifically between



the ages of 55 and 75 (Koster, et al., 2006). A study investigating the attitudes and barriers to exercise for women of lower income backgrounds found that some barriers to exercise included a scarcity of time, money, and opportunities for exercise, especially during young and middle adulthood (Dumas & Laberge, 2005). However, as the women reached older age, some of these barriers diminished, and thus their exercise levels were almost equal to those of individuals from higher income backgrounds (Dumas & Laberge, 2005).

At the same time, older men and women from higher income backgrounds have been found to place a greater value on the perceived benefits of exercise (Dumas, Laberge, & Straka, 2005; Dye & Wilcox, 2006; Featherstone, 1991). Fitness services tend to target the middle class developmental ethic (Featherstone, 1991), in which the middle classes strive to gain cultural capital through knowledge and self-improvement (Katz-Gerro & Shavit, 1998). Affluent older women in particular may place an even higher value on body improvement practices than working class or middle class women because they have the financial means to invest in their bodies (Dumas et al., 2005; Rudman, 2006). According to one study, wealthy women perceived age-related bodily changes negatively and were more likely than working class women to engage in practices such as fitness and cosmetic surgery for appearance reasons (Dumas et al., 2005). Conversely, the working class women in the study appeared to be more accepting of age-related changes in appearance (Dumas et al., 2005).

### *2.2.2 Social Interaction and Group Cultures*

Studies have shown that older exercisers prefer to exercise in groups with others of their own age group, rather than with younger exercisers or alone. A study by

Beauchamp et al., (2007) ascertained that older exercisers preferred exercise classes that were populated with similarly aged participants, and, in fact, the study participants found the prospect of exercising in classes populated with younger exercisers to be unappealing. Paulson's (2005) study also noted that exercising in a group of peers rather than alone positively affected the experiences of older exercisers. She discovered that it was the attitudes and supportive interactions with other members that created a unique culture, shaping the ways in which group members experienced their aging bodies. In fact, much of the research suggests that older adults perceive tremendous benefits from their social interactions with their peers in exercise environments (Casado et al., 2009; McAuley et al., 2000). Some of the benefits of group support include increased happiness and satisfaction with life, and decreased perceptions of loneliness (McAuley et al., 2000). Additionally, other benefits of group social support are perceptions of increased physical ability, and perceptions of better overall health (Resnick & Nigg, 2003). A few socio-cultural studies have explored the fitness experiences of a peer group of exercisers and have found that group members derive as much or more benefit from the social aspects of membership than from the exercise itself. For example, Nadasen (2008) conducted research with a women's line-dancing group. She determined that the social benefits of membership, including the expansion of the women's social networks and the social activities that occurred outside of the dance classes, were perceived to be as important (if not more so) than the physical benefits derived from the activity of dancing. Similarly, Whitaker (2005) investigated the experiences of older men who belonged to a cycling group. He found that the older men also derived benefits from membership beyond health improvement and other physical changes. These benefits included an increased

ability to cope with chronic illness, enjoyment from challenges provided by opportunities to develop sport skills, a sense of control over bodily decline related to aging, and friendship bonds with other members (Whitaker, 2005). To date, there have been no studies of the simultaneous experiences of older men and women belonging to an exercise group together.

### *2.3 Fitness Spaces*

Fitness spaces such as gyms are places where power is produced and reproduced, and where techniques of surveillance and normalization occur (Fusco, 2006; Pronger, 2002). Foucault (1977) contends that power is not something that is possessed by certain individuals or groups in order to oppress others, but is instead an effect of discourse, which operates within the continuous exchanges that take place between people and institutions (Burr, 2003). In gyms, normalization and techniques of surveillance serve to maintain hierarchies and spatially segregate that which does not belong. In other words, those individuals who are identified as not belonging to hierarchies of whiteness, masculinity, youthfulness, and ability, are excluded socially from those who do (Fusco, 2006; Pronger, 2002).

One of the ways that techniques of surveillance in the gym operate is through principles of visibility (Foucault, 1977; Spielvogel, 2002). Gyms are usually organized so that members are visible through windows, glass walls, video cameras, televisions, mirrors, and wide spaces which encourage looking and let the exerciser know that he or she might be watched at any time (Pronger, 2002; Spielvogel, 2002). The ways that exercisers are positioned in exercise classes and in other areas of the gym maximize

visual performance, audience scrutiny, and self-monitoring (Pronger, 2002; Spielvogel, 2002).

Gyms are also places where the movements of bodies are regulated and spatially distributed (Fusco, 2006; Spielvogel, 2002). For example, bodies are regulated according to expectations of gendered behaviour or performance. Specifically, Butler's (1999) concept of performativity suggests that gendered behaviour involves repetition and ritual. Gendered behaviour is "manufactured through a sustained set of acts, posited through the gendered stylization of the body" (Butler, 1999, p. xv). Thus, gyms are places that encourage gendered rituals and expectations of gendered behaviour. For instance, commercial fitness clubs often offer cardiovascular activities and aerobics for women, with the assumption that women exercise in order to lose weight (Dworkin, 2003; Spielvogel, 2002). Conversely, these spaces promote heavy strength training for men who are presumed to desire to increase their body size through the development of muscle (Dworkin, 2003; Spielvogel, 2002). The gendered space of the women's-only gym was the focus of a study by Leeds Craig and Liberti (2007). The researchers found that the women's-only gym was a space that reproduced gender norms of non-judgemental, non-competitive sociability for women. The space was organized by arranging the equipment in a circle, so that it was difficult for women to avoid making eye contact or engaging in social interactions with other members. This circular spatial configuration encouraged a "culture of sociability" (Leeds Craig & Liberti, 2007, p. 676), which stressed compliance with a collective way of behaving (being social) that could only be resisted with difficulty (Leeds Craig & Liberti, 2007). Members who avoided eye contact or refused to participate in conversations with others, then, appeared to be

behaving rudely and in violation of social norms, in comparison to the behaviours of other members (Leeds Craig & Liberti, 2007). Thus, the gym was organized according to the assumption that all women desired sociability, and forced members to comply with these expectations of gendered performance, regardless of whether or not they wanted privacy and opportunities for self-reflection.

In addition to directing the movements and behaviours of exercisers, gyms may also be spatially mapped in ways that obstruct participation by some groups in society. Rolfe et al., (2009) investigated some of the barriers to exercise for disabled women and found that exercise facilities were often not accessible to disabled exercisers as a result of the configuration of the buildings as well as a lack of transportation options. The researchers also found that many facilities would not adapt exercises for disabled participants (Rolfe et al., 2009). In this way, the facilities regulated and excluded bodies that did not fit into normative societal expectations (Douglas, 1991; Sibley, 1995).

Hierarchical relationships at gyms and fitness spaces are also reinforced through group norms and collective behaviours. For instance, Crossley (2008) conducted ethnographic research on a private health club and determined that a high level of social integration among some members created a power differential that disadvantaged those who were less integrated. Crossley's (2008) research focused on a fitness class with regular members; he found that the atmosphere of the class changed due to the behaviours of the integrated group who talked while exercising, played jokes, and subverted class routines. Crossley (2008) contended that these behaviours changed the experiences of the class for other individuals who were excluded from the core group of members. Specifically, the integrated group was able to act in ways that an individual

could not, and those who were marginalized expressed their alienation from and intimidation by the dominant group (Crossley, 2008).

Even clubs that appear to challenge norms may unknowingly reproduce them. For instance, in her study of a running club for sexual minorities, van Ingen (2004) found that while the club attempted to be inclusive by providing a safe running environment for sexual minorities, its membership consisted of predominantly young, fit, upper middle class homosexual men. The attitudes and values of the club reflected an emphasis on a high level of fitness and the ability of the group's members to remain disease free through personal effort and the pursuit of a healthy lifestyle. In this way, the group excluded people living with HIV or AIDS as well as trans-gendered individuals, overweight and unfit individuals, and socio-economically disadvantaged people (van Ingen, 2004).

Despite the fact that gyms are places that regulate bodies, this does not necessarily mean that exercisers are rendered passive and powerless. Gym spaces can also be places of meaning and identity construction for those who use them (Andrews, Sudwell & Sparkes, 2005; Gimlin, 2002; Seippel, 2006). For some, gyms can be comfortable spaces where exercisers do not perceive negative societal perceptions regarding their bodies (Andrews et al., 2005). Additionally, gyms may be perceived as places where individuals can transcend gender norms; for instance, as previously mentioned, a study by Gimlin (2002) found that women in aerobics classes found activities such as stomping, sweating, and yelling to be liberating because these activities transgressed gender norms. In addition, exercise facilities may also be arenas where people are able to express different facets of their personalities. For example, a study by Andrews et al. (2005), found that

male gym members who were seriously engaged in bodybuilding found that the gym was a place where they could express themselves as more confident, powerful, and aggressive than they could outside of the gym. At the same time, the experiences and meanings derived from participation in exercise activities at gyms vary according to members' social backgrounds and their previous experiences with physical activity or sport (Seippel, 2006). For instance, those who have had lifelong associations with sports and exercise, and those whose social backgrounds afforded them opportunities to participate in such activities, will be more likely to derive positive meanings from their past and current experiences (Seippel, 2006). Notwithstanding the aforementioned studies, however, little attention has been given to exploring the individual meanings of exercisers, especially those of older adults within specific age-designated milieus. In fact, as Andrews et al. (2005) state, the study of fitness spaces deserves more serious consideration, especially in terms of the "ways in which these places are perceived as being safe, healthy, and welcoming" (p. 889).

#### *2.4 Ageism*

Older adults' experiences of exercise are influenced by ageism, which may be defined as discrimination against people on the basis of chronological age (Butler, 1980; Bytheway & Johnson, 1990) and as the negative meanings given to bodily changes and other characteristics culturally perceived to be related to aging (Cruikshank, 2003). Bytheway (1995) describes ageism as "a set of beliefs originating in the biological variation between people and relating to the aging process [which] generates and reinforces a fear and denigration of the aging process, and stereotyping presumptions regarding competence and the need for protection" (p. 14). Pointing out that "the attempt

to distance ourselves from those who are old and from our own aging often centers upon our bodies” (p. 8), Calasanti and Slevin (2001) argue that ageism is different from other types of oppression for two reasons. Firstly, we will all face the disadvantages that come with aging if we live long enough to do so because we are living in an ageist culture (Calasanti & Slevin, 2001). Secondly, since we learn ageist attitudes from the time we are born, and since we all age, we “ultimately oppress ourselves” (Calasanti & Slevin, 2001, p. 8), either by trying to avoid the process of aging or by losing “self-esteem because of the selves we feel we are becoming” (Calasanti & Slevin, 2001, p. 8).

The concept and experience of ageism has been discussed and explored in a myriad of ways. From a theoretical perspective, age categories separate young from old by constructing young as normal and old as ‘other’ (Bytheway, 2005; Gullette, 2004; Hagestad & Uhlenberg, 2005; Hurd, 1999). Ageism may be rooted in a collective fear about our future selves (Nelson, 2005) or shifts in economic and employment patterns (Coupland, 2009; Gullette, 2004). It may also be experienced via stereotyping, age discrimination, and perceived intergenerational inequities (Cruikshank, 2003; Gullette, 2004). The belief that the aging process is to be both feared and managed is perpetuated through stereotypes and cultural prescriptions. For example, older adults are stereotyped as being ill, frail, bored, a waste of public resources, and unable to contribute to society (Higgs, Leontowitsch, Stevenson & Jones, 2009). According to Cruikshank (2003) some cultural prescriptions for older people (referred to by Cruikshank as myths about aging) include individualism, self-reinvention, and prescribed busyness. While Cruikshank defines the myth of individualism as a focus on self-reliance, perseverance, and competition, she suggests that the myth of self-reinvention entails the belief that we can,



and should, re-invent ourselves on a continuous basis. For older adults, both myths may involve ideas such as changing where one lives, or pursuing a new career, hobby, or sport. Cruikshank describes the myth of prescribed busyness as an association between being busy with the perception of one's worth and mental competence. Therefore, older men and women who keep busy deflect associations with "frailty, disability, slowing down [and] dependence" (p. 160). Other cultural prescriptions for seniors include the assumptions that older adults are helpless and in need of care, or that they have abundant mental and temporal resources that oblige them to help others (Cruikshank, 2003). Such stereotypes serve to homogenize older adults' experiences and limit their varying approaches to growing older.

It has been well documented that men and women experience ageism in different ways. Calasanti and Slevin (2001) argue that for women, there is a greater emphasis on avoiding age-related changes to appearance, such as wrinkles, grey hair and sagging skin. Because appearance carries more social capital for women than men, both younger and older women may have higher levels of body dissatisfaction than their male counterparts. Since age-related physical appearance changes transgress both beauty and youthful norms, older women have even greater pressures than younger women to conform to appearance norms (Calasanti & Slevin 2001; Calasanti, 2005). Several studies on fitness practices for both older and younger women have demonstrated that fitness instructors place extreme emphasis on appearance modification and physical fitness improvement (Leeds Craig et al., 2007; Martin Ginis et al., 2003; Fleming & Martin Ginis, 2004; Poole, 2001).

While older women experience pressure to conform to appearance norms of beauty and youthfulness, older men's bodies are "marked in terms of what they can do" (Calasanti & Slevin, 2001, p. 10). Thus, for men, "appearance means looking like one can 'perform'" (Calasanti & Slevin, 2001, p. 10). Although societal imperatives to be active in a general sense (hobbies, household activities) and in a physical fitness sense (sports and exercise) pertain to both men and women, men may experience more pressure to be active and physically fit than women (Calasanti, 2005; Calasanti & Slevin, 2001). Because normative notions of masculinity are tied to youth, heterosexuality, physical and sexual prowess, and economic production, men may experience greater pressure to avoid the perceptions of performance-related changes such as disability, incompetence, and frailty (Calasanti, 2005; Slevin, 2008). Practices such as fitness and athletics are some of the ways that older men may counter challenges to their masculinity. Several studies have explored the ways that men align themselves with dominant male characteristics in and through sport and fitness activities. In a study of disabled men who played wheelchair rugby, the athletes were shown to embrace extreme muscularity, violence, and aggression in order to portray dominant notions of masculinity and deflect from their disabilities (Gard & Fitzgerald, 2008). Slevin (2008) interviewed both gay and heterosexual older men in order to explore how they attempted to use fitness practices to deal with societal stigma concerning their aging bodies. She found that both heterosexual and gay older men engaged in fitness and body maintenance activities that emphasized a youthful appearance (Slevin, 2008). The author concluded that the men disciplined their bodies in order to attain normative standards of youthfulness in both appearance and performance (Slevin, 2008).

Several studies have shown that older adults may use distancing strategies to deal with the societal realities of old age. Cruikshank (2003) suggests that while these strategies are a form of denial, they may also be a reasonable response to ageism, in that they are “a way of resisting oppressive expectations of sickness or decrepitude ... seeing oneself as an exception, a queen bee of aging, [which] limits awareness of the large social and cultural factors that shape the category ‘old’” (p. 11). Older men and women may distance themselves from ageist stereotypes and from the social category of old people because they consider their own aging experiences to be exceptional and because they do not see themselves as fitting ageist stereotypes (Furman, 1997; Oberg & Tornstam, 2001). For example, a study by Hurd (1999) found that members of a senior’s centre in central Canada rejected the label “old” and endeavoured to maintain identities that defied ageist assumptions by using activity and group affiliation. The members tended to define themselves “in terms of who and what they [were] not” (Hurd, 1999, p. 436), specifically distancing themselves from individuals they perceived to have embraced and embodied ageist stereotypes. Similarly, Oberg and Tornstam (2001) demonstrated that chronologically old people tended to resist being labelled as old, and instead identified themselves as younger in order to disassociate themselves from a collective and disparaged aged identity.

