AN ETHNOGRAPHIC STUDY OF THE MEANING OF ACTIVITY IN THE ELDERLY

by

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Abstract

This study explored the meaning of active living from the perspective of older persons. While there is growing research to support an active lifestyle as beneficial in many ways, there has been little investigation into how elders themselves conceive of active lifestyles. This ethnographic study represents an important first step, as it is imperative to understand how elders themselves view active living in order to develop and implement any strategies in the most effective and respectful manner.

The findings that emerged from in-depth interviews of 14 purposefully-selected informants comprised themes that could be structured into a taxonomy—an ethnography of the meaning of active living. The analysis of these themes made it clear that the elders’ conceptions of active living required a multi-faceted and interdependent conception of the self and personal well-being, which importantly included having meaningful relationships. The notions of “valuable activities” and “valuable time spent” were found to be central and semantically related to, and perhaps a derivative of, the meanings of “active living.” One of the most successful manifestations of active living, at least in part, was perceived to be ongoing goal-directed activity characterized by engagement and commitment. Autonomy and opportunity were identified to play a significant role in the meaning of “active lifestyle.” Finally, the informants’ conceptions of activity and active living were importantly described as self-reinforcing and positive.

As active living referred to a set of conditions and ongoing, specific activities thought to help achieve, maintain and enhance personal well-being, the development and discussion of the taxonomy helps to illuminate at least one alleged route to achieving, maintaining and/or improving overall personal well-being.
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CHAPTER ONE
INTRODUCTION

This thesis describes an ethnographic research study which aimed to explore the meaning of activity and of leading an active lifestyle from the perspective of the older person. Chapter one provides the background to the study.

Background

Because of declining fertility and mortality rates, the proportion of older persons has increased steadily in developed countries (Grigsby, 1991). In Canada, the 65 years and older group, who comprised 12.5% of the total population in 2001, has been projected to be 13.6% in 2005 and 20.5% in 2026, representing a 110% increase in numbers. (Statistics Canada, 2001). The oldest-old age group (85 years and up) is projected to grow by 400% from 1995 through 2050 (Belza & Baker, 2000).

With the growing number of older persons, there are increased demands for many types of services to meet their needs, including acute and chronic health care services. Elders are not only concerned about dealing with health problems when they arise, but also with preventing problems and promoting their health and well-being (Resnick & Spellbring, 2000). As a result of elders having decreasing employment-related commitments and some having fewer or different types of family commitments, older persons generally have more time to participate in a wide range of activities, and to do what they want to do with their time, including physical exercise (Hodes, 2000).

Continuing to be physically active plays a role in enhancing quality of life throughout all life stages. In middle age, regular exercise can improve self-esteem and maintain physical functioning. In those over age 65, exercise improves mobility and serves as a means to stimulate
social interaction (Ellingson & Conn, 2000). For the oldest-old (at least 85 years), activity can make the difference between independent living and helplessness (Hoskins, Hallal, McFarlane, Rubenfeld & Schreier, 1986). Health care professionals in general promote exercise as the best way to minimize the debilitating effects of old age and physical exercise in particular is recommended. Although many, including the medical profession, emphasize the benefits of physical activity this emphasis does not necessarily include other types of activity. Houde and Melillo (2000) believe that activity of any kind is invaluable for the elderly, as it keeps them feeling as though they are important, that they are still learning, that life is good no matter their age or ability, and a variety of other mentally healthy perspectives. It should be noted that these activities are important to anyone of any age and as such are apparently just as important, if not more so, for the elderly.

Activity may well be more appropriately described as any action that keeps an elderly individual busy with life (Dishman & Buckworth, 1996). In this respect, it can therefore be seen in political activism, social involvement, physical exercise, travel, community work, or a variety of other activities that keep an elderly individual thinking, moving, and somehow involved in life, despite whatever debilitating or natural aging conditions they may experience (Christmas & Anderson, 2000). According to the dictionary, activity is defined as including both mental and physical activity (de Wolf, Gregg, Harris & Scargill, 2000, p. 16). Lifestyle means a way of life that includes the typical habits, pastimes, attitudes, etc. of a person or group (Avis, Drysdale, Gregg, Neufeldt & Scargill, 1983). As such, an active lifestyle is broader than being physically active and incorporates the notion of various types of activities that form a way of life (Hoskins et al., 1986).
Kelly (1983) further asserts that it is important to not only understand the activity itself but to also understand the meaning ascribed to the activity by the participant. “Activity is not in the time or the action, but in the actor” (Kelly, 1982, p. 22). Hence, the meaning of activity is viewed not as a quantity, but as a quality, or subjective experience of the actor. Older persons find numerous meanings in activity (Lawton, 1985). Although participation data contribute to the meaning of activity, the meaning is crucial in itself (Kelly & Kelly, 1994). Unfortunately, little has been written about elders’ perceptions of being active or inactive and the meaning of active lifestyle.

If elders are to be encouraged to live active lifestyles in order to receive the benefits of such a lifestyle, how can communities and health providers facilitate their doing this? In a recent community needs assessment conducted by this researcher to identify the best types of programs to develop for the elderly to promote activity, most community stakeholders such as service providers and the consumers of those services believed that this meant offering programs that focused on varying levels of physical activity. This included group exercise classes, walking, swimming and yoga. Some stakeholders identified a wider range of programs such as gardening classes, and taking field trips to parks and shopping malls as appropriate, however the underlying theme remained as physical activity.

If the elderly are to be encouraged to lead active lifestyles, program planning needs to be geared differently and also needs to include the views of the elders as major stakeholders. What do elders consider to be an active lifestyle? What types of programs or services might be offered to assist them in leading active lifestyles? One program cannot address all needs because the elderly, like any age group, maintain varied lives and each elder has different cultural beliefs that influence their participation (Dishman & Buckworth, 1996; World Health Organization, 1999).
Problem Statement

Population projections are generating special interest in the role of activity in older persons’ lives (Carp, 1990; Cutler & Hendricks, 1990; Howe, 1987; Neulinger, 1981). If active lifestyles are to be encouraged, it is important that programs go beyond offering activities focused primarily on physical movement. For programs to be effective, they must address the needs of those they are targeted to serve. Knowing more about what it means for the elderly to lead active lifestyles and to be active is necessary in the planning and yet little research has been found on this topic. How activity is interpreted, and how it contributes to their lives also remains unclear (Kelly, Steinkamp & Kelly, 1986; Kelly, 1987). How do elderly people conduct active lives?

Purpose of the Study

The purpose of this study was therefore to describe the meaning of being active and leading an active lifestyle from the perspective of older persons.

Research Question

The specific research question to be answered was:

What is the meaning of active lifestyle and activity to older persons?

Significance of the Study

As the population of elders increases, so will the demand to provide programs that promote active lifestyles. Given this, it is important to understand the meaning of activity and what leading an active lifestyle is for elders in our communities. Currently, resources and support tend to focus on assisting elders with physical activities, yet many elders will spend more time living active lifestyles which may not necessarily include physical activity. A study of the meaning of activity and active lifestyles in older persons may shed light on how they think about
and experience activity, and how active lifestyles are manifested in their lives. Investigation into what activity means to elders may contribute to the development of ideas about factors that elders think may help or hinder their participation in activities, or influence their living an active lifestyle. In addition, by conducting this research from the perspective of the elders, the information will contribute to the body of knowledge that guides the care of the elderly. Furthermore, the findings may help to identify some aspects of support or information required by elders as well as those in the community, in the development of programs for activities and/or illuminate areas of concern that should be targeted in assessments of elders living in the community.

Summary

The meaning of activity in older persons has significant implications for the health and well-being of this cohort generation. There are potential deleterious effects on the quality of life of older persons due to lack of activity and this may result in functional decline and significant health implications.

Care providers are limited in providing education and support because of a lack of understanding of the actual meaning of activity and of leading an active lifestyle in older persons. Few studies have examined the meaning of activity, particularly related to older persons. The purpose of this study was to describe the meaning of being active and leading an active lifestyle from the perspective of older persons.

Overview of Thesis

This thesis consists of six chapters. In chapter one, an introduction to the thesis is presented. It consists of background information, the problem and purpose, the research question, and significance of the study. The literature review is presented in chapter two. Definitions, types
of activity, the benefits of activity and the forestructure of the study are described. Chapter three presents the methods chosen to guide this study. Ethnography is explained as are the sampling and data collection procedures. Ethical considerations are discussed and descriptions of the sample of older adults and data analysis are presented. Evidence of rigor and limitations of the study are also represented. In the fourth chapter, the findings are presented. The themes are presented and described in detail. Chapter five contains the discussion of the findings in light of relevant literature. The summary, conclusions and implications are presented in Chapter six.
CHAPTER TWO
LITERATURE REVIEW

In this chapter, so as to acquire understanding for the purpose of this study, the present state of knowledge about active lifestyles and the meaning of activity to older persons are examined. The definitions and meaning of activity and active lifestyle, the ways of being active, the functions of activity, and the benefits of activity for older persons are explored.