### *2.5 Successful Aging*

Rowe and Khan (1998) define “successful aging” as a multidimensional capacity of human beings to avoid disease and disability by creating opportunities to maintain high physical and cognitive function, while increasing the likelihood of sustaining engagement in social and productive activities. The achievement of successful aging, or fit aging, is linked to discipline, health, and independence (Horton & Deakon, 2007;

Oberg & Tornstam, 2001); individual effort is promoted as a means to prevent bodily decline. As well, successful aging is connected to the imperative for older adults to keep active socially and to maintain personal interests or hobbies, which may be achieved in part through memberships in fitness, sport, or other activity groups (Katz, 2000). The notion of successful aging has moral undertones, and in this way it is linked to the concept of healthism, which is defined as the “moral imperative” to attend to both health and aesthetic aspects of the body (White, Young & Gillett, 1995, p. 159). Fitness programs are promoted and designed as ways to achieve body ideals of youthfulness, slenderness, and muscularity, which serve as symbols of health (Crawford, 1980). Thus, the fit body is culturally valued for its symbolic representation of both moral and physical health (Crawford, 1980; Oberg & Tornstam, 2001; White, Young & Gillett, 1995). Successful aging aligns itself with medical discourses, in that aging is viewed as a disease to be remedied through various measures including diet and exercise; it has thus been criticized by sociologists for embracing and reinforcing ageism (Cruikshank, 2003; Holstein & Minkler, 2003). Older adults who lack the ability, means, or desire to exercise, including those who are marginalized by gender, race, class, ethnicity, or disability, face obstacles that render it difficult or impossible to age properly according to successful aging discourses; in fact all older adults who are sick or disabled will be personally blamed for their failure to age successfully (Holstein & Minkler, 2003). Other discourses linked to successful aging include the medicalization of the aging body and governmentality, which will be discussed in the following sections.

### 2.5.1 *Medicalization, Risk, and Exercise in Later Life*

Lupton (1999) contends that the practice of medicine in Western societies has increasingly exerted influence upon social life, so that social problems become more and more “medicalized” (Zola, 1972, p. 487). In this way, the medical profession constrains and dictates how individuals should behave, resulting in the further marginalization of less powerful groups (such as older adults) by constructing problems (such as aging) as medical issues. According to Foucault (1977), power operates within society as a network of relations directed and produced through discourses, which serve to produce some types of behaviour and limit others. Within contemporary culture, risk discourses directed at older adults construct health risks in relation to health or lifestyle choices made by individuals, placing emphasis on individual action and self-control (Lupton, 1999; Shilling, 2005). Biomedical exercise techniques are promoted through medical discourses, which identify “epidemiological pathologies” (MacNeill, 1999, p. 219) in individuals even before they occur and offer “fitness as a *prescriptive* dose of preventative medicine” (MacNeill, 1999, p. 219, italics in original). Therefore, fitness discourses are often permeated with ideas about the body needing medical intervention and prevention through the practice of exercise (Hughes, 2000). Within the realm of medical and fitness discourses, both the body and behaviour become medicalized as the new model of medical prevention envisions unlimited sites for intervention and surveillance (Epstein, 2004).

Fitness discourses aimed at older adults are often contradictory, constructing aging as an internal risk while simultaneously constructing exercise as both a remedy for this risk, and an external risk in itself. Aging in contemporary society is considered to be

an internal risk because it is discursively equated with disease, disability, and death (Lupton, 1999). Individuals are considered to be at risk due to the aging process (Hughes, 2000; Lupton, 1999). Therefore, certain risk-avoidance activities such as exercise become moral behaviours related to self-control, self-knowledge, and self-improvement (Horton & Deakon, 2007; Hughes, 2000; Lupton, 1999). However, fitness discourses also predict the external risk of injury (Lupton, 1999) from the practice of exercise (for older adults in particular) when it is not through the intervention and under the control of experts (Wheatley, 2005). For instance, Wheatley (2005) found that discourses within cardiac rehabilitation clinics promoted internal and/or biological risks within patients as reasons for them to exercise, while simultaneously constructing the practice of unsupervised or unmedicalized exercise (that which is not under the surveillance and control of medical and fitness experts) as risky.

### *2.5.2 Governmentality*

Historical fears about weak bodies needing physical reinforcement through exercise are reflected in contemporary health and aging discourses, which are saturated with the idea that aging is synonymous with decline (Gullette, 2004). The fear of aging in general has been replaced with a more specific fear of aging with a disability (Angus & Reeve, 2006). Both the government and the fitness industry promote fitness practices as a means for individuals to avoid becoming dependant upon the state due to disability, decline, or illness (MacNeill, 1999). In discourses of productive citizenship, Canadians are targeted directly through government policy and indirectly through public service announcements to take responsibility for their health and all aspects of old age, including retirement (MacNeill, 1999; Rudman, 2006). Therefore, the fear of aging is intrinsically

linked to a need for older people to demonstrate fitness on a personal and societal level (Enloe, 1990). The governmental concept of health knowledge “implies a body that is active in the production of its own well-being” (Hughes, 2000, p. 22), and is promoted through “words to live by” (Hughes, 2000, p. 22). Thus, governmental technologies of productive citizenship are driven by fiscal conservatism and aim to “reinforce the state itself” (Foucault, 1988, p. 150).

## *2.6 Theoretical Framework: Symbolic Interactionism and Foucauldian Theory*

As well as being grounded in the extant research, my study draws on two theoretical frameworks, namely Symbolic Interactionism and Foucauldian theory.

### *2.6.1. Symbolic Interactionism*

Blumer (1969) originally defined three key principles of Symbolic Interactionism: the way we behave and act are based on the meanings that these things have for us, meanings arise from our social interactions, and meanings are changed by the way we make interpretations in order to understand our interactions (Blumer, 1969).

Consequently, Symbolic Interactionism is concerned with the construction of meaning and identity in everyday life (Prus, 1996). People develop meanings and joint understandings by learning the shared language and symbols of their social environment; hence, Symbolic Interactionists maintain that to fully understand the complex and dynamic nature of human behaviour, we must study the meanings that individuals construct and attribute to their lives, identities, and behaviours (Prus, 1996).

Goffman, (1959) has argued that the construction and negotiation of meanings involves complex strategies designed “to convey an impression to others which it is in his

interests to convey” (p. 4). For older adults, these strategies may be used to avoid ageism or the exclusionary effects of stigma (Goffman, 1963) related to old age and aging. Strategies of impression-management include spoken communication, or expressions given (Goffman, 1959), and non-verbal communication. Defining stigma as any attribute that devalues an individual’s social identity so that he or she is disqualified from full social acceptance, Goffman (1963) identified the three main types of stigma as physical defects, personal weakness or blemishes of character, and social stigmas based on affiliation. Older adults face stigma based on physical appearance due to the process of aging, in which a youthful appearance is considered normal, while wrinkles and grey hair are not. In addition, older adults must contend with stigma based on blemishes to their character if they demonstrate signs of disability or mental incompetence. Finally, older adults are likely to be stigmatized based on their association with others of their age group, who are stereotyped in predominantly negative ways. Thus, older adults will engage in behaviours that help them to avoid all three types of stigma and to present themselves in positive ways.

Building on the work of Blumer (1969) and Goffman (1959, 1963), West and Zimmerman (1987) have suggested that gender is constructed through interactions with others. Specifically, West and Zimmerman (1987) contend that “doing gender is a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as masculine and feminine natures” (p. 126). Thus, gendered behaviour is both role enactment and display (Goffman, 1959). In this respect, gender is manufactured through acts and presumptions (Butler, 1993, 1999), and is also situational, processual, and intersubjective (Prus, 1969).



### 2.6.2 *Foucauldian Theory*

The second and complementary theoretical framework that informed my research was Foucauldian theory (Foucault, 1977, 1990). Specifically, I drew upon Foucault's theories of power, discourse, space, and biopolitics. According to Foucault (1977), "ideological power operates through a system of normalization and knowledge production" (p. 103). In relation to older adults and exercise, this may happen in several ways. Firstly, the application of power is exercised through the vehicle of discourse and utilizes methods of time, everyday movements, habits, the body, and even the soul (Foucault, 1977). According to Foucault (1977) cultural discourses may be seen as a system of thoughts composed of ideas, courses of action, beliefs and practices that shape the way individuals understand and act in the world.

Power also operates through the organization of space and the governance of useful bodies. According to Foucault (1977), a well-governed society requires the disciplining and organization of space that establishes "presences and absences ... locate(s) individuals... set(s) up useful communication... (and it is) able at each moment to supervise the conduct of each individual, to assess it, to judge it, to calculate its qualities or merits" (Foucault, 1977, p. 143). Within exercise spaces, bodies become "useful" through subjection, use, transformation and improvement (Foucault, 1977, p. 137). This "docility-utility" of the body, enacted through time, space, and movement, results in the creation of modern "disciplines" such as fitness (Foucault, 1977, p. 137). Exercise practices center upon the idea of the body as a machine, which is rendered docile through the practice of discipline and the improvement of its capabilities (Fusco, 2006; Pronger, 2002). Methods such as training, surveillance, and normalization are thus

techniques of power based on the body, allowing for a more effective governance of society (Fusco, 2006).

Another way that power is applied in fitness discourses and practices involves regulatory measures that focus on the management of the population, or what Foucault refers to as biopolitics (Foucault, 1990). Biopolitical techniques include the calculation of available resources for citizens; for instance, discourses of fitness for older adults are presented in the context of a growing population of older people who must remain healthy in order to avoid bankrupting the health care system (MacNeill, 1999). Thus, the growing cultural field of fitness aimed at older adults has emerged in order to discipline bodies to aid in the administration of the collective social body (Foucault, 1990). Foucault (1990) contends that “power over life” (p.139) concerns both the disciplined, individual body and the collective body. Fitness discourses and techniques aimed at older adults may be viewed as techniques for achieving both the subjugation of older bodies and the control of populations through what Foucault (1990) refers to as “biopower” (p. 140). Biopower is related to the ways in which people govern themselves, in part through the adoption and use of knowledge produced by experts.

## **CHAPTER THREE: METHODOLOGY**

In this chapter, I describe my multi-method design of interviews, observations, and participant observations, the characteristics of my sample participants, and the processes I used in analyzing my data. I will then provide the rationale for my study as well as my choice of method. In addition, I will reflexively situate myself in the research process.

### *3.0 Study Design and Procedures: Interviews*

With the consent of the management of the fitness program, I used information posters at the gym and snowball sampling methods to recruit six men and six women for my study. Each participant was interviewed twice for a total of 20.5 interview hours. Participants were asked about their decisions to join the program, their experiences in the classes that they attended, their interactions with other members, and their perceptions of aging, exercise, and the gym (see Appendix B). The second interviews were scheduled three to four weeks after the first interview in order to allow for transcription and preliminary analysis of the data and were used to solicit further information about the participants' experiences at the gym as well as to follow-up on issues raised in the first interview. Prior to the start of the first interview, participants were asked to read and sign information and consent forms (Appendix A). They also filled out a biographical data sheet (please see Appendix C) that requested basic information about their age, education, income, occupation, and health status.

### *3.1 Study Design and Procedures: Observations and Participant Observations*

In addition to interviews, I conducted focused observations of the participants while they attended the fitness gym. Each participant was observed an average of two

times and each observation lasted approximately 30 minutes for a total of 12 observation hours. I also engaged in seven hours of participant-observations whereby I attended classes and worked out on the machines along with my study participants in order to better understand what it was like to be a member of the gym. While participating and observing at the gym, I noted other characteristics of the program such as temperature, noise, the number of people in attendance, lighting, and other factors; I was careful not to observe members who were not part of my sample and had not given consent to be observed.

Immediately after the observation sessions, I wrote detailed field notes either on paper in a private area of the building (such as the washroom) or on my laptop computer in my car in the parking lot adjacent to the gym. Hand written notes were transferred to my computer as soon as I was able to do so, generally within a few hours of the observation session. These notes were entered into word documents and were ordered by date and time. In addition to writing field notes, I also wrote personal notes, which contained my own feelings about what I observed as well as my experiences of conducting the interviews. These notes were used as a tool to help eliminate bias, but were not used directly as data.

### *3.2 Method Rationale*

My research, which employed multiple methods, differed from mixed method research, which uses both qualitative and quantitative forms (Creswell, 2008; Patton, 2002). It also differed from ethnography, in which a researcher studies an entire cultural group over a prolonged period of time (Creswell, 2008), as I studied only 12 members of a group over a short period of time and in a more focused manner. Qualitative multi-

method research refers to the use of two or more qualitative methods, and is especially valuable when applied to exploratory research (Brewer & Hunter, 1989). The use of interviews and observations together is particularly helpful when conducting research in areas that are relatively new or changing, as these methods honour an “inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation” (Creswell, 2008, p. 4).

Each of the methods used in this study had important strengths that warrant further elaboration. Semi-structured interviews that employ open-ended questions allow the research process to be inductive, grounded in the data, flexible, and able to respond to the emergence of new themes and ideas (Britten, 2006; Rubin & Rubin, 1995). Open-ended questions enable participants to speak freely and at length, and thereby make it possible to learn not only what the participant has to say about the questions asked, but also about how the participant constructs his or her self in relation to the topics of research (Gubrium & Sankar, 1994). The use of multiple interviews with each participant provides an opportunity to explore the topic in greater depth while also affording self-reflection by both the participants and the researcher (Glaser & Strauss, 1967).

Similarly, observational methods are particularly useful when studying group meanings, relationships, and roles (Lofland & Lofland, 1984) and provide additional important contextual information that is not obtainable through interviews (Patton, 2002). Observations also provide insights into the interactions between groups by capturing the data in the actual circumstances in which they occurred (Mulhall, 2003).

While the combination of observations and interviews has not been widely utilized in aging research, this design allowed me to more fully investigate the social world of participants. A similar research design was used by Poole (2001) in her study of older female exercise instructors. While observations were used to establish the study context and learn “the language spoken in the field setting” (Denzin, 1992, p. 31), most of her findings were based on the data she obtained through in-depth interviews.

### *3.3 Sample Characteristics and Rationale*

While my sample was diverse with respect to age and health status, the participants were predominantly White, upper middle class, well-educated, married individuals of Northern European descent. The average age of the men in the sample was 73, while the average age of the women was 67. The men were highly educated, with four having completed graduate school. Only one of the women had a graduate degree, although five had attended college or university. Most of the men had predominantly worked in occupations such as academia and architecture. In contrast, most of the women had worked in positions such as teaching, administration, and social work. Despite the fact that the men had higher levels of education and had worked in occupations with higher salary levels than the women, the women came from households that had higher annual incomes than the men. The average yearly income of the men was approximately \$55,000, and the average income of the women was approximately \$60,000. All 12 participants had had at least one health condition which continued to be a source of concern or that had been a pressing issue at the time of joining the program. The most commonly cited health problems among the men were heart and back

problems, the most frequently reported health concerns for the women were osteoporosis and back and joint problems.

<b>Table 1</b>		
Sample Characteristics	male = 6	female = 6
Age	n = 6	n = 6
60-65	0	3
66-69	2	2
70-75	3	0
76-80	0	1
81-85	1	0
Country of Origin	n = 6	n = 6
Canada	4	5
Other	2	1
Marital Status	n = 6	n = 6
Currently Married/Common-Law	5	4
Widowed	0	2
Never Married	1	0
Education	n = 6	n = 6
High School	1	0
College/University	1	5
Graduate School	4	1
Household Income	n = 6	n = 6
\$20-30,000	1	1
\$50-60,000	3	1
\$60-70,000	1	0
\$70, 000+	1	4

**Table 2**Health Status Experiences<sup>1</sup>

	Men n=6	Women n=6
<b>Health Conditions</b>		
Heart Problems	4	0
Asthma	0	2
Arthritis	1	2
Osteopenia/porosis	0	5
Back problems	3	5
Previous cancer	1	2
Other	3	1
<b>Other joint problems</b>		
Knee	0	4
Hip	0	1
Hand	0	1
Foot	0	2

The decision to have a sample size of six male and six female members was based on previously conducted ethnographic projects which were also focused on health and aging (Nadasen, 2008; Poole, 2001). These projects employed a similar research design and reported that strong themes emerged in groups of a similar size. Strauss and Corbin (1998) have stated that themes begin to emerge after several interviews with a homogenous sample. The sample size chosen was big enough to collect a large amount of data but small enough to consider each narrative in detail (Denzin & Lincoln, 2005). In addition, my decision to interview 12 members was also based on the fact that as a Masters student, I needed to complete the project within a specific time period and with limited resources.

### 3.4 Data Analysis

The analysis of data was done in three steps: Data management, coding, and in-depth analysis (Hammersley & Atkinson, 1995). Commencing data analysis during data

<sup>1</sup> Some members had more than one health condition



collection enabled me to continually refine my interview questions and to clarify and test ideas that emerged in the interviews (Hammersely & Atkinson, 1995; Hurd Clarke, 2003). This process included an examination of the relationships between themes or categories in the data and an investigation of how these themes were shaped and constrained by the social locations of study participants. The final stage of analysis involved drawing conclusions, as I then related my research data to theoretical and substantive literatures (Hammersely & Atkinson, 1995). Analysis began as soon as data was collected in order to help to avoid researcher bias, as themes or concepts only earn their way into theory by repeatedly being present or becoming significant due to their absence (Corbin & Strauss, 1990). The data from the field notes and interviews were then immediately analyzed to search for common concepts. Subsequently, concepts were built into categories. These emerging categories were then used to direct further observations and inform interview questions. This was done in order to test emerging hypotheses about possible relationships among the categories (Corbin & Strauss, 1990).

Following the interview transcription, the transcripts and field notes (which had been written after each observation session) were read and re-read to search for meaningful categories or themes, based upon the process of open and axial coding by Strauss and Corbin (1998), in order to generate an initial code book. This code book contained 16 broad analytical groupings: women's opinions of men, men's opinions of women, women's opinions of their bodies, socializing at the program, socializing away from the program, the core group, health status experiences, who are the members, culture of couples, views on staff, views on aging, reasons for exercising, appropriate and

inappropriate exercises for older adults, women, femininity, and exercise, men, masculinity, and exercise, and expert knowledge.

The data was uploaded into NVivo, a software program used for the management and analysis of data. I then selected parts of the interviews and field notes and assigned them codes, thereby reducing them into meaningful analytical categories (Miles & Huberman, 1994). Using the codebook as a guide, the transcripts were reduced into ‘chunks’ that were selected, categorized, and separated into broad analytic groupings (Hammersley & Atkinson, 1995). Then, sub-codes were generated through the reading and re-reading of each code as well as through discussions with my supervisor, Dr. Laura Hurd Clarke. During the process of data management and analysis, one of the 16 codes, namely “reasons for exercising”, was determined to contain too little data for analysis and was, therefore, eliminated. The remaining 15 codes were reduced to sub-codes; 11 of the codes contained between one and four sub-codes, and four of the codes did not contain sub-codes.

### *3.5 Reflexivity*

Since researcher bias has been identified as a potential problem in ethnographic work (Hammersley & Atkinson, 1995), I was very aware throughout the research process of the need to find tools that would assist my awareness of potential biases. My social location as a middle class, White female and my status as a personal trainer were both a help and a hindrance to the research process. As previously discussed, I regularly wrote personal notes after data collection sessions, which allowed me to process my thoughts on the research process, work through personal emotions that came up, and bring to my awareness any biases that were becoming evident.

One of the challenges I faced in doing this research was explaining my role at the gym. For example, while recruitment was an easy process because the participants were enthusiastic about being members of the gym, they often assumed that I was there to evaluate the program and seemed concerned that my findings might threaten the program's status or might be relayed to the program staff. Thus, whenever participants inadvertently began to speak negatively about either the program or the behaviours of other members, they often cut themselves off, changed the subject, or re-worded what they had begun to say so that it was positive in tone and content rather than negative. This tendency was more common in the women than the men. As well as resulting from confusion over my role, this issue may be explained through Goffman's (1959) assertion that individuals present themselves in a way that may reflect most favourably on them; the participants may have wished to present themselves as positive and enthusiastic rather than according to stereotype that older adults tend to complain excessively. In addition, the fact that women were less likely to speak negatively (especially about the men) may be attributed to their compliance with dominant notions of gendered hierarchies.

A more troublesome problem that I faced was how to avoid making program or exercise suggestions. During interviews and observations, members sometimes had difficulties with their exercises, either performing them incorrectly or indicating that they were unsure about their technique or the appropriateness of a particular part of their routine. Since I had the knowledge to be helpful, I found it extremely difficult to avoid providing advice. While I struggled with my own impulse to render assistance, this proved even more challenging because I was often asked by participants for my opinion

on their exercises. Whenever possible, I avoided doing so; however, it did prove to be problematic, as this example from my personal notes shows:

*Today I was approached by a male member who asked me to show him how to use the leg extension machine. At first I was a little surprised, because I'd assumed I'd 'gone native' and was one of the group, just another member using the facility. However, I obviously must stand out in some way, perhaps because I've been a trainer for so long. I think this situation will be helpful, though, because it will help me to see how others perceive me ... I assumed I wouldn't be mistaken for staff. Wrong! I did end up showing the member how to use the machine, but I explained to him who I was (not a staff member, just a student doing research). That didn't seem to faze him at all ... [he seemed to assume] I was in a position to help him. I didn't tell him that I work as a personal trainer, I don't know why he assumed I could help! This is a difficult situation, because I'm worried about any liability issues since I don't work for the program. On the other hand, I am a guest at the facility, and I don't want to appear rude or unhelpful. It's also in my nature to be helpful since I have the knowledge. I feel that I should help. I'm just assuming that as long as I am upfront, and explain that I'm not staff but just a student, that it's clear that my assistance is not 'expertise' but just another 'member' giving a little help. Nonetheless, the situation is uncomfortable.*  
*Personal Notes, May 23, 2009.*

An additional challenge in my desire to avoid bias came from my familiarity with fitness clubs and exercise environments. Writing my personal notes, as well as reading and rereading my transcripts before the second interview, and soliciting feedback from other researchers all proved to be helpful strategies in dealing with my biases. As Dr. Hurd Clarke worked closely with me, through the reading of my transcripts she identified that I had a tendency to assume I knew what participants meant rather than asking them to elaborate, and that I tended to slip into the role of trainer by unconsciously indicating approval. I countered these tendencies through numerous practice interviews and constant self-evaluation, and I learned to adapt an “attitude of strangeness” (Neuman, 2003, p. 375) by learning to see the familiar in new ways, and always to ask my participants to elaborate on important points, even though I might have thought I

understood what they meant. This “attitude of strangeness” also helped me to avoid unconscious body language signalling my feelings about what was being said.

## **CHAPTER FOUR: FINDINGS**

This chapter reports on my investigation of what it is like to be a member of a fitness program designed for older adults. Specifically, I examine the group values, attitudes, and behaviours that affected members' experiences and I provide an overview of how participants' experiences of the program were shaped by their gender.

### *4.0 Study Setting*

In order to contextualize the physical realities of daily life at the program, it is necessary that I describe the setting of the program. The fitness program for older adults was available, regardless of health status, to all who were aged 60 and older (although those who were younger than 60 could be admitted by the program administration on a case-by-case basis). As of March 4, 2010, costs for the program were \$250 for a six-month pass and \$470 for a 12-month pass. Spouses of current members could receive a 12-month pass at a discounted rate of \$187. Program membership included access to a variety of classes that were designed for older adults and which were held several times a day. These classes consisted of activities such as cycling, sports drills, balancing exercises, strength exercises, and stretching. Program members could also use the cardiovascular and strength training equipment without extra charge, and could participate in yoga classes for \$13 per class. Personal training was also available, and members could choose to work with a trainer who held basic certification levels for \$50 per session, or one with advanced certifications (such as specialty training for clinical populations) for \$65 per session. Members with 12 month memberships were entitled to three visits with either a basic or advanced personal trainer free of charge, and members

with six-month memberships could see either type of trainer two times without paying extra.

According to my observations and the opinions of my study participants, the busiest times of day for the program were between eight and 11 in the morning. During these hours, the majority of people working out in the gym were the program members. In contrast, younger adults largely populated the gym in the evening, with only one-quarter of attendees being comprised of older adults. The gym was closed every week day afternoon between one-thirty and three.

The structure of the gym space was conducive to sociability. The gym was housed in one large open room with separate activities going on in various sections of the space. Members worked out on cardiovascular machines such as treadmills, stair climbers, and elliptical machines in the south side of the room, lifted free weights in the northeast corner of the room, and used weight machines on the east wall of the room. A large mat was located on the south wall near an exit door, and another on the north wall adjacent to the gym entrance where members would lay down to stretch. Cycling classes took place in the north east/centre of the room. During very busy times, thirty or more members might be using various sections of this room, and everyone in the gym could see what everyone else was doing. Members could easily view their friends or acquaintances working out, and they would often approach each other in order to chat. However, privacy was also not an option, and those who did not want to be approached would have difficulty avoiding conversation. Much socializing also took place in an area where members stored their personal belongings. Rather than using the locker rooms, most members stored their gym bags and coats near the entrance way, beside the front

desk. This was a meeting place for many members, who chatted with the front desk person (generally a class instructor who was there to provide supervision, but who was usually seated at the desk) and with other members as they came in the room. However, since everyone had to pass through this area when they entered the gym, those who wished to avoid socializing may have had difficulty doing so.

A total of 20 fitness classes per week were offered to members. Five times per week, from seven to eight in the morning, an “endurance” cycling class of high intensity was attended by approximately five to ten members. The class included a warm-up, 45 minutes of cardiovascular drills, and ten minutes of stretching. This same format was also offered two evenings per week, from five-thirty to six-thirty, with approximately four members in attendance at these times. While the atmosphere before, during, and after these classes was congenial, social activities such as chatting were brief. During these times, members generally entered and left the gym quickly, or moved on to other activities such as working on the machines, directly after classes ended. The gender ratio in the endurance classes was approximately equal numbers of males and females in the morning, and approximately three-quarters male to one-quarter female in the evening.

“Regular” style cycling classes also took place nine times per week. The format of the “regular” class was a short warm-up, approximately twenty-five minutes of moderate intensity cardiovascular drills, and ten minutes of stretching. The first class of the day started at eight in the morning, and this class used the bikes until eight-thirty, at which point the eight o’clock class moved off the bikes and finished in the stretching area so that the second “regular” class of the day, (starting at eight-thirty), could begin using the bikes. The atmosphere of these classes was quite social; however, the combination of



a high level of noise and large number of people in the gym during these times rendered chatting somewhat difficult. A slightly higher proportion of females attended the “regular” classes.

The most popular classes were the “combo” classes, which consisted of a warm-up, thirty minutes of cycling, twenty minutes of strengthening and balance training, and ten minutes of stretching. Between 11 and 15 people (approximately six to eight women, and five to seven men) attended the cycling portion of the combo class, with approximately four or five members (mostly females) leaving the class after the cycling ended. Directly after the cycling, the remaining seven to 11 members participated in a variety of strength exercises and balance and sports drills. Instructors with varying sports backgrounds often included their favourite sports-related drills or exercises in the curriculum, which sometimes involved competitive games with partners or teams. During these types of activities, much laughter and joking took place. The men were more likely to assume leadership roles than the women, and participated in these activities with much energy and enthusiasm. Sometimes balls were thrown in the air, or team relays were performed; at times these activities encroached on the stretching space or areas where others were working out. However, on warm or sunny days, these drills were enacted outdoors, and away from other members.

A great deal of socializing happened during and after the “combo” class. During the class, the men were more likely to make jokes directed toward the whole class, while the women often chatted briefly with each other in groups of two or three. After class, members often congregated near the front desk or in other areas of the gym to chat before they moved on to work out on the weight training equipment. Members would often also

approach others who were working out in various areas of the gym in order to chat; some chats were brief, lasting just a few minutes, and some lasted 20 to 30 minutes. By noon, only about a dozen members would be working out. Since there were no classes occurring at these times, the noise volume was much lower. In the background, music from the 50's and 60's was played quietly. Due to the lower noise volume and fewer numbers of people chatting, this atmosphere (which lasted until one-thirty, when the gym closed for the afternoon) was perhaps more conducive to concentration than at other times of the day.

Since the gym facility was attended by both younger and older individuals, it is necessary for me to make a distinction between the program for older adults, and the gym itself. For the purposes of this study, I will be referring to the program designed for older adults as "the program." I will be referring to the facility that administered this program as "the gym." Members of the program for older adults will be referred to specifically as "program members." Other members of the gym who did not participate in the program for older adults will be referred to as "gym members."

#### *4.1 To Be a Member Was to Be Part of a Community*

In this section I will answer my first research question by elucidating what it was like for the members to be part of the program and the concomitant social community of older exercisers.

#### *4.1.1 Enjoyment of Physical and Mental Benefits of Exercise*

When asked why they exercised, all of the participants emphasized the importance of being “busy.” For example, Jean<sup>2</sup> said: “I can’t sit still ... and so exercising is a focus. And if I weren’t exercising out here, then I’d be [going] for an hour walk in the morning.” Norman said that it would be “boring” if he could not attend the facility and participate in other recreational pursuits with the group. Suggesting that those who were not physically active and socially busy were unhappy, Lily had this to say: “I think you have to keep busy ... I wouldn’t just want to be sitting there feeling sorry for myself, so I’d rather be doing something.”

Additionally, 10 of the participants reported that they enjoyed being physically active and linked the pleasure they derived from exercise to the physical and mental health benefits they experienced from the practice. Thus, the participants made comments similar to those of Helen who said, “I feel good. Yeah, I feel good physically and I feel good mentally and I feel like I’m taking control in whatever way I can so that ... makes it worthwhile.” Diane remarked: “I do feel better after ... I think in the end you do feel better after ... What does feeling better mean? I mean I’ve never really been depressed but ... I think probably you have a bit more energy.” John put it this way: “Well, I don’t think there’s any doubt that exercise helps mental health ... I’ve never doubted that ... When you come back from the gym, you feel pleased that you’ve done it ... [and] emotionally lifted from this working hard.”

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<sup>2</sup> Throughout the findings and discussion portions of my thesis, I will refer to the participants using pseudonyms in order to ensure their anonymity. It for this reason that I have also made the decision to not provide a table that links each person’s pseudonym with their demographic characteristics (e.g. age, socio-economic status, etc...).

At the same time, many of the participants noted that they had been physically active for most of their youth and adulthood and thus linked their participation and enjoyment of the program to a continuation of the types of activities they had engaged in throughout their lives. The majority of the men I interviewed had previously participated in a variety of both team and individual sports, including basketball, rugby, cricket, hiking, biking, sailing, and golf. Similarly, many of the women had been involved in individual sports such as tennis, biking, and hiking, as well as organized gym activities such as yoga, Pilates, and aerobics. In this way, to be a member of the group was to be someone who not only enjoyed exercise but who had also had a long history of and wide scope of participation in physical activity.