Definitions and Meanings of Activity

To help locate the meaning of activity for elders, the definitions of several terms were explored including; activity, physical activity, exercise, and the components of exercise in various combinations, active lifestyle and leisure. In addition, the meanings of inactive lifestyle and non-activity were explored. Finally, an exploration of existing definitions helped to reflect current knowledge.

Activity has been defined as “the state of being active; movement; use of power; physical activity, mental activity” (de Wolf et al., 2000, p. 16). This definition appears to reflect that activity is more than physical activity alone and incorporates mental activity as well. Neulinger (1981) regarded activity as a psychological concept. He thought of activity as “pure leisure,” and as a state of mind. He identified the defining elements of activity as perceived freedom and intrinsic motivation (1981). Kelly and Kelly (1994), however, argued that activity was not just a state of mind; rather, the definition of activity was what the active person perceived it to be.

The definition of activity as time was the traditional sociological view of activity found in the literature (Neulinger, 1981). As such, it included the idea of quantitative, residual, or discretionary time. Kelly (1982) described activity in terms of leisure time, which is “left-over from time that is obligated to meet work and self-maintenance requirements...as that in which
we may choose what we do; it is “free time” (p. 19). He noted that this view appeared “neat and simple” (p. 20), however, it addressed only quantity, not quality.

In contrast to an experience or time definition, a third view of activity was described as simply activity that individuals participated in during free time (Kraus, cited in Neulinger, 1981; Gault, 1983; Shaw, 1985). Activity could therefore be “games, sport, social-interaction, culture, and some activity that looks like work but is not” (Kelly, 1982, p. 20). Kelly (1982) pointed out a problem with using lists of activities to define activity. What activity was to one person might not be activity to another. For example, walking may be an activity to one person, or it may be “work, maintenance, or therapy” (Kelly, 1982, p. 20) to another person. It is not the activity itself that makes it an activity, but the quality, meaning, or definition of the activity by the participant (Kelly, 1982). Neulinger alleged that views of activity as time or leisure created an unnecessary and untrue dichotomy between what was considered activity and work.

Because of the emphasis on work and non-work in the above discussion, the term leisure was also examined. It was defined as “freedom or spare time provided by the cessation of [work] activities (Gove, 1981, p. 1292) and as “opportunity afforded by freedom from occupations...the state of having time at one's own disposal; time which one can spend as one pleases; free or unoccupied time” (Simpson & Weiner, 1989, p. 316). Other dictionaries (Morehead & Morehead, 1981; Publishers International Press, 1980) gave similar definitions. Terms used in the dictionaries for leisure included the emphasis on freedom from work and free time. Kelly, a sociologist, researched leisure (1982, 1991) and identified two central defining elements of leisure as the “dimensions of freedom and intrinsic satisfaction” (1982 p. 31). Freedom referred to choice, that persons can choose to participate, can see options, and can have other alternatives. Intrinsic satisfaction referred to the experience or meaning of an activity to the participant.
The term lifestyle was also examined because it seems to connote a broader perspective. Lifestyle was seen as “a way of life; the typical habits, pastimes, attitudes, etc. of a person or group” (Avis, Drysdale, Gregg, Neufeldt & Scargill, 1983, p. 667).

Because activity is often thought of synonymously with physical activity and physical activity is often associated with exercise, these terms were also clarified. de Wolfe et al. (2000) defined physical as “of the body; physical exercise” (p.1109). Physical activity was therefore focused on body movement type of activities rather than those that focused on mental or cognitive processes. Although in general, people might have thought of exercise as pertaining to physical exercise, a dictionary definition of exercise is broader and includes activities to train the body or the mind. Exercise was defined as “activity to train or develop the body or keep it healthy; a particular activity or series of activities designed to develop or train the body or mind or develop some skill or faculty” (de Wolf et al., p. 543).

A number of studies have been done that identified the meaning of leisure, active lifestyle, and activity. Throughout much of the current literature, the words activity, leisure, active lifestyle, and physical activity have been used interchangeably. Two studies addressed the meaning of leisure activity in relationship to work. In the first study, Roadburg (1981) asked his subjects (n = 245, mean age 71) from Nova Scotia, Canada, to define the terms activity and work. There were 12% (n = 13) of males who could not define activity. This suggested the concept might not be a part of their everyday vocabulary. Of eight activity definitions generated, the two with the highest frequency emphasized pleasure: (a) enjoyment, fun, and fulfillment; and (b) relaxing, doing nothing, and taking time (58%, n = 142). The two responses with the next highest frequency emphasized freedom: (a) own thing for yourself and (b) free time and time after work (38%, n = 93). The inability to define activity by 12% of males in their study lends
itself to the importance of further exploring the meaning of activity. Although the focus of this study was on the meaning of leisure activity in the elderly, there are implications for all age groups in understanding the meaning of leisure activity. In the second study, Weiner and Hunt (1981) studied activity, leisure and work versus non-work, in a group of retirees (n = 130, mean age 65.5) in a Florida retirement home. Their findings suggested that meanings found in previous work “spilled-over” into retirement activities. The investigators speculated that if a “spillover effect” is occurring, “work attitudes and meanings are so ingrained in American culture that they carry over to non-work activities as well” (p. 445).

The meaning of activity has been explored by a number of authors, dating back over 30 years (Bailey, 1985; Chin-Sang & Allen, 1991; Donald & Havighurst, 1959; Gunter, 1987; Kelly & Ross, 1989; Roadburg, 1981; Shaw, 1985; Weiner & Hunt, 1981). Gunter (1987) explored the meaning of activity and leisure in younger adults. He examined essays of university students (n = 140) who were asked to describe their most memorable and their most common activities, in order to generate meanings of activity as well as leisure activities in the lives of younger adults as compared to older adults. Meanings of activity and leisure for these university students were identified by means of a questionnaire. Students reported eight meanings of activity and leisure: (a) separation; (b) freedom of choice; (c) pleasurable involvement; (d) spontaneity; (e) timelessness; (f) fantasy; (g) adventure and exploration; and (h) self-regulation. Gunter also found that, for younger adults, the meaning of activity was acquainted to growing up, becoming independent, and making choices of their own about what activities they participated in as opposed to having their activities chosen for them by a parent or teacher. Furthermore, Gunter found that activity in younger adults was defined as something that was physical, such as playing...
sports, skiing, and swimming. These findings related to university students. Gunter did not address implications of these findings to other age groups.

Kelly and Ross (1989) investigated the meaning of activity in 380 adults who were at least 40 years of age. They examined the importance of motivation on participation in activities. They hypothesized that those people who were motivated would have greater patterns of activity, versus those people who were motivated in relation to the meaning they placed on activity. They found that 30% of the correlations were significant between motivational orientations and activity patterns, while only 2% of the correlations were significant between motivational orientations and activity meanings.

Kelly and Ross (1989) further concluded that satisfaction with participating in an activity was related to motivation and that the meaning of an activity was not related to how motivated one was to participate in a given activity. In their study, participation in activities was related to a sense of satisfaction, rather than the meaning of the activity or the motivation to perform the specific activity. In their study, the meanings (or satisfaction) subscales were also developed through prior waves of data collection. Subscales included the following meanings: (a) personal growth and expression; (b) service; (c) skill and competence; (d) role expectations; (e) social; (f) excitement; and (g) rest and relaxation. Although satisfaction in performing an activity was noted in their study, Kelly and Ross were researching the meaning of activity and motivation to participate in a specific activity.

Lawton (1985) suggested that categorizing the meaning of activity according to the ways a person determined meaning could be done either “by the characteristics of the person making the judgement” or by “the characteristics of the activity itself” (p. 142). Thus, activity has a unique and individual meaning to each person, based upon his or her own experiences.
Types of Activity

There were numerous types of activities identified throughout the literature. There was a substantive amount of literature regarding physical activity and exercise, including walking, running, swimming, hiking and weight-training (Vitulli & Malek, 1997). Vitulli and Malek also described gardening, playing bridge, reading, sewing and visiting relatives and friends as activities.

Benefits of Activity

There are many benefits associated with being active. The literature overwhelmingly suggested that physical activity was beneficial. In terms of physical activity, such as exercise, Vitulli and Malek (1997) suggested that elderly persons gain different benefits and have different rationale for maintaining an active lifestyle. These benefits and rationale include assisting in the development of strong muscles and improved bone mineral density thereby contributing to the prevention of falls and improvement in musculoskeletal problems, such as low back pain (AHA, 1996).

Ninety-eight (98) elderly persons in a study by Vitulli and Malek, described whether or not an activity was engaged in or not, if it was considered an activity, or an active lifestyle, and whether they considered if it was of benefit to them. The benefits included increased energy and stamina, increased appetite, decrease in number of falls, improved sleep, and improved social contact with less social isolation. There were reports of less illness, fewer appointments with physicians and a decrease in fractures related to falls. Finally, less depression was reported, associated with a decreased sense of social isolation.

Ussher, West, Taylor and McEwen (2001) sought to determine if lifestyle exercise programs assisted people to quit smoking. It was hypothesized that lifestyle, exercise or physical
activity may be helpful in moderating the effects of nicotine withdrawal in people who were quitting smoking. Although their results were inconclusive, this study sought to show that lifestyle exercise was a benefit for elders, particularly for decreasing withdrawal symptoms from cigarettes.

In a study by Adams, Swank, Barnard, Berning and Sevene-Adams (2000), the safety of an alteration in lifestyle, in this case physical exercise, was investigated. Blood pressure, rate of injury and muscle soreness were tested in sedentary women aged 44-68 years. It was concluded that sedentary women in this age group could participate in an exercise program without any abnormal responses in blood pressure, muscle soreness or injury.

A study conducted by Slattery, Edwards, Boucher, Anderson, and Caan (1999) examined the etiology of colon cancer and lifestyle patterns. The patterns included dietary variables, body size, medications, alcohol consumption and physical activity. These authors found that participating in physical activity was the lifestyle associated with a decreased risk of colon cancer. Throughout this study, the terms exercise, lifestyle, lifestyle patterns and lifestyle factors were used interchangeably.

The American Heart Association's (AHA) (1996) statement on the benefits of activity, like the work of Slattery, Edwards, Boucher, Anderson, and Caan (1999), focused on physical activity alone. The physical activity possibilities were identified as a formal training program or leisure-time physical activities. In addition, lifestyle changes, including lowering of blood lipids through diet and physical exercise and weight management were identified as beneficial in preventing coronary heart disease.

It was further reported that by developing and maintaining aerobic endurance, flexibility of joints and strong muscles were important components of a program of exercise, especially as
people age. Resistance training was identified to improve flexibility and to increase quality of life in the elderly, by assisting in the development of strong muscles and improved bone mineral density thereby contributing to the prevention of falls and improvement in musculoskeletal problems, such as low back pain (AHA, 1996).

The benefits of activity for fall prevention in elderly persons have been a key area for concern and research. It is estimated that in 1994, the cost to Canadians for fall-related injuries among persons 65 years and older was 2.8 billion dollars (Asche, Gallagher and Coyte, 2000). In a paper by Gallagher (1994), she identified work by Speechley and Tinetti which found that vigorous seniors were likely to be injured more seriously than non-vigorous seniors due to the seniors proximity to environmental hazards and to objects such as stairs and curbs and other hazards encountered while away from home. It was also noted that frail seniors were more apt to fall while performing activities of daily living, were likely to fall shorter distances and therefore less forcefully.

Speechley and Tinetti (1990), as referred to by Gallagher (1994), further suggested that there is a greater danger of injury from falling in active elderly populations. It was pointed out that “elderly persons with reduced muscle strength stand a greater risk of falling because muscles hold up the body’s skeletal structure”; that “frail elderly may reduce their fall risk by engaging in physical therapy to strengthen muscle weakness, balance and gait disorders, and safe performance of basic activities” (p.17) and that “active older persons need to be educated regarding the safe performance of particular physical activities, rather than on avoidance of these activities so that independence is maintained” (p.18).

Gallagher and Scott (1997) have linked depression, living alone, being widowed or divorced, having transient emotional stress, decreased contact with children and the use of
assistive devices with an increased incidence of falls. They have further suggested (1999) that some falls can be prevented by addressing underlying medical conditions through education on risks and prevention, on exercise and the removal of environmental hazards.

Other recent studies on fall prevention in the elderly have echoed this work, suggesting that individually prescribed programs of muscle strengthening and balance training and Tai Chi exercise programs are likely to be beneficial, as is reducing psychotropic and other medications that may affect balance and coordination (Gallagher, 2001; Gillespie, Gillespie, Robertson, Lamb, Cumming & Rowe, 2003; Hyatt, 2003; Newton, 1997). While these data suggest that physical activity is one factor in injury prevention that is an important aspect of physical well-being, there has been little suggested regarding which activity types are most beneficial for holistic well-being. As Gallagher (1994) noted, “there is increasing consensus that to be most effective, fall intervention programs should model a multidisciplinary, multifactorial approach that combines medical, behavioural, environmental, educational and exercise components.”

A falls prevention program for seniors living in the community, Steady as You Go (SAYGO), was developed as a cognitive/behavioural fall prevention intervention for seniors and has been introduced into various communities across Canada. The goals of the SAYGO program include increased quality of life and independence through a reduction of falls at home and in the community. The program uses a multifactorial risk abatement approach to fall prevention through education and is considered to be relatively simple to implement in the community (Gallagher, 2002; Robson, Edwards, Gallagher & Baker, 2001). It also prescribes Tai Chi, a proven method of falls prevention, as a form of exercise.

In addition to physical benefits of exercise, psychological functioning was also seen to improve with exercise. Active persons were reported to be better adjusted, have higher
performance on cognitive functioning, having reduced response to stress and report fewer symptoms of depression and anxiety. Furthermore, exercise was linked to improved self-confidence and self-esteem (AHA, 1996). A significant concern however, was the long-term adherence to exercise programs. Motivation was especially important since exercise is beneficial if maintained and lifestyle changes become a habit (Crandall, 1980; AHA). Physical activity and physically active lifestyle were concepts used interchangeably in the AHA statement on exercise.

Socialization was considered to be a type of activity. Having social contact was perhaps one of the most important forms of activity for the elderly. Socializing was examined in terms of the number of social contacts, the nature of the social engagement and the type of contact, such as individual or group contact. In terms of number of social contacts, elderly people having many social contacts were found to enjoy better cognitive function than their more isolated counterparts (Cohen, 1996).

Social engagement has been measured in terms of presence of a spouse, monthly and annual contact with relatives or friends, attendance at religious services, group membership, and regular social activities. Those elder persons with low social engagement have been shown to be at greater risk of cognitive decline than those with higher social engagement, even after controlling for various factors, such as socio-economic status (Cohen, 1996).

Social involvement was differentiated from social engagement in that involvement did not necessarily mean close relationships with others. Social engagement included community activities such as volunteering, and longer-term relationships were often developed.

Social contact and community involvement were identified as beneficial to the well-being of the elderly. It was suggested that organized religious groups offer a number of services to the elderly. They provided the elderly with contacts that engaged them with other
people, as well as with inherent spiritual opportunities, which were very important for many elders. Churches, mosques and synagogues were identified as possible venues for group activities involving people of all ages such as craft clubs, and bazaars that offer not only an activity, but also a safe atmosphere for taking part in those activities (Cohen, 1996).

Social interaction was also identified to promote mental well-being. Banerjee, Shamash, Macdonald, and Mann, (1996) studied the effects of social interaction on depression in the elderly. The interactions examined included interactions with a team of health professionals from a mental health service and interactions with a family practitioner. Interaction with the mental health team generated more positive benefits than interaction with the family physician. Team interaction decreased symptoms of depression, such as loss of sleep, feelings of hopelessness and worthlessness, while interaction with the family physician provided some positive effects including improved appetite and some improvement of depressed mood.

Depression is regarded as a serious concern for all age groups however, with the elderly it can lead to more health problems. According to Banerjee et al. (1996), depression is often found among those who are not considered to be active. The elderly are often seen to live alone, to have little or no social contact, and to be primarily inactive in their lives (Cohen, 1996). Cohen defined inactivity as non-participation in regular physical and/or social events. Some elders were observed to stay in their homes, perhaps going out to a meal every now and then. They may have had an illness that kept them homebound, and the most social interaction they enjoyed was with their medical professional team when they made the trip, if they were able, to the doctor’s office. This is regarded as a very common reality that many elderly live with, and they may live with this lifestyle for many years (Cohen, 1996). Lack of social contact and support, social isolation,
and lack of opportunities for activities are suggested to lead to chronic depression in the elderly (Banerjee, Shamash, Macdonald & Mann, 1996).