#### *4.1.2 Socializing at the Program*

One of the most frequently discussed ways that the participants experienced membership was in terms of the socializing that occurred during and outside of the program. Ten participants said that they enjoyed chatting and socializing with others at the facility. These individuals indicated that the “quick interactions” and “quick conversations” were important aspects of their program, helping to motivate them to attend regularly. Participants talked about enjoying a sense of belonging, which was in part derived through many friendly social exchanges with others who held similar tastes and interests. Diane summed up her thoughts on chatting with others at the program in the following way: “They’re just interesting people. They’ve done interesting things ... There’s the odd grouch out there but they’re really, you know a sort of interesting, warm welcoming group of people.”

Helen reflected on the sense of kinship with other program members that she experienced: “It’s nice to know when I go there that there are people I can say hello to and have a little quick chat and feel like this is a bit of a home for me. So that aspect I like.” While some described short conversations about everyday events, others said that they often sought each other out for advice on topics ranging from entertainment to health. For instance, May commented: “There’s a very nice feeling in the group ... and we often hear people say [that] if you want to find anything out, you could just ask anybody in our group.”

A few participants also reported that regular interactions with staff members were another pleasant feature of the program. While social exchanges with staff tended to be brief, the warmth and friendliness exuded by those who worked at the gym were deemed to be important to the creation of a sense of belonging and connection to others at the facility. May said:

The [staff], the vast majority of them, are really good about making you feel important. They acknowledge that you’re there, not just anybody whistling in and out. And some of them even make an effort to get to know your name. And I think that’s just another little piece of that connection.

At the same time, chatting was a contested issue for some members. While socializing with others at the program was considered to be an important and enjoyable feature of the group for most, two participants (one male and one female) expressed an aversion to excessive socializing at the program, stating that they had joined the program to exercise and not to chat. Sheila said that she interacted with very few people at the program as she regarded it as a place to work out and “not a social club.” Similarly, Scott said:

We've tried not to make friends up there and everything else, because I see so many people standing around talking. ... Those old people like to talk, and I say, I've got to keep going if I'm going to get it all in my hour. Therefore, we can have a party some other time.

In this way, these two participants deemed those who engaged in chatting to be insufficiently focused on the physical aspects of gym membership.

In contrast, many of those who valued chatting viewed those who did not engage in the practice with varying degrees of criticism. Three male participants said that those at the program who did not like to chat were “strange” or somehow suspect. John went so far as to say that a reluctance to chat on the part of an individual signified mental illness:

One or two [people] who don't chat, but I suspect ... they are probably depressed. I guess it might be one of the reasons they don't chitchat. And I look at one or two of these people and wonder that. They tend to be a bit overweight. They tend to be working hard – trying to lose weight I think. And they're very closed.

Although the men were more likely to condemn other program members who did not wish to chat, the women tended to be pragmatic in their assessments of individuals who were less social. Four female participants reasoned that those who did not wish to socialize were simply focusing on their programs, had busy schedules, or had personal concerns outside of the gym. For instance, Lily said:

It's an interesting place because some people are very serious about their routines. So, if you see somebody in the middle, if they're very focused on what they're doing, you don't go and interrupt ... I don't think people should take it personally if somebody doesn't want to talk to them. I think you just have to sort of look at what's going on in the person's life other than the gym.

#### *4.1.3 Socializing Outside of the Program*

Belonging to the program was perceived to be an overwhelmingly positive experience for most of the exercisers I interviewed, mainly due to the unique social

dividends that accompanied membership and that extended beyond the gyms walls and hours. Describing each other as “bright” and “highly educated,” the participants perceived themselves to share similar professional backgrounds, personal tastes, and personalities. As has already been noted, most of the participants had worked in professional jobs such as academia, architecture, teaching, administration and social work. The participants were well-travelled, practiced expensive sports, such as skiing, golfing, and sailing, and enjoyed cultural activities such as the opera, symphony, ballet, concerts, and wine tasting events. While none of the sample members talked negatively about entertainment disseminated by the mass media (such as popular films, music, or television), their preferences were clearly for intellectually based cultural activities. John explained this trend in the following way: “I think the whole thing about this program is that it tends to attract a certain type of person. A lot of them are former academics. They’re bright and well-educated. Therefore, we tend to have the same interests.” Marty talked about how others at the gym enjoyed similar pastimes and thus frequently engaged in extracurricular activities: “We seem to have a real interest in cultural things ... we sometimes go to the theatre together ... we take in cultural events together.” Diane also talked about how she, and many of the people she saw at the program, attended similar types of concerts, plays, dance shows and movies:

I go to a lot of classical [concerts], I go to a lot of cultural things. And one time last year ... I was adding up [from] the class [I attend] what percentage of the people I saw at classical music, theatrical events, dance, and movies. And ... it was more than half of the people I was running across. It was a huge number. It was staggering. So there is a lot of common interest.

Half of the participants (three men and three women) also stressed the importance of the deep friendships that they had formed with other member. Some of these

individuals talked about re-kindling friendships with former acquaintances. John described how some friendship groups formed through members having met previously in other contexts prior to their joining the program: “There were interconnections already... some of the people have known each other a long time and have found themselves again, met again when they came to the gym.” Jean detailed some of the ways she was connected with others at the program:

There’s [a couple] that we have this French connection with ... there are other ways of connecting. Another woman, we’re always talking about our garden ... we’ve actually gone together to get our horse manure at Southlands ... there’s one lady who’s an artist, and I usually talk to her because my husband’s sister’s husband who is now passed away was an artist in France ... where we’ve visited a couple of times ... so there are all these other connections that are in play.

Some individuals conveyed stories of eating and attending social events together as well as caring for each other when ill or injured. Marty described this in the following way:

One of the guys fell off a bike and cracked his ankle in three places so there were people visiting him in hospital. Last week we had a special get together, and he finally got out of the hospital and we gave him a wheelchair and stuff ... It’s just old fashioned friendship. People do what they can.

Some of the deeper friendships even extended to sharing their grief with each other when another member passed away. Doug commented:

One of our male members died ... And that was a shock to us because he was a strong member in many ways ... So we did miss him. It was sort of hard not to see him around the place ... There was all this equipment that he would be using. And you sort of saw him still; felt him around for a while.

For the majority of participants who enjoyed socializing, occasions to do so were based on whether or not they were doing the same exercises as others, attending at the same times, and busy or more flexible on any given day. One member said:

It’s when you’re on the treadmill, you know, you can get talking to somebody if they’re not monitoring their time watch or their heart rate or something. We chat if we happen to be lifting weights at the same time.



Helen preferred to socialize according to her mood and her schedule:

Sometimes I prefer not to have to interact with anybody in which case I'll go either later in the morning or in the afternoon because that early morning time is when most people in the ... program go, which means it's really busy there.

Several female participants expressed awareness of some friendship groups that existed within the program membership that they were not a part of. Helen talked about how she saw program members who attended the same class as her having coffee one day: "I noticed that there is a group who are obviously very friendly and it was just by chance I'd gone down to the [coffee shop] one day and saw the group sitting there having coffee." Lily also talked about an established breakfast group that formed through the program:

One of the couples ... goes to the cycling regularly ... But they've been, I think [the woman] has been in that group almost since that place opened because she works on campus. And I know there's a group of them that have gone that long, and they get together for breakfast ... but they're very established.

Even though they were not part of these friendship groups, when asked if they felt left out or wished to join, the participants were adamant that they themselves would be included in the groups if they made it known that they wanted to join. However, several participants also talked about others who had been excluded from membership in the friendship groups. In two cases, previous members had "belonged" to a friendship group in the sense that they shared the same interests and attended some of the same extra-curricular activities, but the cost of the exercise program itself became prohibitive. In both cases, inclusion in the friendship groups was discontinued. A few participants also referred to others who did not share the same tastes or interests as themselves and the

members in the various friendship groups and who were subsequently excluded from the groups' extra-curricular activities.

Health issues occasionally presented barriers to integration within the social networks of the program. For instance, Scott said that he did not fully participate socially because of his health: "I'm not one much for group things, and ... I'd rather do the things I want to do, as opposed to something a bunch of other people want to do, because of my [health] problems." Health issues also played a role in whether or not some members went for coffee after class. Two male participants talked about other classmates who were either disabled or injured and could not participate in social gatherings such as going for coffee. Doug described how one of the participant's inability to "keep up" with others affected his social integration with others at the program:

One of my classmates who's quite a bit older ... he doesn't join in the group at all ... well, you know, I talk to him, but he's got his own sort of little program and he stays off on his own, I think because he's not able to keep up with everybody else.

Similarly, Raymond described how his hearing loss limited his ability to not only hear what was being said in class, but also robbed him of his desire to go for coffee after class. He explained that for him, both excessive background noise, and being around large groups of people, made conversing with others especially difficult.

#### *4.2 Exercise as a Means of Fighting Aging and Ageism*

As well as being part of a community, to be a member of the program was to use exercise as a means of fighting aging and ageism in a number of different ways.

##### *4.2.1 Awareness of Health Changes*

The study participants often expressed awareness of and concerns about the changes that had occurred in relation to their health and physical abilities. Four female

and four male participants described having experienced a loss of strength. Norman said: “Fairly recently I’ve been having physical problems that I want to work on ... I’ve been having trouble with my neck ... and also having trouble with my legs ... my legs seem to be weak.” Sheila remarked: “I’ve had some trouble with things, you know, pushing the vacuum cleaner ... I don’t want to be dependent on other people and so I have to try [to] keep my strength up.” In addition to the loss of physical strength, the participants also described having begun to experience a number of illnesses and other physical problems. Scott remarked: “I’ve ... had some periods where ... there’s a little dizziness or something ... [my] balance is a little bit different. And I think that deteriorates, I’m convinced of that.” Doug divulged how he had found out that he had angina: “[I was] having chest pain on exertion ... so I ignored it for a while, and then eventually thought I’d better have it checked, went to my doctor. He sent me to St. Paul’s and I had a MIBI. And, yes, it is ... angina.”

Some of the impacts of the losses of health and physical ability reported by participants included a decline in sports participation, frustration, and pragmatism. Firstly, when speaking of the impact of physical changes on their daily lives, the men were more likely than the women to report that they had become less active in sports or leisure activities. For instance, John described how he had discontinued playing soccer due to knee problems, and Norman spoke about how his spine had been deteriorating to the point that it affected his ability to cycle. While sports participation was mainly a concern expressed by the men, one woman, Lily, also spoke about how aging had affected her recreational athletics:

Well the first thing that I noticed was strength going. It definitely does ... I used to carry a 50 pound backpack and hike in the wilderness for three weeks and not

think twice about it. I'm in a panic because I'm going to carry 40 for seven days this summer, you know and I haven't done it for a while. And there's no doubt in my mind I'll do it. I'll do it at a slower pace. And I won't be carrying 50 pounds... So that aspect [of] your body declines. I find if you get injuries as you get older they take longer to heal. So I'm very cautious ... I mean I've quit a few sports because I don't want to be injured. Because I know that recovery is longer as you get older so that's part of the body falling to pieces. Just amongst my friends ... we've always all got aches and pains.

Only one person expressed frustration with age-related health losses. Diane was clearly agitated about the fact that she felt her body was deteriorating in ways beyond her control. She described her experiences in the following way:

It's frustrating ... for me it just says, you know, damn it, this isn't getting better and what [does] it mean for hiking down the road? ... It's just something I have to think about that my body is failing me ... my knees aren't what they used to [be] at all ... I mean my system works, I never get colds, I never get flu, all my other systems are very healthy. That's why I see myself as healthy ... But my joints are not as good.

While Diane was clearly distressed by the changes that were occurring in her body, almost all of the participants were pragmatic about their health issues. In fact, despite the fact that all 12 participants had had one or more health conditions, seven individuals (four female and three male) described their health statuses as good, and four (three male and one female) described their health as "excellent," "terrific," or "extremely healthy." Most participants described their health issues as minor inconveniences, such as those depicted by Helen:

I have arthritis in my back which doesn't limit me very much as long as I'm careful. And careful means exercising actually. So I don't really see that as an issue. I've got Osteopenia, but that too, I don't see that as being any kind of a problem ... and of course now I've got this stress fracture in my foot but that's temporary.

Scott was equally matter-of-fact when he described how he felt he had to keep active, despite having discontinued some favourite activities as well as having to cope with a

failing memory: “That was one of my problems ... [my] memory is going like a lot of other older people ... yeah, that’s another life. Once we got to the age we are, you sort of, you don’t dwell too much on the past. You just know that you got to do things.”

#### *4.2.2 Exercising to Fight Aging*

Faced with a range of health concerns, the participants embraced exercise as the preferred method of treatment for addressing their health issues as well as for fighting the aging process. Two-thirds of the sample (five men and three women) stated that they valued exercise over medication. While the sample members did not go into detail regarding the types of medications they were taking, the men were more likely than the women to express a desire to reduce or cease their medications once exercise began to lessen the severity of their conditions. Exercise was described as a tool to manage health and navigate both the current and expected future physical realities of aging. For instance, Norman said:

Fairly recently I’ve been having physical problems that I want to work on and so I’ve consulted with [my trainer] ... he’s really good. And [I’ve] got some specific exercises to deal with things because I’m getting older ... now that [my trainer is] back I told him about these things and he’s given me some additional exercises for both and we’ve worked out a program that way so it’s like having a physiotherapist right there at your beck and call.

The women were more likely than the men to speak about their fitness goals in relation to preventing age-related functional changes (such as the loss of mobility or the prevention of health conditions such as osteoporosis), increasing longevity, and preventing injury.

Sheila remarked: “I want to continue being healthy and if possible to try and improve my strength because of my aging. I’m also concerned about not getting osteoporosis, which does run in my family.” In contrast, the men emphasized the use of exercise as a means of dealing with current health conditions such as heart problems and diabetes. For

instance, John said: “[I need] to keep fit. I’m diabetic and it’s important I keep myself in shape and try to keep an eye on my weight.” Raymond concurred: “This [program] is important because I’ve had back problems ... and [exercise has] almost cured my back pain.” He went on to stress the importance of using both exercise and diet to improve one’s health and one’s experience of growing older: “If you don’t exercise and keep a proper diet and everything, it’s going to make [aging] worse for you.” May was more adamant about the necessity of exercise to maintain her able-bodied status:

I’m convinced that if you’re not active you’re just going to die ... At some point everybody ... loses various functions and you become disabled in some way, and all the things that you’ve done to make yourself strong are really going to be needed.

Two-thirds of the participants spoke of their desire to maintain their physical abilities and their health, even though they admitted that this would be challenging since they expected their bodies to continue to decline with increasing chronological age. Most described how they planned to use exercise in order to be able to continue doing valued activities for as long as possible. In fact, even as they noted that their participation in some sports and physical activities had declined or altered, most of the participants indicated the best, if not only, strategy that they could employ to combat the continuing physical declines they were experiencing was to keep exercising and “hope for the best.”

For instance, May said:

You really have to make a commitment because everything else depends on it. At some point everybody ... loses various functions and you become disabled in some way, and all the things that you’ve done to make yourself strong are really going to be needed. So you have to keep on doing whatever [and] as much as you can. You have to push yourself.

Scott also indicated that his main fitness goal was to continue performing daily activities, such as climbing stairs, for as long as possible:

I think basically you want to keep healthy, you know, get your abs in shape and [exercise] can help you do things. ... your aerobic exercises [can] help you to manage going up and down stairs and things a lot easier ... I mean, I could do that before but I want to keep doing it.