Some activities were identified to reflect multiple benefits from their different components (Kazemek, 1997). For example, participating in a writing workshop complements other interests, needs and desires of elders and provides an avenue for expression and reminiscing. There were physical benefits associated with attending a writing workshop, especially for those elders who had chronic conditions such as arthritis. Writing was seen to assist with movement of the hands and fingers, and decrease the stiffness and discomfort (Kazemek, 1997).

In sum, activity and active lifestyles have been linked to improved physiological functioning in many respects, increased self-esteem, improved socialization and decreased depression.

Forestructure

The forestructure of this study consists of a description of the researcher's personal beliefs and experiences related to activity and active lifestyles. As the researcher, I bring my life experiences and beliefs to this study. My life experiences and background include, in part, the following: being a competitive swimmer at the Olympic level, playing on Canadian field hockey teams, walking ten miles daily, swimming daily and being active in community organizations. My lifestyle also includes twice daily meditations, yoga, and attending to my spiritual well-being on an individual basis, as well as involvement in group activities in a religious community of my choice. I believe that activity can improve physical, emotional, cognitive and spiritual health outcomes. I believe that activity is whatever the person believes it to be and that participating in physical exercise has benefits for physical and mental health.
In terms of work experience, I have been an instructor in a Healthy Heart Wellness program. A key component of the Healthy Heart Wellness program has been the inclusion of exercise programs that focus on physical activity in addition to socialization and relaxation/stress management. I have encountered many seniors who attended the Healthy Heart Wellness program who initially expected a physical exercise program that focused only on physical activity. Most elders who attended these classes had been sent by their physician with an "exercise prescription," and they expected to be put on a program of treadmill walking, bicycling and rowing, as well as weight training. Over the course of a few weeks, however, most participants were observed to begin socializing with other participants, and they began to participate in conversations with others, share recipes, and invite one another to other activities, such as dancing classes.

As for an active lifestyle, the comments that have been heard tended to include those activities that kept elders busy, engaged and happy during the day, such as playing bridge, visiting friends and family or traveling. Because the knower cannot be separated from what is known (Lincoln & Guba, 1985) it is important to be cognizant of the factors that influence myself as the researcher and therefore may influence my observations and interpretations.

Summary

What is known about the definitions and meaning of activity and active lifestyle, the ways of being active, the functions of activity, and the benefits of activity for older persons have been explored in this chapter. To help locate and identify the meaning of activity for elders, the definitions of several terms were explored including: activity, physical activity, exercise, and the components of exercise in various combinations, active lifestyle and leisure. Because activity is often thought of synonymously with physical activity and physical activity is often associated
with exercise, these terms were also clarified for definition. Physical activity was therefore focused on body movement type of activities rather than those that focused on mental or cognitive processes. Throughout much of the current literature, the words activity, leisure, active lifestyle, and physical activity have been used interchangeably.

Fall prevention strategies were explored in relation to both injury prevention and quality of life in the elder population. Gallagher and Scott (1999) identified three key target areas for preventing falls and other injuries: educational programs including the SAYGO program, exercises which strengthen muscles and increase balance, such as Tai Chi and Yoga and a heightened awareness of environmental hazards in the communities where elders reside.

The American Heart Association's (AHA) (1996) statement on the benefits of activity focused on physical activity. The physical activity possibilities were identified as formal training programs, or leisure-time physical activities. Walking, running, swimming, hiking and weight-training were noted to be physical activities which also demonstrated positive psychological benefits. Physical activity and physically active lifestyle were concepts used interchangeably in the AHA statement on exercise.

In addition to physical benefits of exercise, psychological functioning was also seen to improve with exercise. Active persons were reported to be better adjusted, have higher performance on cognitive functioning, reduced response to stress and report less symptoms of depression and anxiety. Furthermore, exercise was linked to improved self-confidence and self-esteem.

The methods used in this study were not such as to lend credence to a causal connection between physically activity, or activity in general, with improved well-being. This study aimed to help lay the groundwork for implementation of the findings of such causal investigations. In
line with this objective, ethnographic research methods were used as these represent a direct approach to gaining intimate understanding of concepts in a culture. An intimate understanding of the meaning of active living to older persons will help ensure that programs and services designed to meet their needs can do so effectively and respectfully.
CHAPTER THREE

METHODS

A qualitative approach was chosen for this study because such an approach is useful when little is known about the subject of interest. Although there was a reasonable body of knowledge related to activity in general, there was a relative lack of information specific to what elders experience and understand as being active and living an active lifestyle.

Qualitative methods have been found to facilitate the exploration of a subject from an insider's point of view or “emic” perspective, based on the belief that those who have experienced a particular phenomenon or issue have the best ‘take’ on the experience (Arcury, Quandt & Bell, 2001). In this study, the perspectives of elders who are active and lead active lifestyles, or who are inactive have been sought for that very reason. Furthermore, qualitative research is usually conducted in a naturalistic setting with little if any attempt to control all the variables, resulting in an exploration of all facets of the research question. This has been important in a study such as the one being described here where there are likely to be a variety of issues arising for elders within the context of activity and active lifestyles (Denzin & Lincoln, 2000; Morse & Field, 1995; Morse, 1991).

This study employed an ethnographic method. Ethnography is the study of culture, which is defined as “the acquired knowledge that people use to interpret experience and generate social behaviour” (Spradley, 1979, p. 5). The goal of ethnography is to discover such cultural knowledge. “Ethnographers seek understanding of the customary actions, beliefs, knowledge, and attitudes of a social group as reflected in the ways of engaging in everyday life” (Zaharlick & Green, 1991, p. 207). An ethnographic design permits the researcher to obtain “insights into the meaning of particular things and events as understood by the participants of the culture”
(Evaneshko & Kay, 1982, p. 49). The approach facilitates cultural understanding from the subject’s point of view (Hammersley & Atkinson, 1995; Leininger, 1978; 1985; Ragucci, 1972; Robertson & Boyle, 1984). This method concentrates on clarifying how people interpret their world from the way they talk about their experience (Leininger, 1978).

In this study, the everyday life of the elderly was examined in order to acquire an understanding of the meaning of activity and active lifestyle from their perspective. Although ethnography provides a holistic perspective (Munhall & Oiler, 1986), it may be topic-oriented (Zaharlick & Green, 1991), and in this instance, activity and active lifestyle in the elderly were the central focus.

An ethnography is the study of a group of living people – how they live, how they interact, what they believe, how they behave, what kinds of objects they use, and what they do. It focuses on one group at one place in time – ethnographers (also sometimes known as “cultural anthropologists” or “behavioral anthropologists” or “social anthropologists”) generally spend a great deal of time living with and interacting with the group of people they are studying (Leininger, 1985).

According to Patton (2000), ethnography is a social science research method. It relies heavily on up-close, non-integrated but intimate experiences (not just observing) by ethnographic researchers, often working in multidisciplinary teams. It usually includes intensive language and culture learning, intensive study of a single field or arena, and a blend of historical, observational, and interview methods. Ethnographic methods can give shape to new constructs and new variables, for further empirical testing in the field or through so-called traditional, quantitative social science methods (Morse & Field, 1995).
The roots of ethnography are in anthropology and sociology, but present-day practitioners conduct ethnography in organizations and communities of all kinds. Ethnographers study schooling, public health, rural and urban development, consumers and consumer goods—any human arena (Patton, 2000). While particularly suited to exploratory research, ethnography draws on a wide range of both qualitative and quantitative methodologies, moving from “learning” to “testing” while research problems, perspectives, and theories emerge and shift (Leininger, 1985).

Ethnographic methods are a means of tapping local points of view, a means of identifying significant categories of human experience up close and personal. Ethnography enhances and widens top-down views and enriches the inquiry process, taps both bottom-up insights and perspectives of powerful actors “at the top,” and generates new analytic insights by engaging in interactive, exploration of often subtle arenas of human difference and similarity (Van Manen, 1998).

An ethnographer does not necessarily lead respondents through a series of questions. More often than not, individuals are encouraged to tell their own stories. This fits well with the researcher’s need to understand what the elderly consider activity and active lifestyle (Mitchell & Charmaz, 1998).