Doug was perhaps the most dramatic, when he described how exercise was of central importance to his life, and he could not imagine continuing without it:

Well, you know, my immediate response, which I would've given but I reconsidered it, would've been death. I think it would be fatal ultimately [to not exercise]. Well, first of all, my body would deteriorate. But my mind would deteriorate with it. And, you know, there wouldn't be much left.

While all of the participants used exercise as a way to navigate their current health statuses, it also framed their visions of how they would age in the future. Exercise was deemed to be so important that when asked what they would do if they could not exercise, more than two-thirds of the participants were adamant that there would be no circumstance under which they would give up exercising completely. For example, John stated:

God, I'd find a way [to exercise]. Yeah, I've always had things to stimulate myself mentally ... [Exercise has] helped make me feel good about my self ... my anxiety-depression is gone. I'm on a very low dose of my medication and I suspect I could now give it up. And that's given me a strength I didn't have before.

Lily said that she would exercise in some way, despite any injury or disability: "Well, would you ever get to that stage unless you were completely quadriplegic? But even then, I think there are still exercises you can do." Jean agreed that even if her bones were to deteriorate, she would exercise in the water rather than not exercise at all. In this way, Jean and the other participants highlighted not only the central role exercise played in their lives, but their strong determination to continue this practice indefinitely, and by any means possible.

Even as the participants strongly endorsed the importance of engaging in physical activity for health reasons, six participants (three female and three male) also expressed the view that exercising too intensely or exercising for the sake of appearance were inappropriate, or vain. Both the men and women stressed the importance of exercise that was varied and strenuous enough to improve their fitness levels. For instance, Norman talked about how he enjoyed a challenging class:

I mean some of the things in the ... class, some of the exercises are quite stressful, quite hard on your muscles and you have to come away from it with sore legs the next day sometimes, but just because you [were doing] something you haven't done before.

However, while most participants expressed the idea that pushing their bodies enough to gain health benefits was important, many also stressed the importance of not going “too far.” Being overzealous in one’s pursuit of fitness or pushing beyond “the limits” was considered to be inappropriate by many. John stated: “I think the older you get the more important it becomes to exercise up to your limits. And always know where your limits are and exercise up to the hilt of those. But very important not to step beyond.” Exercise done too frequently or too intensely was perceived to be dangerous or associated with vanity, and was, therefore, inappropriate for older people. During an observation session, Sheila pointed out another participant and expressed disdain at the fact that he exercised at a frequency and with an intensity beyond what she deemed to be appropriate:

That old boy exercises a lot, works out a lot. A lot. Yes he does. Image problems. I couldn't tell you his name. But I've seen him around here a lot when I'm here. He seems to be very interested in himself.

On a separate occasion, May commented about this same male participant, but justified the fact that he exercised outside of the accepted norm by saying that he must have “compelling reasons” (or more appropriate ones than appearance) for doing so:



You don't have the sense of people competing with each other. Occasionally you do see people who are like that, that really push themselves ... obviously [he] really likes to work very, very hard. But you know, I think he has reasons for wanting, for having to push himself. He just looks to me like somebody who's very serious about fitness.

May's comment underscored the fact that while the participants advocated a strenuous level of exercise for health reasons, exercise that was deemed too arduous or performed too frequently was outside of the accepted norm.

#### *4.2.3 Dealing with and Reinforcing Ageism*

As well as using exercise to fight aging, the participants described exercise as a means of combating ageism. According to the participants, ageist norms were reflected in the actions and attitudes of program members, staff, and younger gym members.

Participants spoke in mostly positive terms about the staff and the younger people who shared the space with them. However, over a third of the participants stated that younger people thought of and treated them as "old." These members went on to say that they did not take offense at the ageist attitudes of young people. For instance, Marty said:

I think it's perfectly normal for a 20 year old, 25 year old to think a person 65 is old. I certainly thought that when I was that age. And that seems to be perfectly normal that you go through some sort of learning experience of what these people are actually like since [the staff] probably never worked with us before ... worked with people that are essentially ...their grandparent's age ...it's certainly never been offensive to me.

May commented that when she was young, "I ... thought that a 60 or 70 year old was ancient. I think that it's all relative ... I can understand that young people see us that way." Scott also agreed that the ageist attitudes from younger people were justifiable: "I know there is [a generation gap]. There's got to be. You can't take somebody that is 20 and throw in an 85-year-old, and expect them to think the same way."

Several participants also indicated their awareness of societal tendencies to categorize older people. However, most participants resisted being associated with other older adults who they perceived to be “old.” Some participants suggested that age was an artificial construct that belied the heterogeneity of older adults’ experiences. May said:

You know, there are people who I know that are older than me and that are better than I am at things. That is really encouraging. That’s just fabulous. So I just think, well it’s an artificial construct, age. It’s in your head ... People are built differently ... there are skinny, wiry people that can do things that I can’t do ... [and] things that I can do that other people [can’t] ... I’m quite flexible and a lot of people are not.

Others, such as Marty, talked about how aging was an individual experience:

Society imposes certain sort of norms on us. We’re expected to behave in certain ways, and ... the expectations that society in general has, have absolutely nothing to do with the individual. The individual is one thing, and then there’s the broad generality of the people. And I guess I’ve always respected the whole sense of the individual more. So, any kind of categorization of behaviour, or who you are or what you are ... has always been something that I’ve rebelled against ... you see people gradually going through the phases of their lives, do they do it from a sense of their own individual being, or do they do it because they’re conforming to other things? ... You see some people seem to be conforming to what society in general expects is the norm. And then you see other people who don’t do that.

Still others described themselves as aging in unusual or exceptional ways. For example, three of the members indicated that their appearances were exceptional. One male participant divulged that not only was he was blessed with “good genes”, but also his fitness regime had changed his appearance so that people could not tell his chronological age:

Well I’m just much more muscular. I don’t have the body of a guy [my age]. I’m just stronger ... my stomach is flatter ... I guess there’s a certain satisfaction in recognizing that you’re not developing a big paunch and slouching and shuffling around, that you can still move ... I don’t think it’s a big vanity thing or anything like that. I think it’s just a question of recognizing that you want to be fit, that if you are fit you can live life better. The quality of your life is better.

Others noted that their physical abilities were exceptional. Eight participants told one or more stories of how they were extraordinarily fit or were able to do physical exercises that much younger people could not. One woman remarked:

My balance has never been very good. I said to my sister, "I never had a core." Certainly I hadn't thought about a core or anything like that ... but definitely [I've] ... got a strong core now, I know that. My daughter-in-law was saying she was doing some exercises because she's been trying to lose weight and she's doing the plank. And I said, "Is that what you do?" And I got down and did this plank and she said, "Oh god, I can't stand it, I can't do it more than 10 seconds." And I said, "Well how long do you want me to do it for?" ... I'm on the sidewalk doing this, you know. I said, "Do you want me to do it for a minute? Just to show you it can be done," sort of thing. I'd think, "Is this really me doing this?" you know, showing off an exercise and stuff like that. But I really want to encourage them to keep at it, yeah.

During an observation session, Norman demonstrated to me a difficult balance exercise that some of the younger male gym-goers were unable to perform. He described to me how in the past he had shown some of the younger people how it was done:

It's a challenge and not very many people can do it ... it's kind of fun when [younger people] were in here, the first or second year I was getting used to the gym and so I was just finishing off and was moving the ball, bouncing this thing and trying to do it. So one girl was there and I was saying, "You should try it." So I said, "Well, you better practice kneeling on the ball on your mat there you should make sure you don't fall off." About two minutes later, she was kneeling on the ball, bouncing away. But some of the guys aren't as able.

Sheila enthusiastically told stories of how she was more physically adept than some younger people:

I came in one time, there was a group of [young people], and they were testing their own level ... And they had to get a hold of that bar over there and pull themselves up with their own weight. And those kids couldn't do it! I thought, no, I won't, I won't show them. It might embarrass them. But I've never heard such squawking and squeaking in all my life ... They [said] "I can't do this" and "I can't do that." So I nearly went up and said "Oh I can do this exercise"... And there was one time [at another gym], I guess I was in my sixties ... and this school teacher brought in kids... high school seniors ... and there were two of them who completed the program. The rest of them couldn't. And I went up to the teacher afterwards and I said "What's wrong with them? I'm 64. And they can't keep up

with me” ... And so I told a group of them “I’m 64 and you can’t keep up with me. You should be ashamed.”

While participants viewed themselves as exceptional examples of aging, they also strove to be even more extraordinary by emulating others that they admired. These participants referred to examples of individuals who had aged well and who provided sources of motivation. For instance, Jean remarked: “My father lived to 104. And he was very physical. So, of course... besides other people, I’m having to compete with my father [laughs]. My mother, she only lasted to 92.” Raymond spoke of his desire to be able to continue hiking into his eighties, just like a man he had met:

While hiking in the Rockies we met one old hiker. And at that time I was in my early 60’s. And we got talking and so on, and we learned he was like 84 or 85. And what came to my mind was “Wow! If I stay healthy, keep fit, I’ve got more than 20 years of hiking.” And when I saw this ... program I thought ... that’s what’s going to help me ... [he was] physically fit and doing what he loves, and that’s ... what I’d like, [to be like him] you know, keep on doing the things I like to do.

Similarly, Lily referred to two older women whom she wished to emulate:

I told you we’re in a hiking group? The eldest lady is 85 ... and she’s still climbing the North Shore Mountains once or twice a week, and cycling. I was just out cycling yesterday and one of the women is 75 and did 65K with us on a bike with way thinner tires than I’d ever ride ... I just want to be out there doing things ... I could see myself swimming and walking and hiking, snowshoeing ... Actually the 75 year old was just snowshoeing this week, she’s been three times this year, first time in her life and absolutely loved it ... in 20 years I’d still like to be doing all this stuff.

In addition to describing how they were exceptional, some participants also articulated how they were superior to others who did not exercise because they were healthier and thus not likely to place as heavy a burden on the health care system. Three participants (one male and two female) said that it was every older person’s responsibility to exercise, especially since they were part of a large cohort of older people who might

become disabled or ill without the preventative effects of exercise. Sheila described how she belonged to a private health clinic that was allowing her to remain independent and to avoid incurring public health care costs. She expressed pride in her efforts to remain healthy through exercise and the purchase of private health care. She went on to say that fitness programs tailored to older people should be made more available so that others could also remain healthy and independent:

The population is aging and I think it's very important that such a program as this should be available ... It's not well known. They should do more advertising I would say. Because I'm sure that there are a lot of older people who feel as I do about [other fitness] clubs .... that they're for a younger generation, that they don't really cater to an aging population. So I think that the ... program is very important.

John suggested that his involvement at the program was both personal and political, and that he was doing a civic duty by avoiding becoming a “drag” on the public health care system:

I know that what I'm doing is not only for my own good, but for the good of the province. And all those other people there are, by and large, leading healthy lives ... We've all got health issues. But none of us, and I hope this continues to be the case, are being a drag on the health system. And that's a large group of people you're talking about. If you could get more people doing this, if you could get politicians to bloody well realize that prevention is cheaper than a cure.

Lily also expressed pride in her exercise efforts, and explained that she had overcome a troublesome back problem through discipline and training. She pondered why, in her view, some people took charge of their health statuses through exercise (as she had done) and some people did not:

To me everybody should [exercise]. I don't understand anybody who says to me they have a sore back and they're not out there walking or swimming or cycling or doing something, because I had, I mean, this [bad] back for years ... Then, there are people who have a sore back [and say] “but I can't do that because I have a bad back. I can't do this because I have a bad back” ... That's where that whole psychological, sociological issue comes in. What is it that makes some

people go out there and try and find how to improve it or they deal with it and they overcome it, or they live with it successfully, where others will just sit in the chair and say, “I can’t do that.”

While most of the participants did not consider themselves to be “old”, they had a variety of derogatory terms to describe people who they labelled old. Five participants, (three female, two male) repeatedly used words such as “ancient,” “decrepit,” “grumpies,” “old fogeys,” and “old farts” to describe either other program members or other older people. Although most of the participants described their own peer groups as active, able-bodied, and involved in a variety of physical and cultural activities, it was not unusual for them to make comments about other program members that resembled those of May:

They’re all ancient. It’s like I’m ... walking into an old folks home and say, “Oh my gosh this place is full of old people, I don’t want to be here” ... There’s a really wide range because there’s some that look as if they’ve been fit all their lives and there’s some that look as if they’ve never done very much exercise. Some of them really, physically don’t look at all in good shape ... So you know you see ... people [are] doing the exercises and you have to think gosh, you know, good for them, just to come into that space.

As well as describing old people as distinct from themselves generally, the participants suggested that older adults were individuals who were approximately 10 to 20 years older themselves. Still others pointed out that oldness was a relative term. For example, Jean had this to say:

I’ve had ... white hair for a while ... a number of years, which, of course, [people come] to the conclusion that you’re old. And it annoys me when they’ll put in the paper an article saying, oh, that some elderly person was knocked down say by a car. And the elderly person turns out to be 68. And as everyone points out to me, “But remember ... for you being in the nineties is elderly, as opposed to other people maybe being in the seventies is elderly, or sixties.”

Additionally, oldness was defined in terms of health issues and a lack of physical fitness.

Marty noted that some of the members had had previous health problems that served to

make them “look old. And many of them are old. I mean they’re well into their seventies and early eighties.” When asked to elaborate upon his definition of someone who looked old, Marty clarified by distinguishing between those who were fit and unfit. Marty contended that unfit old people were “slouched over, moving very slowly, not terribly coordinated,” while fit members of the program were “not old. They don’t look old to me.”

At the same time, some participants compared themselves to their less healthy or less fit peers to underscore their superior health and physical abilities. For instance, one male member talked about how well he was aging due to his personal efforts and “good genes,” yet his brother was not aging well in comparison:

People underestimate my age all the time. Society has an expectation of what a person of [a certain] age should be doing, and of course I’m fortunate with my genetic inheritance. I don’t have any physical problems. I have slight heart problems but, unlike my brother, for instance, who has diabetes, he’s overweight. I don’t want to be like that. But he doesn’t exercise.

Additionally, comparisons with less fortunate others served to enhance their self-esteem. For example, Jean said, “I feel good that I can do things. That certainly boosts my ... ego, [the fact] that I can do things that I see other people can’t do.”

Participants also established a differing group when referring to unfit cousins, parents, siblings, and friends as cautionary examples, concluding that their health problems were due to a lack of exercise. Helen was initially motivated to exercise by the fact that most of her family members were obese. She commented:

My whole family, in fact, [was] instrumental [in my decision to exercise] ... my mother, my brothers, are all morbidly obese. In fact, one of my brothers has died ... they’ve all had terrible health problems, which I wanted to avoid.

Another participant had been attending the program for over five years but had not done any formal exercise previously. He stated that his friends were beginning to look and act increasingly “old,” which served as a further motivation for him to exercise:

Fellows I used to play golf with who were literally unable to walk around the course and had to take a cart ... they're developing the paunches. They were slouching, they have no muscle tone, [they're] flabby ... I just thought, who wants to look like that? Who wants to be like that?