Finally, it is important for my goals in undertaking this research to note, as Spradley (1979) does, that an “alternative to formal theories, and a strategy that reduces the ethnocentrism, is to develop theories grounded in empirical data of cultural description. Glaser and Strauss have called this grounded theory. Ethnography offers an excellent strategy for discovering grounded theory.” Ethnographic research can help to lay foundations for grounded theoretical research on related topics. Without a thorough understanding of the conceptions and perceptions of the
populations under study, we cannot hope to most successfully and respectfully develop and implement programs and services that promote the well-being of those persons.

Selection of Participants

No specific formulas exist to determine the correct number of participants for a sample in a qualitative study (Morse & Field, 1995). Nonetheless, due to the intensity and focus of one-to-one interviews, the stories told, and the abundance of unique and rich data that are generated, the sample in a qualitative research study is necessarily smaller than in quantitative studies.

For this study, purposeful sampling was used to recruit participants. Participants were selected for their ability to meet the needs of the study, that is, to discuss what the meaning of activity and active lifestyle is to them (Glaser & Strauss, 1967; Morse & Field, 1995; Morse, 1991). Because of the small sample size, participant selection must be used to obtain a good range and richness of experience (Sandelowski, 1995). The researcher recruited participants who seemed more or less involved with different types of activity and from a variety of cultures and backgrounds and willing to share and expand on their experiences.

Purposeful sampling involves the use of certain criteria for the selection of participants. This type of sampling method was been chosen because the nature of the data precluded the need for large numbers of randomly selected informants. Only a small number of participants needed to be interviewed because cultural knowledge is shared by the group (Evaneshko & Kay, 1982). Participants were purposefully selected from a list that was prepared by contacts in the community including the Richmond Community Health Department and the Richmond Wellness Centre. The community contacts described the research project to randomly selected elders in the community of Richmond. After they gave permission to have their names placed on a list of possible candidates for the project, consent was then obtained by the researcher to reach potential
participants by telephone. The contact person was able to identify the range of elders and their experience that the researcher wanted to interview. The criteria for participant selection included being over the age of 65 years and able to understand and speak English. Purposeful sampling as identified by Evaneshko and Kay (1982) was used to select fourteen participants for this study.

From meetings with the contact people, the potential participants were provided with knowledge regarding the purpose of the study, and the need to interview participants who participate in varying levels and degrees of activities. As interest was forthcoming, the researcher contacted individual potential participants and an appointment was made to discuss the study, answers were provided to any questions, and consent obtained. If the person consented to participate in the study, a time and place was arranged for an interview.

Description of Informants

The sample consisted of fourteen elders whose ages ranged from 65 to 92. Of the fourteen participants, two had never been married. Five had lost at least one spouse to death. Three lived in supported seniors’ housing, two lived in independent seniors’ housing, others lived alone in their house or condominium, two women lived in a rental apartment and two men lived in a subsidized seniors’ housing complex. All fourteen participants were involved in at least one community activity and/or program in the community of Richmond. Ten of the participants continued to operate their motor vehicle. Four participants utilized public transportation, and also organized rides with friends to various activities in the community.

Data Collection Procedures

Data were collected through in-depth interviews with each of the participants. The researcher conducted a one-to-one semi-structured interview and a follow-up interview. By using
a more open-ended questioning approach, the path of the interview was not predetermined, and the participant was free to move in new and unexpected directions.

The initial interview was used to elicit information and generate culturally relevant questions (Robertson & Boyle, 1984). The interview involved a systematic exploration of perceptions, reflections, and the participant's involvement or non-involvement in activities. The meaning of being active and active lifestyle was explored.

To follow-up with the original interview questions, trigger questions and/or statements were employed. For example, “tell me a little bit more” as an open-ended probative statement opened up the dialogue. A typical response to this was “I go to church to keep busy”. To seek further information and clarification, a mirroring question, “What do you do at church to keep busy?” would invite the participant to be more descriptive. The focus of the second interview was clarification of meanings and underlying themes from the first interviews.

Formal Elicitation Procedures (FEP) were also used as part of the framework for the interviews. FEPs required that the informants come to understand the questions and their answers in their own terms (Evaneshko & Kay, 1982; Spradley, 1979). As a result, questions varied between informants because they may be “continually [being] modified, explained, elaborated and redirected as necessary to get at comprehensive understanding (Evaneshko & Kay, 1982, p. 50). The researcher came to each interview with a list of broad, open-ended questions to be used as triggers to initiate discussion. Interviewing was designed to gather rich detailed information from participants (See trigger questions Appendix A). This technique was chosen to help explore the nature of the participants’ experience and allow the participants more control over the direction and content of their stories. The primary method of inquiry was that of open-ended
questions (Mishler, 1993). These types of questions were intended to be less threatening than direct closed questions and enhance participant comfort and disclosure (Morse & Field, 1995).

With the use of active listening and open-ended questions, participants were encouraged to highlight their own personal experiences and to share any feelings or thoughts that may have had an impact on how they define activity or active lifestyle. This enabled the researcher to discover the context and nature of the participants' experience of activity, or active lifestyle (Mishler, 1993).

Each one-to-one interview was approximately an hour in length and these were held in a location and at a time chosen by the participant. Second interviews were conducted with all participants to verify or expand on initial data, or to verify emerging analysis of the data, and questions were altered to further explore issues that had been identified frequently in the data from initial interviews.

Data Analysis

Conducting interviews with elders involved certain challenges and required specific skills of the interviewer. Two of the most important skills identified by Figley and Nelson (1989, as cited in Wright & Leahey, 1994) are basic interviewing skills and the ability to establish rapport. While the purpose of a research interview is different than in a therapeutic interview, the application of basic interviewing skills was similar. The consultant on the researcher's thesis committee, Dr. Ann Hilton, is an experienced nurse and researcher and was available to provide advice and support regarding interviewing, if necessary.

Interviews were audiotaped and transcribed verbatim, and raw field notes were utilized (Sanjek, 1993; Emerson, Fretz, & Shaw, 1998). Detailed and accurate field notes were regarded as an important supplemental source of data and necessary for a successful qualitative study.
(Morse & Field, 1995). In this study, field notes were written after every interview in order to place the interaction in context. Observations and general impressions about physical setting, nonverbal communication, or other nuances and subtleties of the interaction were recorded.

In qualitative research, data analysis takes place concurrently with data collection and is an inductive rather than a deductive process. A variety of analytic techniques and processes were employed in this study. These included reviewing the data in order to discover underlying meanings and themes, as well as revisiting the participants in the field to clarify information interspersed with strategic immersion in the field. Constant comparison of data with emerging themes and patterns was facilitated in order to get a sense of the whole, as well as to discern commonalities. Rather than a line by line sorting and coding of data, which can result in a proliferation of words that are contextually and analytically empty (Sandelowski, 1995), analysis of the data in this study focused on what Morse & Field (1995) describe as four sequential processes integral to qualitative research: comprehending, synthesizing, theorizing and recontextualizing.

Data analysis began at the time of data collection. As the interviews were transcribed and coded, the researcher entered the first process of comprehension. This occurred when there was sufficient data to begin writing a rich, detailed and sound report. The coding of data as the central process in comprehension assisted the researcher in discovering meanings in the data in order to identify patterns of activity in the elderly (Morse & Field, 1995).

Synthesizing occurred as the researcher developed a sense of what was occurring in the setting by grouping words and/or phrases associated with the patterns identified. Norms and variations were identified, and critical points became identifiable to the researcher. In data analysis, synthesis occurred in two ways, by comparing the transcripts of the participants, and
analyzing of identified categories in the data. In this way, the researcher was able to synthesize
the data, and began to interpret and validate findings (Morse & Field, 1995).

Theorizing has been described as a “tool” (Morse & Field, 1995, p. 128). Theorizing is
the categorization of data and determined the attributes of each activity identified within each
pattern. The researcher was then able to raise alternate explanations for findings, and look for a
“best fit” (Morse & Field, 1995, p. 128).

Recontextualizing has been referred to as the advancement of an emerging theory in
order that the theory can be applied in other areas. According to Morse & Field (1995) theory
development has been acknowledged as the most important product in qualitative research. In the
process of recontextualizing, previous literature has been linked to the new data. The results of
the new data have been set against established theories and knowledge thus demonstrating how
useful the findings were and what the implications of the findings are for future research. Finally,
reviewing the activities for similarities and differences between the patterns and focusing on the
patterns of activity as well as the nature of the types of activities within each pattern were
identified.

The process of constant comparative analysis was used to enable the researcher to
identify variations in emerging patterns of the data collected (Goetz & LeCompte, 1984; Strauss
& Corbin, 1998). Constant comparative analysis enabled the researcher to understand the words,
phrases, perceptions, cognitions, and interpretations that participants had of activity and active
lifestyle (Leininger, 1978; Spradley, 1979).

Rigor

The need for rigor or trustworthiness in qualitative research is critical if there is to be
confidence in the findings. Trustworthiness occurs when a researcher is seen to have made both
process and practice visible, clear and auditable (Sandelowski, 1993). She goes on further to state that “it is less a matter of claiming to be right about a phenomenon than of having practiced good science” (1993, p. 2).

The four criteria for trustworthiness identified by Lincoln and Guba (as cited in Morse & Field, 1995) are: credibility, applicability (auditability), consistency (fittingness), and confirmability.

*Credibility*

Lincoln and Guba (1985) described internal validity as credibility. The data collection procedures were intended to capture a variety of the informants’ experiences with activity and active lifestyle, and their understanding of what active lifestyle means in their daily lives (Kirk, & Miller, 1986).

The use of two interviews helped to establish rapport between the researcher and the informants. The interviews facilitated the sharing of information and allowing the researcher to validate the interpretations and conclusions drawn from the data analysis phase.

Bracketing of the researcher’s own understanding and knowledge of “being active” supported credibility. This was demonstrated through the informant selection procedures, multiple interviews, and the use of triangulating data sources. A process of bracketing during the data collection and analysis phases of the investigation was utilized (Lamb & Huttlinger, 1989). Bracketing was accomplished through the use of a journal to record personal impressions, ideas, and feelings that occurred following each interview with informants. The journal was used throughout data analysis to maintain awareness of the distinct data provided by the informants and the pre-existing knowledge of the researcher. The researcher consulted with peers and her research committee to check for distortions in analyses.
Tape recording of the interviews, comparing completed transcriptions with the tapes until accuracy was determined, and validating data informally with the informants, further enhanced credibility, as did keeping a personal process memo to promote self-awareness and to help avoid the bias of "going native."

**Fittingness**

In qualitative research, fittingness occurs when findings fit into contexts outside the study situation and when the audience views the findings as meaningful and applicable in terms of their own experience (Lincoln & Guba, 1985; Sandelowski, 1986). To achieve fittingness the researcher checked for the representativeness of the data as a whole and of coding categories and examples used to reduce and present the data. Checking that the descriptions, explanations or theories regarding the data contained both typical and atypical elements of the data was done. The researcher also tried to discount or disprove any conclusions drawn from the data, as well as to obtain validation from the participants themselves in order to achieve fittingness (Sandelowski, 1993).

**Auditability**

Auditability as proposed by Guba and Lincoln (1994) requires that the researcher demonstrate evidence of a clear decision trail. The decision trail clearly justifies what has been actually done and why. Consequently, another researcher should be able to follow the process of the study. This includes the investigators' thinking, their decision processes and the implementation of the method.

Auditability in this study was established primarily by presenting the logic of the researcher's decisions that is made explicit in the writing of this report. The researcher explained the specific purpose of the study, how the participants came to be included in the study and how
they were approached, and the impact the participants and the researcher had on one another. As well, the researcher explained how the data were collected, how long data collection lasted, the nature of the settings in which data was collected, and how the data were reduced for analysis, interpretation and presentation (Lincoln & Guba, 1985; Sandelowski, 1986).

In addition, auditability was addressed by maintaining an audit trail of the research process. The trail documented the recordings of data collection and data analysis activities, including raw data (raw field notes and interview tapes), full field notes, interview transcriptions and summaries, and analytic notes (personal, logistical, and methodological). Personal notes helped the investigator to maintain an awareness of her effect on the setting and the setting's effect on her. Field notes facilitated an orderly schedule of research activities and methodological notes were used to document such things as decision rules for sampling decisions and coding categories (Emerson, Fretz, & Shaw, 1998; Sanjek, 1993).

Confirmability

Confirmability was achieved when the three prior criteria were established. Evidence of a clear decision trail in the audit was necessary for this documentation. Also, the researcher had the advantage of highly respected scholars on her thesis committee to act as auditors. The researcher also enlisted the aid of non-biased colleagues who had no vested interest in this study to attest that the process and findings come within acceptable professional and ethical limits. As discussed by Guba and Lincoln (1994) this process also helps to support the confirmability of the study.

Ethical Considerations

Ethical approval to conduct this study was sought from the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving
Human Subjects. In order to protect potential participants from coercion, initial contact with the elders was made by someone other than the researcher. Potential participants were provided with written and verbal information about the purpose and process of the study and they were given an opportunity to ask questions of the researcher. The researcher spoke directly with each elder in order to minimize the risk of individuals feeling pressured to participate. They were advised that participation was entirely voluntary and that non-participation would in no way affect them. In addition, participants were informed that they could withdraw from the study at any time, could refuse to answer any question during the interview, could listen to/read their own tape/transcript, and could have any responses deleted from the tapes or transcripts of the interview if they so request. Voluntary consent was obtained from each participant individually by asking him or her to sign a consent form at the beginning of the first interview (Appendix B).

Participant confidentiality was maintained by removing identifying information from the transcripts and by keeping audiotapes, transcripts, and field notes in a locked cupboard. Access to data was limited to the researcher and her thesis committee, and the audiotapes were erased upon approval of the final report. When study results are published, every effort will be taken to ensure that no information is included that could identify a particular participant. Each participant was offered a summary of the study results. In addition, every attempt was made to ensure participants' safety during the interviews. The researcher advised participants that should they be observed to be upset or overly tired, the researcher would offer to stop the interview.

Limitations of the Study

The results of the study add to the knowledge of the meaning of "active living" to elders however, some limitations must be noted. These include the sample size and location of the informants who participated in the interview process, the inexperience of the interviewer in
conducting ethnographic research, or unintentional bias introduced by the researcher in conducting interviews.

It is possible that the fourteen elders who agreed to participate in the study represented a select group of elderly persons because they were all selected from the same geographic location. This may have contributed to similarity of perspective, attitudes or lifestyles that could make the results of the study inapplicable to seniors outside the interviewed population. This particular study sample was composed of white, elderly middle-class persons living in Richmond, B.C. Interestingly, given the relevance of holistic well-being to this study, none of the participants were involved in the disciplines of Yoga, Tai Chi, Chi Gong, or other well-known and commonly-described "spiritual" or "holistic" disciplines. The exclusion of participants of these disciplines may therefore represent a limitation to the scope of this study. The effects of these disciplines on conceptions of activity levels and well-being would no doubt be the basis for interesting and important additional research.

The sample was chosen from a community of approximately 170,000, located adjacent to a larger urban centre. This location may have affected the results of the study in two ways. First, the size of the community and its situation adjacent to a larger urban community could mean that a large number of activities and programs were more easily accessible to these informants, where informants in other, smaller communities may find it more difficult to stay active. A smaller community offering fewer programs and activities or activities and programs that are more difficult to access could result in different conceptions or priorities when it comes to active living.

It is also noteworthy that the community under study is perceived by both residents and non-residents as harbouring a particularly active culture, physically, mentally and politically.
Many outdoor recreational activities are available year-round due to the temperate coastal climate, attracting residents and tourists who enjoy sports and other physically rigorous activities. The emphasis on outdoor appreciation and recreation also attracts environmental activism, research and other innovative activities. A surrounding 'active culture' might influence elders by setting a positive example, encouraging them to be more active.

Alternatively, this emphasis on activity could have a deterrent effect, invoking negative feelings due to an elder's inability to still participate in some rigorous physical activities that he or she once enjoyed. The location of the sample might suggest that these informants, having chosen this community as their home, have a history of being active, having formed active habits in their pre-retirement years.

The temperate climate should not be dismissed as a potential influencing factor for these informants. The relative ease of transportation, even in winter months, potentially allows these informants to travel more easily than residents of many other Canadian communities, thereby facilitating participation in social activities outside the home. While it is important to note each of these limitations, it should also be noted that these limitations do not nullify the results so much as to suggest that the participants in this study could be viewed as an example of elders who had successfully adopted active living strategies and attitudes.

Influence of the Researcher

The results could also have been guided to some degree by unintentional verbal or non-verbal cues sent out by the researcher in conducting interviews. The wording of questions was carefully and deliberately designed to avoid eliciting biased responses, however, it is possible that some interference was created in this way. Of greater likelihood and importance is the potential influence of non-verbal cues—facial expression, tone of voice, body posture, etc.—on
the informants' responses. While care was taken to ensure the study was not biased in this way, there is nevertheless a potentiality that the interviewer did not control for all possible influencing non-verbal behaviours.