#### *4.2.4 Interactions with Staff and Management*

As well as their social relationships with other group members, interactions with staff and management were an important theme for participants. Many of the participants talked about how they sometimes reversed their roles with the class instructors and assumed teacher or leadership responsibilities in order to “take charge” of their own exercise experiences or to “teach” younger people how to interact with older people. While most of the participants highly praised the knowledge and abilities of the personal trainers and class instructors, they also spoke about modifying their own programs, adding or creating their own exercises, giving advice to instructors, and running their own classes. Five of the participants talked about modifying their own programs due to boredom, injury, or the enjoyment of their own favourite exercises. Three of the participants (all women) articulated how they gave advice to instructors who were unaware of the needs or limitations of class members. For instance, May described how on several occasions she had verbalized to some of the instructors that she was concerned about the safety or comfort of others:

One of the trainers put us on one of the balance boards one day, and it specifically says that you're not supposed to use that except on rubber mats. Well I pointed that out to him afterwards, because somebody actually did tip off it and I just said, “I don't feel safe on that one, I'm not going on that one.” And then I realized actually, there's a notice there, so I pointed it out. This guy wasn't very



experienced and he said, “Yeah, I realize that now”... Because I was a teacher and I also did some teacher training, I’m afraid I sort of take it upon myself to tell somebody, “This guy is wearing a hearing aid and he sits at the back and he cannot hear you.” Or, “It would be good if you could talk a bit more slowly,” you know. Because somebody who ... is partly deaf is not going to go up and say, “I don’t hear very well, could you speak more slowly.”

Six participants told stories of how, previously, new staff members would sometimes reflect and convey the ageist assumption that older people were feeble or frail. These participants went on to say that such attitudes had changed over the last few years, and that staff members now gave them more strenuous programs and treated them as able, rather than as frail individuals. However, three male participants expressed some of the ways they would gain control by “training” the staff through games and other forms of teasing. Doug elaborated upon the ways in which this was done:

We let them know ... if they’re new to the program that ... “We’re here ... to teach you about old farts ... and the fact that we are not senile and we’re not incapacitated and we’re not fragile and we’ll give you a good run for your money”... To begin with it was a very common attitude that ... [the instructors] weren’t sure just how far they dare go [in making the class challenging] ... Oh, it gave me an opportunity to have some fun ... I mean teasing the instructor was, you know... at one point that was really part of the game. And we had our own little plans and programs. So I mean you got a half a dozen people who know one another and know one another’s approaches and you can just play on one another, teasing the instructor ... And we had little signs amongst us. And somebody would be assigned to tell a joke, a long joke ... And my own favourite tease was to ask them to repeat the instructions.

Five of the participants (three male, two female) referred to the fact that some members had previously dealt with their frustrations over excessive class cancellations by leading their own classes. These individuals reported that the management of the program had tried to discontinue the practice of member-lead classes due to liability concerns. However, the participants noted that some individuals would still get together and circumvent management concerns by “suggesting” certain exercises rather than

leading. When asked about these member-lead classes, Norman described them in the following way:

We have in the past agreed to be here at nine o'clock and [do] our usual routine ... at one time I used to get up on the bike and [lead] the spin class because somebody had to give, you know, the instructions or leadership or cues. But [the gym administration] didn't like that because their insurance didn't cover that sort of thing. So we were told very specifically that nobody could lead and it didn't matter where we were sitting. So we go around that by simply partially ignoring it. And the other thing we would [do to get around it is] say, "We're not leading, but I suggest we do this."

#### *4.3 To Be a Male Member was to Embrace Competition and Sexual Banter*

In addition to many commonalities, the experiences of men and women in the program differed in some important ways. In this section I highlight the unique perspectives and experiences of the male participants.

##### *4.3.1 Competition*

To begin, the men clearly enjoyed the game-playing and competitive aspects of the program, which they suggested provided them with opportunities to demonstrate their physical competence and interact with other men in enjoyable ways. For instance, Doug talked about how he liked competing with the other men both in the class and when performing his own strength program. He often watched how much weight other men were lifting and then attempted to do the same:

There [is] a challenge in [lifting weights] ... And a lot of other people seemed to have the same response, particularly the guys. So it was actually sort of a minor competition going on after a little while. I mean it wasn't anything serious. It was just that, you know, "I can see what that guy's doing over there. I think I can do as much as that." You know, that sort of stuff.

Doug went on to describe how one particular class (a mixture of sports drills, strength, and agility exercises) was especially enjoyable for the men, who bonded over shared interests in sports and their related skills:

Well, I think the males do [enjoy the class]. Yeah. I think there is a bit of, I won't say it's macho. It's just, you know, you enjoy doing things that your body can do and ... men are built that way and they enjoy doing it.

Marty described how playing basketball in class reminded him of pleasant times when he was younger. He added that the women did not seem to enjoy these activities as much as the men:

Oh, it was just the kind of reliving of youth. There was an immediate sense that we were 16 again. So, there's that, which was fun because I enjoyed being 16 and so it brought back very happy memories. It felt good to be doing the things that we did when we were kids ... I think the women didn't seem to be as comfortable.

Three women also stated that they thought the men enjoyed competitive games and sports drills more than them for the same reasons that the men gave (reliving youth, competence, and male bonding). Diane said that she thought the men enjoyed the sports games because they had had more experience in developing these types of skills as children than the women:

I think the men have done more dribbling in their youth or something ... I think they played as kids, they dribbled the balls more. They played more with balls than we did ... And all of them are good at the ball things ... just more agile.

May recounted how some of the men were highly enthusiastic and enjoyed demonstrating their competence when playing games in class:

There [was] a sort of alpha male type in the group and they used to throw the ball against a rebounder. And this chap, he could make it go, he had worked a huge amount on weights, and he was incredibly strong at throwing this ball at the rebounder. And it would just fly off almost out the door.

#### 4.3.2 *“Male Pattern Interaction”*

In addition to talking about the men's tendencies toward competition, five of the six male participants as well as three female members talked about other “male pattern interaction” or “male banter” that was frequently exhibited at the program, including the

use of sexual jokes and ogling of the instructors. Doug described it as locker room behaviour in a more public setting: “We don’t use locker rooms very much so there’s not much banter there. But you’ll find that ... there’s certainly male pattern interaction. There’s just, that’s the way it is.” Three women and three men referred to sexual banter or joking that had occurred regularly in the past. The women were more likely to speak of this behaviour as having stopped within the past year, while the men talked about it as ongoing. In addition to telling jokes of a sexual nature, the men would also tease or compliment young female instructors on their sexual attractiveness. John talked about how many of the men participated in joke-telling and leering at the young women on staff:

We’re all dirty old men ... [We all make] dirty old men comments about the very beautiful young trainers. No, not, nothing, nothing we wouldn’t say in front of them actually. But yes, we do. And we make a lot of double entendres. So, if somebody for example like this morning someone says, “oh that’s a really big one, a really big one!” it’s very hard to keep a straight face.

In addition to enjoying the company of the younger women, John said that he also appreciated spending time with the older women, and that the men would even tease each other’s wives: “Another female ... they’re all up for grabs so to speak. No. It’s very good-natured ... there’s nothing improper. I don’t think.” Doug shared the idea that this was typical male interaction, although he conceded that it was not always “politically correct”:

Well there’s usually some inference that’s not politically correct ... Just a lot of banter between the guys. I mean you have banter with the ladies too, but [it’s] just sort of different ... But you’ll find that ... we always comment on the instructors. That’s sort of you know, almost a requirement here. Oh yes, we always have comments on them. And we make comments to them, too ... Just sort of comments of appreciation ... [of] their shape, form and things like that.

When asked how the women responded to the banter and sexual comments, Doug said that in fact the women enjoyed it and joked with them as well:

[They would respond] usually with a smile, a laugh. You know, we don't go too far out ... Well we like to acknowledge them too. I think most women like to be acknowledged. So, yeah, there's a lot of good give and take.

Despite the men's assurances that the women derived pleasure from the sexual bantering, many of the women indicated that they either merely tolerated the men's antics or actually found them uncomfortable. Helen referred to one man in particular when she talked about how she found some of the joking in class to be inappropriate:

Well I guess the only negative I can think of, is there is one person there that ... is just generally irritating to me. This person who participates in the ... class is a real smart aleck and I guess having been a teacher [he] just really gets under my skin. When someone is trying to teach a class and in my mind this person is just a little over the top ... But that wouldn't be enough to make me stop going.

Jean indicated that she was tolerant of the men's behaviour, but did not participate in telling jokes in class:

There was a little bit of downtime in the spinning class. And so there was, you know, the women didn't really participate in joke-telling. And when it would get a bit lewd, then you know, you just, you sort of smile or just smirk.

When asked to elaborate, the women would not do so, and immediately dismissed the men's behaviour or reframed it in positive terms, such as being the result of an innate "need" or providing an important "outlet" for the men. For instance, when pressed to describe her opinion of the men's behaviour, Jean said: "Oh, well they need that. It's good for them." May abruptly stopped talking after she began a sentence that directly referred to a situation regarding male behaviour that she found unappealing. However, her opinion was clear as she described the atmosphere in some of the classes: "You go in there and you have these silly little games and things like that. Really you feel like

you're in a primary school, a kindergarten playground. Everybody's kind of reduced to being a kid."

#### *4.4 To Be a Female Member was to Be Concerned with Body Consciousness and Safety*

The women's experiences of the program and general concerns regarding exercise focused on issues pertaining to body consciousness and safety.

##### *4.4.1 Lack of Body Consciousness*

The majority of the women spoke at length about how they desired to be free of body consciousness. Firstly, all six women described the gym as a relaxed place because everyone dressed casually and the gym culture did not place the typical emphasis on appearance that one often found at other fitness facilities. For instance, although Lily had initially been intimidated by other gyms, she described being first attracted to the program for its pleasant, casual atmosphere:

[When I first came to the gym I noticed] it wasn't yuppy'ish. It was very comfortable. Everybody is just dressed in whatever - t-shirts and shorts, a pair of tights and a big t-shirt. Some [members were] working out a bit harder but ... image was nothing. You just felt comfortable.

Four of the women compared the program positively against other gyms, which were described as being populated by young women in trendy clothing. Despite the fact that some younger women attended the gym (although not the program), this did not seem to bother the older women, since the gym was seen as a place where casual clothing was worn. May commented: "To go to a gym where there's all these young bodies, you know, in stretchy Lycra and everything like that, where it's much more about display, is totally off putting. I'd just feel really out of place." Diane also agreed:

It's just very nice ... not have to think about what one looks like. I mean, [one has to] look half presentable ... but you don't have to buy expensive things. You know, some of that clothing is extremely expensive, and there's just a feeling

[here] that you don't have to keep up with anybody. One likes to think that one doesn't operate that way, but ... it doesn't even become part of the decision making.

Two women asserted that the young women who attended and worked at the facility were as unconcerned with appearance as the older women. Diane went on to say that this could be attributed to the non-competitive atmosphere of the program, and also to the fact that as an older woman, she was less concerned about appearance than she had been in the past:

The younger women tend to be a little better outfitted than us but ... I just think it doesn't matter how we look particularly. And the younger women ... they're a little more trim and they ... have slightly different clothing, but I don't sense any judgment from them [towards] me. And I couldn't give a fig what they wear. I mean it's just fine. You know we're all just all there, in how we're there. Yeah.

Similarly, another female member suggested that instead of being concerned about appearance goals, most people at the gym were focused on getting stronger for sports (mostly the younger gym members) or avoiding age-related changes (mostly the older gym members or program members). She went explained that the reason for the pleasant atmosphere at the gym was that older women in general were more accepting of their bodies and those of others:

I think it's getting to a stage where we're more tolerant of each other, more accepting. All of us have our flaws ... so we realize it doesn't matter as much you know ... if I were to go to a very fancy gym I wouldn't fuss too much now either but here, you know, really it's just a non-issue.

Four of the women also talked about the lack of performance-based competition at the program for older adults. They compared their age-segmented program to others they had attended, which had included both younger and older people in the fitness classes. The participants stated that in programs that were not age-segmented, they had felt the need to match the activity levels of the younger individuals. Jean said that being

with others of the same age range meant that she was not continually being out performed:

It's nicer to be with [similar] people ... in one respect there's [the] age segment, because we're all doing the same thing, whereas I think at a fitness club you're going to be beside somebody who can perhaps do things a lot better. And you know it's nice not to compare yourself to the person who's super great.

May talked about how when she first joined the program, she was dismayed that even women of her age were stronger:

At the beginning I would be quite discouraged because I would see people with these great big weights and things like that ... I sat down to use one of these machines and it was turned up quite high, and the person who had been using it before me was a woman the same size and the same age as me. And I ... couldn't believe that she was able ... to pull that much weight.

May added that once she had been at the program for some time and her fitness level had improved, she no longer felt the same way.

#### *4.4.2 Attitudes to Safety*

The majority of the men and women elaborated upon the importance of a program geared toward avoiding injury; however, the women were most concerned about the importance of proper guidance by the instructors in order to achieve this end. Helen was most emphatic on this point:

I'm very glad I've been a part of the ... program because I've had these problems over the three years and it's really helped me get through them and be able to carry on exercising without risking more injury ... because when you request a trainer, you do have to fill out a form if you've got any problems ... I can't just have any trainer, I need a senior trainer because of the problems I have. So it makes me feel good to know that I've got somebody who's very well-trained and I can trust this person to provide a program that really is good for me. And actually the last two trainers that I've had have been [physiotherapists]. That too makes me feel like ... what they tell me I know I can trust.

Diane also spoke about the importance of continuous guidance from staff, and said that instructors should be correcting the techniques of members more often:



I don't think the instructors correct us enough and come up and say, "You know, you're not doing that quite the right way." And, in fact, I hadn't seen [my trainer] for a long time. She was there today, and I said [to her], "I don't know whether I'm doing this right." And she corrected me and I wasn't really doing it quite right. But I don't usually see her ... Instructors [should] watch people as they're doing their exercises and come around ... and make suggestions [such as whether] they're really using their muscles the right way, if they're really using their body the right way. So you can have an individualized program but ... people might not remember [the exercises] the next day, or they might not remember them in quite the way the instructor had intended.

The female participants were more likely than the men to describe how the program was designed with their concerns in mind, and how the staff members were trained in such a way that injuries were less likely to occur than they would at a program that was not designed for older adults. Diane described her experiences in this way:

I think [the staff members] are aware that we may have some kinds of limitations so ... some things could be more difficult or ... we might have rickety knees ... I think sometimes if you're dealing with the younger population it just doesn't occur to you that certain things, people could have difficulty with. And we've had the odd instructor who has been less aware of that. And, as you know, all of a sudden you're doing something and you get home and you're sore or ... [you notice] "I really hurt after that" or "I sort of pushed too far" ... It just never occurs to [young staff members] that people's knees would be sore ... almost all of us complain about knees, or have trouble doing deep, deep knee bends and some of the instructors are better than others [at] ... being really aware of where people are [physically] ... So a younger program I think at the community centre or something could be fine ... but it might not be appropriate, might not work as well as this program.

Other women spoke about their concerns that older people are more prone to health conditions such as arthritis and joint injuries. For them, high levels of personalized attention from the instructors were paramount. Helen said:

They start out by asking you what your particular needs are. And that was reassuring being that I've got some physical, I don't want to say disabilities, uh problems. It was good for me to know that I didn't have to worry about injuring myself. These were people that would be able to provide something good for me.

Individualized attention was said to be of key importance, with exercises properly adjusted for injuries. Again, women were more likely to speak about this issue. May said:

The [instructors are] really focused on, “This isn’t the right way to do it, don’t do it that way because you’ll hurt your back.” That kind of thing. They really pay attention to the individual’s body positions and making sure that you’re trying to attain [proper form]. So they’ll demonstrate it and then they’ll check. And they’re not shy about saying, “That means you” ... I’ve seen quite a few people recently really improving on things because a trainer has said, “Make sure ... you’re not lowering your head, make sure it’s this part and not your head.” I’ve seen a few people really suddenly realize that they’d been doing it wrong for years, suddenly they’re getting it right.