In addition, it is possible that inexperience on the part of the researcher in analysis and synthesis may have caused some important themes in the meaning of active living in the sample to be overlooked. The researcher's relative lack of familiarity with the literature, as compared with a long-standing researcher, may also have caused relevant connections to the research of others to be overlooked or inadequately synthesized in the discussion.

The most significant of the limitations listed above relate to the inexperience of the researcher and the small number of participants. The researcher's lack of experience may have affect the depth, breadth, and the overall quality of the interviews, as well as the data analysis and interpretation processes. Considering the research as the primary tool of investigation, another potential limitation was my previous exposure to the subject matter. This experience, although it may have assisted credibility, had the potential to cause the development of a personal bias and an a priori agenda. I feel that I have attained a much more balanced and open-minded approach to this study through journaling and by being familiar with the literature. By taking a broad sample of the literature, I became less biased as I became more capable of recognizing the preconceptions and assumptions with the current literature. In addition, journaling as an ongoing effort assisted in recognizing bias as much as possible.

In addition, the findings of this study are not meant to be representative of the population of elders. They are only representative of the particular participants interviewed. The fact of who was represented was due in part to the discretion and decision-making of the contact person in the community, such as the Wellness Coordinator for the City of Richmond, who nominated
participants as well as the volunteer aspect of the sample. Despite this purposeful sample, there were participants who may have been missed or whose contributions might have been significant.

Considering the researcher as the primary tool of investigation, another potential limitation to this study was my previous exposure to the subject matter. This experience, although it may assist credibility, had the potential to cause the development of a personal bias and an a priori agenda. I feel that I have attained a much more balanced and open-minded approach to this study through extensive literature review. In addition, journaling as an ongoing effort assisted in recognizing bias as much as possible.

Summary

Qualitative methods were chosen because a qualitative approach is useful when there is little understanding of the specific subject, facilitates investigation from the emic perspective, and allows for the variety of related issues to manifest in the course of the investigation, helping to identify all aspects of the research question. An ethnographic method was deemed the most appropriate method for discovering the meaning of activity and active living to elder persons. This method involves close but not fully integrated interaction of the researcher with the community under study, and thereby allows the researcher to gain insight from the community members’ perspective. Moreover, it is a recognized starting point for grounded theory.

Purposeful sampling was used to select participants for this study, that is, participants were chosen based on their ability to discuss the meaning of activity and active lifestyle and with the aim of selecting a group that would represent a wide range of interests and participation in many different activity types. Fourteen participants were ultimately contacted by telephone and selected after a preliminary list of potential candidates was drawn up with the help of community
contacts. This final sample contained fourteen elders ranging in age from 65 to 92. All participants were involved in at least one community activity and/or program in Richmond, BC.

Data were collected via in-depth in-person interviews, one semi-structured and one follow up each of approximately one hour in length. Formal Elicitation Procedures were also used. The data were audiotaped, transcribed verbatim and then were used along with raw field notes for analysis. Analysis was ongoing and involved reviewing the interview transcripts and field notes to identify themes and meanings as well as following up with participants to clarify initial findings and comparing emerging themes and data to established literature. The researcher was careful to maintain rigor, credibility, fittingness, auditability and confidentiality in all aspects of the data collection, analysis and synthesis processes. The study passed an ethics review.

Limitations of the study include the sample size and location and reputation of the geographic area from which participants were chosen. The small sample size could be inadequate for developing a comprehensive picture of the meaning of active living, and the location of the sample—the temperate climate and availability and variety of activities, programs, services and community examples—may have influenced the elders’ priorities and conceptions of activity and active living. The researcher may have inadvertently skewed results to some extent by sending non-verbal cues during interviews, and the inexperience of the researcher in analysis and synthesis could have caused important themes to be overlooked.
CHAPTER FOUR
FINDINGS

In this chapter the findings will be presented. In this study, the meaning of being active and leading an active lifestyle from the perspective of older persons was explored in a group of older adults living in a community of approximately 170,000 on the Canadian west coast. A taxonomy was identified from the elders’ responses about the meaning of activity and leading an active lifestyle. The findings presented in this chapter thereby provide a thematically organized pluralistic account of being active, or leading an active lifestyle, from the perspective of older persons. The taxonomy will be described and then each of the themes will be illustrated and supported with excerpts from the interviews.

The Taxonomy of Active Living

According to Spradley (1979), ethnography, in itself, does not escape being culture bound. However, it provides descriptions that reveal the range of explanatory models increased by human beings. A taxonomy is a set of categories that allows us to organize concepts based on their semantic relations to one another. Taxonometric analysis thereby provides an ideal tool for ethnographic research. In this study, a taxonometric analysis provides essential information for understanding the meaning of active living from the emic perspective. It identifies what, if any, specific types of activities are considered constitutive of active living. It illuminates what criteria elders use for designating themselves and others as “active” or “inactive” and what connotation these designations carry. It uncovers what kinds of resources and conditions are believed to be required for active living. In addition, it helps to explain how activity and active living are perceived to fit into or help structure the day-to-day routine of “active” elders.
The taxonomy of active living emerged from themes identified in the interview transcripts. Three over-arching themes were identified in the taxonomy: “Having Inwardly- and Outwardly-directed Activities”; “Making the Most of Time”; and the “Self-Reinforcing Nature of Being Active”. Each of these overriding themes reflected other more subtle meanings (see Figure 1).

<table>
<thead>
<tr>
<th>The Self-Reinforcing Nature of Active Living</th>
<th>Having Inwardly- and Outwardly-Directed Activities</th>
<th>Making the Most of Time</th>
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<tbody>
<tr>
<td>Being positive</td>
<td>Having mind/body/spirit connections</td>
<td>Being able to choose freely</td>
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<td></td>
<td>Having meaningful relationships</td>
<td>Being engaged</td>
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<td>Being committed</td>
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<td>Being purposeful in action</td>
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<td>Making change and transition</td>
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Figure 1. Taxonomy of the Meaning of Active Living

Relationships between themes were identified gradually, beginning with tentative associations that often took the informants’ explicitly-suggested relationships as starting points. Ultimately the relationships between themes emerged from observed trends in the connections between specific and concrete subtleties of meaning.

Having Inwardly- and Outwardly-directed Activities reflects the nature and types of activities undertaken, the interconnectedness of these activities and the kinds of activities believed to be essential to active living. Activities considered essential to active living included
those activities directed at individual goals and those that "pointed to" social goals or interaction. There was a significant distinction between activities considered to be 'inward looking' characterized as solitary activities and motivated by self-improvement, such as reading, and 'outward looking' activities motivated by longing for connectedness with others and reinforcement of commonly held values, such as singing in a choir. The distinction between activity types generated the subthemes of Having Mind/body/spirit Connectedness and Having Meaningful Relationships. Conceptions of active living were found to refer to these themes as preconditions of active living, features of active living and results of active living.

Making the Most of Time represents the importance of orientation of the concept of "activity" to past, present and future. It contains five important aspects, or subthemes, which include: (a) being able to choose freely, which emerged as a pre-condition for "active" participation in various activities; (b) being engaged, (c) being committed and (d) being purposeful in actions, which respectively reflected the past, present and future-oriented aspects of "active" participation; and (e) managing change and transition, which reflected the need for continuity between past, present and future activities. These subthemes each touched on or presented an aspect of the need to make the most of time in order to stay truly active. Conceptions of making the most of time did not express merely a need to stay busy, but rather reflected the recognition that it was important for the activities to meet a minimum standard of value. This standard of value appeared highly individualistic—that is, the worth of various activities or participation in activities was measured against individuals' fundamental goals and priorities.

The Self-Reinforcing Nature of Active Living reflects the idea that active living was understood to be self-reinforcing on physical, mental, social, and emotional or spiritual levels. It
appears in Figure 1 (above) as a heading that applies across all other aspects and levels of active living. Within this theme, a recurring contributor to the self-reinforcing nature of active living was a positive attitude. Being positive was believed to be the key to successfully moving towards personal well-being and fulfilling social interactions. Thus positivity was deemed essential to all previously mentioned themes and subthemes and applies across all aspects and levels of active living. It was also perceived to be self-reinforcing.

Among all of those interviewed, the struggle to retain positive, future-oriented cognitive thought in all activities was seen to be an almost unanimously central objective. Finally, it should be noted that “active living” can be conceptualized in a variety of ways, depending on the frame of reference, and that conceptions may differ greatly and significantly between those with and those without physical limitations or without close relationships with physically disabled elders.