However, despite the fact that most of the women praised the safety of the program, a few were concerned about what they perceived to be some dangerous aspects of the classes. For instance, one female participant described how some of the class activities were painful due to her arthritis and added, “I don’t like catching the balls because they hurt my joints.” Another female participant detailed how she felt less competent than others in the class, and that she felt unsafe wearing glasses while participating: “[I] wear glasses [and] I’ve always felt very, very inhibited by wearing glasses [because] catching balls and having things thrown at you unexpectedly is quite difficult. You get hit on the face or on the side with glasses. It’s really uncomfortable. It’s horrible.”

## CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

In this study, I have examined how individuals experienced and perceived a fitness program specifically designed for older adults. My findings illustrate the ways that the members constructed and navigated group meanings pertaining to aging and physical activity as well as the benefits of and expectations associated with membership in the program. In the sections that follow, I discuss my findings in relation to the existing sociological research and theorizing on aging and the body.

### *5.0 Socialization Experiences, Exercise, and Aging*

The ways in which the men and women in my study were socialized to view their bodies and the roles of sport and exercise were vastly different. These differences in socialization affected their experiences of the program in numerous ways.

Echoing research positing that men enjoy competition and sports because they represent masculine values and provide a socially acceptable way to connect with other males (Sieppel, 2006), the men in my study appreciated the social and physical aspects of particular fitness activities, such as classes focused upon sports drills and other competitive games. The men spoke about how the games reminded them of youthful experiences, due to the fact that most had been highly involved in sporting activities as children. In addition, most of the men had played some sports during early and middle adulthood, but had discontinued their participation as they had gotten older. In particular, the men could no longer play favourite sports such as soccer, rugby, and cricket because they had begun to sustain injuries from these sports as they aged. The men indicated that they missed various aspects from their sporting experiences, including the opportunity to utilize skills they had developed, and working as a team with other men. Therefore, the

men spoke about playing sports and games at the program in terms of having regained something important in their lives that had been lost.

In line with existing research that suggests males are socialized to view themselves as strong, competent, and autonomous (Courtenay, 2000), the men particularly enjoyed competing with each other during impromptu games of basketball at the facility, and also practiced other sports skills on their own or in small groups outside of class instruction. In addition, the men enjoyed lifting weights and comparing their own levels of strength against other men in the program. In these ways, playing sports games and lifting weights were activities that allowed the men to align themselves with youthful norms of strength and competence. In addition, these activities provided a socially acceptable way for the male participants to connect with other men, and also allowed them some independence from being monitored by the fitness instructors.

While the men viewed their bodies as strong and valued a certain level of autonomy from the instructors, the impact of socialization on women's experiences of exercise and aging were vastly different. Vertinsky (1998) has argued that women have been socialized to view their bodies as frail, likely to wear out with age, and in need of expert intervention. This theory was supported by my study, which found that the women perceived their bodies to be increasingly fragile with advanced chronological age and thus in jeopardy of injury and illness. Echoing findings by Casado et al. (2009), the women expressed the need for guidance by fitness and medical experts in designing and implementing their fitness programs because they had health problems and because they believed their bodies to be at risk of injury due to their ages. Thus, the female participants conceded to medical dominance and complied with this hierarchical

relationship because they perceived the experts (trainers, physiotherapists, and gym instructors) to have the knowledge they needed to remain free of injury. This finding is also consistent with Verbrugge's (1985) contention that women are more likely than men to trust the authority of experts and to seek and follow professional help for health problems.

### *5.1 Views on the Importance of Being Social*

Although the program was largely designed to improve the physical abilities and fitness levels of the members, like the extant research (Leeds Craig and Liberti, 2007; Nadasen, 2008; Paulson, 2005) most of the participants emphasized the importance of the social aspects of membership. However, the significance of socializing was particularly important to six participants who were part of a highly integrated social group.

Comprised of individuals who were highly educated, financially well-off, and physically fit, the in-group included men and women who enjoyed socializing or "chatting" during the fitness program as well as participating in expensive sporting and cultural activities outside of the program hours. In fact, these participants shared and subscribed to a particular habitus, or set of dispositions, practices, and perceptions (Bourdieu, 1984).

The members of the in-group differentiated themselves from those participants in the program as well as individuals outside of the program who were not physically fit, well-educated, or involved in various sporting and cultural activities. Furthermore, their shared identities, social positions, and consumption habits reinforced membership for those of the in-group, delineating those who belonged and those who did not (Beck, 1992; Bourdieu, 1984). Communal interests, practices, and behaviours facilitated relationship formation for those in the group. For in-group members, shared practices at

the gym included attending the same classes, while shared behaviours included joking, chatting, and disrupting classes by playing tricks on the instructors.

Those of the in-group placed great importance on a being social with others who belonged to the fitness program. Similar to the findings of Leeds Craig and Liberti (2007), the in-group created a culture of sociability, in that other members of the fitness program who did not chat or socialize at the program were considered by some to be anti-social, and, therefore, undesirable as potential members. The level of importance that in-group members placed upon their friendships with other exercisers may provide an explanation for this culture of sociability. In-group members considered others in their group to be close friends, who provided emotional support, advice, and even physical assistance when members became ill. For those of the in-group, these friendships were an important and integral part of member's lives. In this way, in-group members created "social capital" (Crossley, 2008, p. 477) in that the network's shared trust and norms constituted a "resource for (its) members" (Crossley, 2008, p. 477) who relied upon one another for social support.

In contrast, the other six participants who were not part of the in-group were more focused on the physical aspects of membership than the social aspects of membership at the fitness program for older adults. The non-integrated group were not as highly educated as the in-group, slightly less financially well-off, and did not subscribe to a particular habitus (Bourdieu, 1984). However, like members of the in-group, members of the non-integrated group were extremely fit and also highly active, not only within the program itself, but also in fitness or sporting activities outside of the program. Those in the non-integrated group were more likely to participate in activities with family

members and other groups of friends who were not part of the fitness program. In particular, non-integrated group members belonged to organized fitness activities outside of the program such as tai chi and yoga, as well as sporting clubs for bowling, lawn bowling, cycling and hiking. Perhaps as a result of their wide interests and social networks outside of the program, these participants did not endorse the culture of sociability at the program to the same extent as the in-group members. In particular, four members of the non-integrated group indicated that although they enjoyed limited interactions with others at the program, opportunities for socializing depended on their schedules, and whether or not they wished to interrupt their exercise sessions on a particular day. Two members of the non-integrated group viewed socializing at the program to be not only unimportant, but considered those who did chat at the program to be overly social. Therefore, my findings indicate that in contrast to research by Paulson (2005) and Nadasen (2008), the non-integrated group not only viewed the physical aspects of membership to be more important than the social aspects, but also, perhaps due to the fact that non-integrated members had a wider social network outside of the program, they did not create social capital (Crossley, 2008) with members of the fitness program. Conversely, in-group members were more reliant upon members of the fitness program for social support, perhaps because they had more limited access to social networks outside of the program or because they chose the in-group as their primary social network.

## 5.2 *Experiencing the Exercise Space*

In addition to elucidating some of the differing socialization experiences and views on being social, my findings depict how the movements of older bodies were temporally, visually, and spatially regulated.

Firstly, in accordance with the literature on the spatial distribution of bodies within exercise spaces (Douglas, 1991; Sibley, 1995), younger fitness club members and older fitness program members were separated from each other through their uses of the club at different times of the day. While the fitness club was populated by older program members between eight and 11 in the morning, younger adults largely populated the gym in the evening. In this way, older and younger bodies were somewhat divided from each other, thus keeping younger and older bodies in their places.

The movements and behaviours of gym members were also affected by techniques of surveillance. Contrasting literature which suggests that gyms are places which monitor and regulate bodies through visual surveillance (Fusco, 2006; Spielvogel, 2002) the women in my study not only desired a greater level of scrutiny by the fitness instructors, but also scrutinized them. Foucault (1977) described the principle of disciplinary power in society through the metaphor of the Panopticon, an instrument of surveillance ensuring the functioning of power through visibility. Applied to the gym, disciplinary power is traditionally exercised by the gym management and staff, who act as experts by providing rules, and monitoring and correcting the behaviour of members. However, the women expressed a desire to be monitored more regularly by the staff, and indicated that their compliance with proper exercise technique would be ameliorated if the staff would watch them more often and make suggestions about their technique more



frequently. In addition, the women spoke about how they often monitored the teaching techniques of instructors and made suggestions to them in regards to safety and how to make their classes adaptable for all members. In this way, the position of the Panoptic eye, or visual, was changed, in that the women were not passive or powerless while gym staff watched or disciplined them, but were actively watching and correcting the staff, as well as seeking a greater level of scrutiny by them.

Finally, in contrast to the literature on how gyms spatially regulate bodies through expectations of gendered performance (Dworkin, 2003; Spielvogel, 2002), the men and women in the fitness program attended the same activities and performed the same exercises. Rather than offering cardiovascular activities and aerobics for women with the assumption that women exercise in order to lose weight, or strength training for men with the assumption that men want to gain muscle, the program was designed so that both men and women attended the same classes together. In addition, both men and women were given strength training programs which had been designed by a trainer. In this way, the program directed that both genders utilize the equipment and exercise space equally.

### *5.3 Gender Performance, Exercise, and Ageism*

As well as the social and spatial regulatory aspects of membership, my findings illustrate the ways that the men and women enacted and displayed dominant gendered behaviours and assumptions (Butler, 1999; Goffman, 1976; West and Zimmerman, 1987); in particular, the men aligned themselves with masculine ideals of virility and physical prowess through competition and sexual banter, while the women's views reflected an emphasis on feminine beauty and the links between aging and frailty.

The men in my study aligned themselves with masculine norms in several ways. Firstly, the men in my study used competition in order to demonstrate masculine ideals of physical prowess. Some of the men also flirted with the women and exchanged lewd jokes with the other men in order to affiliate themselves with masculine norms of youth and virility, and underscore their status as heterosexual and virile males (Lorber & Moore, 2007). The men may have performed and exhibited dominant behaviours in order to compensate for the marginalization they were increasingly facing with age and the accompanying threats to their masculine identities as a result of the associations between aging and weakness, frailty, and dependence (Lorber & Moore, 2007).

Perhaps echoing the societal emphasis on feminine beauty, the women highly valued the practice of exercise for its potential to change their health and physical appearances. This finding is consistent with current research suggesting that affluent older women tend to engage in and value bodily improvement practices such as exercise more than working class women and tend not to be accepting of age-related appearance changes (Dumas et al., 2005; Rudman, 2006). The women in my study also expressed their appreciation that they were not compared to younger women in terms of performance, physical attractiveness, and attire. This finding mirrors Calasanti and Slevin's (2001) assertion that age-related physical appearance changes transgress both beauty and youthful norms. At the same time, a tension existed between the women's desire to negotiate youthful norms, and their eagerness to appear unconcerned with beauty norms by insisting that they (and other older women in the program) accepted that their appearances had changed with increasing age. In fact, the women's motivations to avoid being compared to younger women, along with the high value they place upon the

practice of fitness, belied their concern about how aging had changed their appearances.

#### *5.4 Embracing and Resisting Ageist Stereotypes*

The older adults in my study simultaneously embraced and resisted ageist stereotypes and norms. On the one hand, the participants' attitudes towards aging and exercise reflected their deep internalization of ageist stereotypes and healthist norms concerning the belief that older people who do not exercise were inevitably frail, lacking in muscle tone, and plagued with illnesses such as heart disease and diabetes. Those in my study told stories of how others were "old" because they were not fit: They had poor posture, were weak, and had health problems. In addition, members described those who were chronologically older than themselves to be "old." This finding is in line with the existing research that suggests that the application of ageist stereotypes derive from a combination of perceived and actual chronological age as well as bodily changes and other characteristics culturally perceived to be related to aging (Butler, 1980; Bytheway & Johnson, 1990; Cruikshank, 2003). Corroborating existing research (Cruikshank, 2003; Katz, 2000; Oberg & Tornstam, 2001), the men and women I interviewed depicted those who embodied ageist stereotypes to be disinterested in current trends, physically and socially dependent, lacking in mental interest and acuity, insufficiently engaged with others, and idle.

One of the ways that the older adults in my study resisted ageism was by constructing identities as exceptional individuals. For these members, being exceptional meant that they were morally and physically superior to others (both young and old) who did not exercise. The participants subscribed to healthist and fit aging discourses that maintained that exercise and healthy living were an individual's moral responsibilities.

Because of their health inducing lifestyle choices, the participants argued that they themselves were examples of aging successfully (Rowe & Khan, 1998) while their non-exercising counterparts were unnecessarily and immorally burdening the health care system. In this way, my participants' perspectives reflected and reinforced fiscal conservatism and the assumption that the old were a financial and social liability (Angus & Reeve, 2006; Gullette, 2004; Hughes, 2000; MacNeill, 1999; Rudman, 2006; Foucault, 1988, 1990).

In addition, like the findings of Hurd (1999), the men and women that I studied rejected the label "old" and endeavoured to maintain identities that defied ageist assumptions, specifically distancing themselves from individuals they perceived to have embraced and embodied ageist stereotypes. However, while the participants in Hurd's (1999) study distinguished the old from the not old based on their general activity and social engagement levels, the participants in my study specifically used fitness as a marker of social and physical age. Thus, those individuals who were perceived to be physically unfit based on their lack of coordination, poor posture, lack of strength and agility, or poor cardiovascular stamina were deemed old while physical fitness served to preserve one's membership in the not old, or exceptional category. Goffman's (1959, 1963) concepts of impression management and stigma offer important insights into the participants' experiences and behaviours. Presenting themselves as and perceiving themselves to be exceptionally fit and healthy examples of aging, the participants used exercise and their physical abilities to deflect the age-related stigmas of physical defects and personal weakness as well as the stigma of affiliation with other older adults (Goffman, 1963). Despite their efforts, the members faced discrediting stigma by virtue

of their health issues and advanced age (made apparent by their gray hair, wrinkles, and membership in the program). Membership in the fit category also centered upon the participants' health statuses, and in particular their abilities to exercise and participate fully in both gym and social activities. Belying their precarious statuses as fit individuals who were not old, the participants were aware that increased age, illness, and disability, would eventually place them in category of unfit, or old by rendering them less active and, therefore, dependent on others. In this way, my participants, like those in Hurd's (1999) study, "embod(ied) the inevitability and irreversibility of the status passage of aging" (p. 439).

In addition to exploring some of the ways that the participants embraced and resisted ageist stereotypes and healthist norms, this research is situated within a broader framework of age relations (Calasanti & Slevin, 2001). Within this framework, study participants created identities that would assist them in navigating a social world in which aging was (and is) constructed as a social problem that could be ameliorated by self-governance and control. Corresponding to the findings of Nadasen (2008) and Whitaker (2005), membership in the exercise program for older adults was liberating for the research participants, who were part of a unique social community that shared congruent experiences, abilities, and interests. Group association provided a source of belonging and identity construction, which allowed study participants to avoid some of the stigmas of affiliation with those who were deemed to be old. At the same time, membership at the program reinforced age and gender relations through the use of the body as a symbol of self-expression (Biggs, 1997), where masculinity was defined in opposition to femininity, and where fit aging was defined in opposition to ageist stereotypes of disease

and decline. The older men and women performed gender in ways that reinforced existing hierarchies and allowed the men in particular to align themselves with norms of youthfulness and sexual dominance. Interestingly, while the participants belonged to an age-segmented program which identified them as old rather than young, they subscribed to the view that aging was a lifestyle choice and therefore conformed to particular representations of aging which were in opposition to ageist stereotypes and norms. By defining their own experiences of aging through physical and social activities related to the program, study participants achieved a sense of control over the process of becoming older. In particular, exercise was a way for them to manage how their aging bodies might be viewed and interpreted by others (Goffman, 1959), and as a means of ownership over their individual experiences of aging, thus mitigating expected future physical and social losses.

The members were constrained by their internalization of social norms of health and youthfulness, as well as ageist stereotypes. The process of aging transgresses cultural norms of youth and beauty, while illness and disability transgress norms of competence. Yet, dictates that older adults must remain healthy, fit, and physically competent as they age do not actually counter ageism. Instead, such mandates merely “forestall the point at which individuals’ bodies become marked as old and hence deserving of exclusion” (Calasanti, 2005, p. 352).

The ways that participants negotiated aging at the age-segmented program occurred within a societal context in which power operates through discourses about how aging bodies should be governed (Foucault, 1977; 1990). Aging is discursively constructed as a social problem; these discourses direct the movements and behaviours of

older adults to socially acceptable ones such as exercise (Foucault, 1990). In response to these discourses, the women placed a high value on the knowledge produced by experts, while both the men and women internalized healthist norms related to the moral imperative of exercise for older adults. In this way, the study participants disciplined and governed their own bodies according to cultural mandates, which serve to subjugate older bodies and control the aging population (Foucault, 1990). Within healthist discourses, fit aging and successful aging are synonymous, and are equated with not looking or acting old (Calasanti, 2005). Looking or acting old is to appear and act physically unfit; those who are not active and physically fit are considered less valuable in society (Calasanti, 2005; Grant, 2001; Katz, 2000). According to Katz (2000), physical activity is a way to contest the normalization of old age. However, by condemning others who do not demonstrate fit aging, and by presuming that the process of aging can be controlled through lifestyle choices, ageism is justified towards others who do not or cannot make such choices.

### *5.5 Limitations of the Project*

This study is not without its limitations. Firstly, the sample size and scope of the project were relatively small in comparison to other similar research studies. While the project interviews and observations resulted in sufficient data to contribute new knowledge in relation to how older adults experience an age-segmented exercise program, the findings are not generalizable to all older male and female exercisers in Canada. Additionally, although the participants were diverse with respect to age and gender, the sample was largely homogenous in terms of income, education, marital status, and sexual orientation. Thus, the lack of diversity in my sample did not allow me to

adequately comment on a cross-section of older adults (such as from other racial, ethnic, or socio-economic backgrounds). Finally, the short observational time period did not allow me to gather data relating to varying terms, occasions, seasons, or special events occurring throughout the year. A longer period of observation may have resulted in the collection of important additional data.

### *5.6 Suggestions for Future Research*

In the future, it would be beneficial to conduct similar research with a more diverse group of individuals. In particular, it would be important to explore how older gay and lesbian adults as well as older working class and middle class individuals construct and negotiate meanings in the context of an age-segmented fitness program. It would also be important to examine how disabled older adults experience an age-segmented exercise program and to investigate whether they would use fitness practices in order to deflect from their disabilities, and to explore whether they would reproduce age and gender norms, or create a unique and inclusive culture. It would also be of interest to explore whether or not disabled older exercisers privilege a high level of physical ability, and whether they exercise in order to improve and maintain their existing levels of ability, for health reasons, or to be more exceptional than other disabled older adults.

### *5.7 Conclusions and Recommendations*

The findings from this research may provide some valuable recommendations for organizations or enterprises wishing to create exercise programs for older adults of similar populations. In particular, important lessons may be learned in regards to how older adults interpret and use exercise spaces. For instance, the men indicated that



activities involving competition and sports skills were enjoyable and meaningful; therefore, a program designed for older adults could provide regular opportunities for such pursuits. A segregated space designated for practicing sports drills and playing informal competitive games could be separated from other parts of the gym, ensuring that the comfort of members engaged in other activities would not be compromised. In addition, since the women indicated that they wished for greater input from the trainers, designated times or opportunities for the trainers to be available to answer members' questions might be of great benefit. Finally, since my research found that social needs of members varied by individual and by gender, segregated spaces for a variety of activities might be useful. Separate social spaces might include a meeting area where members could enjoy a post-workout snack or beverage, and gender-segregated locker rooms might allow both men and women to socialize in ways that would not interfere with each other's enjoyment of the program. Due to the fact that some individuals in my study did not wish to socialize at all, a gym that could provide separate spaces for not only social activities, but also fitness classes, stretching activities, and weight training activities, would likely create an increased level of privacy and comfort for its members.

In conclusion, this research project has helped to extend existing research on the experiences of fitness for older adults, and the meanings they attribute to exercise. In addition, it has uncovered new insights into how these experiences vary by gender and the ways that older adults perform masculinity, femininity and aging. This research contributes to our understanding of how men and women who belong and participate together in a program designed for older adults perform gender in ways that enable them to be affiliated with youthful norms. My research highlights the importance of fitness

practices in the negotiation of meaning and the construction of identity for older adults. In addition, the fitness practices of the older adults in this study are placed within a broader societal context that privileges youth and normalizes fit aging. The participants in my study simultaneously internalized and resisted ageist stereotypes as they conformed to ageist discourses privileging youth and health, and used exercise and their physical abilities to deflect from age-related stigmas. In this way, my study contributes to our understanding of how age is socially constructed and how ageism is perpetuated through the maintenance of hierarchies of youth and gender.

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## Appendix A: Information and Consent Form

### **The Experiences of Members at a Fitness Program for Older Adults**

#### **Information Sheet and Consent Form**

Project Title: **Experiencing a Program for Older Adults**

#### **Brief Description of the Project:**

This project aims to find out more about the experiences of fitness consumers within a fitness program designed for older adults. Specifically, the project is intended to discover what it is like to be a member of the program, including an exploration of cultural norms and relationships within the program.

#### **Who is Doing the Research?**

The research is being conducted by Kate Maliha, a graduate student in the School of Human Kinetics at the University of British Columbia, as a part of her graduate curriculum coursework. Her supervisor, Dr. Laura Hurd Clarke, an Assistant Professor in the School of Human Kinetics at UBC, is overseeing the project.

#### **The Research and Your Participation:**

Your perspectives on exercise and aging, and the role the program plays in your life, would be extremely helpful. I will be spending time at the program learning about the program and observing the activities of participants. With your permission, I would like to observe you at the gym at times that are convenient to you, and also interview you at a time and location that is convenient for you.

#### **Confidentiality and Anonymity:**

All information resulting from interviews and field notes will be kept confidential and your name will not be referred to in any of the documents resulting from this study. All field notes as well as the transcripts from the interviews and the digital audio files will be

stored on a password protected computer. *Consent forms* (see below) will be kept in a sealed envelope in a locked filing cabinet and stored separately from interview transcripts. According to university policy, all transcripts, audio files, and consent forms will be stored for five years and then destroyed. Information generated from this research will be published as part of a Master's thesis and in scholarly journals. Participants may request a summary of the research findings following the completion of this project as well as copies of published articles.

**Your Voluntary Participation:**

Your participation is entirely voluntary and you have the right to withdraw from the project at any time without giving a reason. If you have any concerns about your treatment or rights as a research participant, you are encouraged to contact the Office of Research Services at the University of British Columbia, at (604) 822-8598.

**Further Contact Information or Concerns:**

If you have any questions or require further information regarding the project, please contact Kate Maliha, at (604) 224-5449 or her supervisor, Dr. Laura Hurd Clarke, at (604) 822-4281.

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**CONSENT**

I have read the above information and understand the nature of the study. I understand that participation in this study is voluntary and I may refuse to participate in or withdraw from the study at any time. I understand that all in-depth interviews will be digitally recorded and transcribed verbatim.

I hereby agree to the above stated conditions and consent to participate in this study.

Your signature below indicates that you have received a copy of this consent form for your own records. Your signature also indicates that you consent to participate in this study.

***Signed:***

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**Date:** \_\_\_\_\_



## **Appendix B: Interview Questions**

### Study: Experiencing an Exercise Program Designed for Older Adults

The following questions were asked in a flexible and open-ended manner and were altered as various themes begin to emerge in the data and required further clarification. Prompts, probes, and follow-ups were added as required. These interview schedules were used as a general guide.

#### **Interview #1**

1. Tell me the story of how you came to be involved with the program.
  - a) How did you find out about the program?
  - b) What made you decide to join the program?
  - c) Did you initially come to the program by yourself or with a partner/friend? What was that like?
2. What classes do you attend at the program?
  - a) Why did you pick this/these particular class(es) to attend?
  - b) How often do you attend?
  - c) How long do you stay at the gym when you are there?
  - c) Have your participation level and the types of things you do at the program changed over time at all? If so, tell me about that.
  - d) Which classes/activities at the program do you like the most/least? Why?
3. Tell me about some of the people you have met at the program.
  - a) What kinds of people tend to join the program?
  - b) Do you interact much with other members? (If yes, tell me about that)
  - c) Have you made any friends at the program that you socialize with? (If yes, tell me about that)
  - d) What do you like most/least about the other people who attend the program?
4. What do you think about the staff members who work/volunteer at the program?
  - a) What do you like most/least about the various staff members?
  - b) How much interaction do you have with the staff?
  - c) How much turnover is there in the staff? What is that like?
5. What do you think about the space where the program is run?
  - a) What do you like most/least about the space?
  - b) What is it like being part of a gym that is situated on a university campus?
  - c) How does the space/location on campus foster/limit friendships and/or a sense of community in the program?
6. Tell me about your health.
  - a) How would you rate your health?
  - b) What was your health status like prior to joining the program?

- c) How did this influence your decision to join, if at all?
  - d) How would you rate your health prior to joining the program?
7. What kinds of exercise/physical activities did you do before you joined the program?
- a) How do the classes/activities that you do at the program resemble/differ from your past exercise/physical activity experiences?
  - b) Are there any physical activities/types of exercise that you used to do that you are no longer able to do? What is that like for you?
  - c) Are there any physical activities/types of exercise that you do now that you never used to do? What is that like for you?
  - d) Why do you exercise?
  - e) How important/unimportant is physical activity/exercise to you?
  - f) What would it mean to you if you were unable to exercise at all?
8. How do you think your experiences of exercise/the program are influenced by your gender? Age? Socio-economic status? Sexual orientation? Level of physical activity? Past experiences of exercise? Health status? Marital/partner status? Other social roles and responsibilities?
9. What are your favourite/least favourite aspects of the program overall?
- a) If you could change anything about the program, what would that be? What would you do differently?
  - b) Would you consider joining a fitness club or program that was not targeted specifically to older adults? Why or why not?

## **Interview #2**

1. Can you tell me about your social experiences with others members either within or outside of the program?
- a) What types of things do you do with other members outside of the program (if any)?
  - b) Do you tend to go for coffee after classes/work outs? Why or why not?
  - c) Are there other members who you knew before, and have met again at the program?
  - d) What does socializing with other program members mean to you?
  - e) Have you noticed other social groups at the program? If so, what do you think about the various social groups at the program?
2. What is it like to attend the program with your spouse/what is it like to socialize with married couples at the program?
- a) Are there any differences between the social experiences of married couples and single people at the program?

- b) Do you think your experience of the program would be different if you were single/married?
  - c) Do you think there are differences between the social experiences of men and women at the program? If so, how?
3. Have you experienced any age-related changes to your body? (If yes, tell me about that)
- a) Have these changes affected your exercise experiences at the program?  
How/why?
  - b) Do you think your experiences in this regard are similar or different from others at the program? Why or why not?
  - c) Do you think these experiences of your body affect the way you socialize with others at the program? If so, how?
4. Do you think it is important for older adults to exercise? Why or why not?
- a) What do you think about other older adults who do not exercise?
  - b) What do you think about other older adults who do exercise?
5. Do you think exercise programs designed for older adults will become more popular in the future? Why or why not?
6. What advantages or disadvantages are there to being a member of the program?



## Appendix C: Biographical Data Form

### Experiencing a Program for Older Adults

The following questions are used to obtain background information about you. Please answer all questions as accurately as possible.

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
2. Marital/partner status: \_\_\_\_\_
3. Number of children, if any: \_\_\_\_\_
4. Please indicate the highest level of education you have obtained:
  - Public school
  - Some high school
  - High school diploma
  - College or university - undergraduate
  - Technical school
  - Graduate school
  - Other – please specify: \_\_\_\_\_
5. What is/was your occupation, if any? (including unpaid work, care giving for family members) \_\_\_\_\_
6. What is your religious affiliation? \_\_\_\_\_
7. Which income bracket do you fall under?
  - Under \$10,000
  - \$10-20,000
  - \$20-30,000
  - \$30-40,000
  - \$40-50,000
  - \$50-60,000
  - \$60-70,000
  - \$70,000 +
8. What is your ethnic or cultural background? \_\_\_\_\_
9. What health issues do you have, if any? \_\_\_\_\_

## Appendix D: Certificate of Approval



The University of British Columbia  
Office of Research Services  
**Behavioural Research Ethics Board**  
Suite 102, 6190 Agronomy Road,  
Vancouver, B.C. V6T 1Z3

# CERTIFICATE OF APPROVAL - MINIMAL RISK

<b>PRINCIPAL INVESTIGATOR:</b> Laura Hurd Clarke	<b>INSTITUTION / DEPARTMENT:</b> UBC/Education/Human Kinetics	<b>UBC BREB NUMBER:</b> H09-00231
<b>INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:</b>		
<b>Institution</b>		<b>Site</b>
UBC		Vancouver (excludes UBC Hospital)
<b>Other locations where the research will be conducted:</b> Observations will take place at the site of the Changing Aging program, namely Robert F. Osborne Centre, 6108 Thunderbird Blvd Interviews will take place at the location of the participants' choosing. Possible sites will include the following: *On-site at the Changing Aging program *Interview rooms on UBC campus (School of Human Kinetics, Annex Auditorium) *Coffee shops *Participants' own homes		
<b>CO-INVESTIGATOR(S):</b> Katherine E. Maliha		
<b>SPONSORING AGENCIES:</b> N/A		
<b>PROJECT TITLE:</b> Experiencing Changing Aging		
<b>CERTIFICATE EXPIRY DATE:</b> March 2, 2010		
<b>DOCUMENTS INCLUDED IN THIS APPROVAL:</b>		<b>DATE APPROVED:</b> March 2, 2009
<b>Document Name</b>	<b>Version</b>	<b>Date</b>
<b>Consent Forms:</b>		
Appendix A - Information and Consent	version February 20, 2009	February 20, 2009
<b>Advertisements:</b>		
Appendix B - Recruitment Poster	version February 20, 2009	February 20, 2009
<b>Other Documents:</b>		
Appendix C - Interview Questions	Version February 6, 2009	February 6, 2009
Appendix E: Biographical Data Form	Version February 6, 2009	February 6, 2009
Appendix F - Letter From Changing Aging Management	Version February 20, 2009	February 20, 2009

Appendix D - Thesis Proposal Report

20, 2009  
Version  
February 6, 2009  
6

The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

***Approval is issued on behalf of the Behavioural Research Ethics Board  
and signed electronically by one of the following:***

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Dr. M. Judith Lynam, Chair  
Dr. Ken Craig, Chair  
Dr. Jim Rupert, Associate Chair  
Dr. Laurie Ford, Associate Chair  
Dr. Anita Ho, Associate Chair