Inwardly- and Outwardly-Directed Activities

“Inwardly-directed” vs. “outwardly-directed,” as defined above, emerged as an important distinction in the classification of activities that were referenced as part of an “active lifestyle.” It was clear from the study that both types of activities were considered essential to active living. The perceived need for both types of activities could most clearly be explained by the characteristics and goals of each activity type. Inwardly-directed activities—those of a more solitary nature that aimed at personal improvement and well-being—were seen to be most successful at achieving these goals when accompanied by a recognition and feeling of the connectedness between mind, body and spirit. Outwardly-directed activities—those of a more social nature that aimed at social contribution and feelings of acceptance, independence and self-worth—were seen to be most successful when these activities promoted meaningful relationships with others. These two subthemes, Mind/Body/Spirit Connectedness and Having Meaningful...
Relationships were countenanced by conceptions of active living as conditions for active living, characteristics of active living and results of active living.

*Having Mind/Body/Spirit Connectedness*

Having mind/body/spirit connectedness reflects how physical, mental and spiritual states and activities affect one another. The informants’ conceptions of active living reflected an understanding and valuing of the connections between physical, mental and spiritual states. A positive spirit or attitude was considered to be essential to successfully meeting physical and mental challenges. Maintaining general physical health was also considered to be an essential component in maintaining mental activity and agility. Recognition and understanding of the influence of physical, mental and spiritual states and activities on each other, and capitalization on the associated opportunities for taking advantage of these influences toward the goal of general personal well-being, or self-improvement, emerged as part of the meaning of active living.

Most informants initially described active living as predominantly encompassing physical types of activities, however on exploring their views further, they included mental, emotional and/or spiritual activities. “Activity” therefore encompassed both the physical and mental and these endeavours were related and generally interdependent with one another. Although few elders expressed the distinction between physical and mental immediately, one woman described how she saw it as two directions: “Well, that could mean two directions. That could be physical activity but it could also be challenging, mental activity.”

It eventually emerged that the physical and mental conceptions of “activity” were connected. This was especially true among those with physical disabilities or limitations that directly or indirectly hindered or altered their day-to-day living in some recognizable way. These
elders had to make a mental effort to stay positive in the face of frustration and to accept that their lifestyle must change. An elder's attitude was recognized as a vital (or detrimental) contributor to their physical health by prompting them to accept changes brought on by illness or injury and find ways to be physically active to the greatest extent possible in the circumstances. Their experiences informed their conceptions of active living, prompting them to expand their definitions to include mental and spiritual activities. In some cases of more extreme physical limitation, active living was reserved for talking about interacting with others on a social basis. Although some seniors were not perceived as physically active, they earned the “active” designation of their peers by demonstrating the active nature of their mental and spiritual selves in the face of adversity. Several non-disabled elders drew on stories of disabled friends or relatives as examples of those who were not physically active by non-disabled standards but who they considered to be active people, for example:

People who are disabled mentally or physically: this doesn’t mean that they can't be active. Many of my peers have heart problems or have hip replacements or knee problems, maybe even Parkinson’s. These situations don’t stop them as it is all in their desire to keep going, never give up attitude.

I have a dear friend who is now in a wheelchair. Her arthritis is very bad. She is one of the busiest and most active woman I know. She just doesn’t let this situation, being physically bound to a wheelchair, get in her way. She is able to shop, some days she can drive, and you know, we all help when she is having a bad day. Nothing stops her. Her spirit is so strong.
A mind/body/spirit connection was emphasized to a great extent in the expressed conceptions of active living by elders with religious and non-religious backgrounds, but for those who described themselves as having a more religious perspective, the church was a locus for their social and community involvement activities. For these elders, the church was an important referent in their conception of active living. One informant with religious affiliations stated:

I’m involved in the next three weeks with the fair at our church... We put it on a Sunday for about six hours and it’s amazing the number of people, not just the members or the adherents in the church, but the invitation goes out to all in Richmond or neighbouring municipalities. We will have, over the course of those six hours on a Saturday, anywhere from 2,500 to 3,500 people attend the fair.

I sing in the choir and I have done so for over 60 years... maybe even longer. I enjoy choir practice on Thursday evenings. I don’t drive anymore, so another couple picks me up. We sometimes go for supper and then attend practice, or go for coffee afterwards. I get a chance to socialize, and then enjoy the beautiful songs we prepare for Sunday services. I get a great deal of my religious and spiritual satisfaction from singing hymns and being part of the service in this way.

Many participants eventually described the mind, body and spirit connectedness and the interdependence of these components. This was identified through the examples they gave that associated physical and mental deterioration with a poor or defeatist attitude towards their ability to be independent and to contribute to the community and their family. One person suggested the following,
Usually the person has a physical illness or problem and this become a limitation and obstacle for them. Then they expect to be looked after by other people and get really dependent on others and no longer give back into life what they’ve received. These are people I know, and often they become dependent and demanding on their friends and family and push people away. Some of my friends have become very depressed, even tried to kill themselves. One lady here took a lot of her antidepressant to die and she is 92 years of age...no health problems, just sad and lonely. She has family and they visit, but the more depressed she got the more she pushed people away.

Another person stated.

If they take away my driver’s license, I might as well give up. Having my wheels gives me a sense of freedom and independence. I enjoy driving to the mall, being able to shop when I want to and go visit my friends. It is my life, and I might as well be dead without my car. How can I contribute to life if I become dependent on others? Being useless is a big fear of mine. I worry about this a lot. I have a few friends that became demented, and life was really over. Another friend of mine, I graduated from University with him, developed a heart condition, and stays home all day long. He is a burden on his wife. She can’t go out anymore, and he can no longer drive. They can’t attend church together. It is awful.

Many of the elders expressed the feeling that because it took effort to maintain a positive attitude and stay active, it was therefore important to surround themselves with people who valued an active lifestyle and had similar interests. This was often expressed in the negative, for example, as “Most of us won’t waste our time after a while [with inactive people], because these people can suck the life out of you.”
In sum, the findings made clear that conceptions of active living comprised mental, physical, social and spiritual aspects. Activities that were perceived to be stimulating in two or more of these areas appeared to be most highly valued and particularly when they included a combination of endeavours that tapped into the different types of endeavours. While many of the elders felt that “inwardly” focused activities were essential to an active lifestyle, other perhaps more extroverted elders seem to place more emphasis on active living as both a means of and a result of expanding their social circles and meeting new people.

Having Meaningful Relationships

“Having meaningful relationships” reflects the idea that while “inward looking” activities seemed primarily directed at achieving self-improvement, “outward looking” activities seemed primarily directed at achieving and maintaining connections with others in order to create and/or maintain meaningful relationships, which in turn, were viewed as being catalysts for further activity and enhancing personal well-being.

Participation in meaningful relationships was an integral component of an active lifestyle in the informants’ understanding. Group activities were noted for providing a locus for social interaction and the opportunity to develop meaningful relationships. In turn, meaningful relationships were observed to help to maintain and provide additional opportunities for participation and an increased sense of connectedness with others and to the community. This connectedness provided motivation for participation.

There were several ways that relationships were meaningful to the elders. These relationships provided a sense of closeness and belonging with others, they met a personal need to feel connected to one’s heritage, they provided an opportunity to contribute to others, and they acted as catalysts for additional opportunities for participation in social activities. Relationships
were most meaningful in terms of providing closeness and belonging and this was most often with family members although also frequently with friends and pets.

It was clear that informants valued relationships with their descendents, an understanding of their own cultural heritage and relationships with younger people they identified as culturally connected to themselves. Relationships could be meaningful in all of these ways, as one woman described her experience about learning about her culture in order to teach her family:

My husband and I went to a Scottish dancing class a few years ago. It was good. I enjoyed it. Anything Scottish I'm quite there for, being as my family is Scottish.... Another thing I'm doing is checking into genealogy for the family. I've made one whole series of reports for my father’s mother’s family.

One man described his experience in another way:

I really like to take the time to share my stories and the history of immigrating to Canada, and of life the old country with my grandsons. Life was hard in Ireland before I came over to Canada. There were famines to endure. We came to the Canadian prairies, and life was really hard. I had eight brothers and three sisters, and life was difficult. It was really no different those first years from being in Ireland. But I have such fond memories, and I want the grandsons to know and understand their heritage, so it doesn’t get lost.

“Active” people were identified as still capable of making a contribution. Most often this was expressed with reference to community groups, but sometimes it was expressed with respect to family members or friends. One woman said being active or living an active lifestyle meant:

...to be involved in groups that you are interested in, to do things for other people. I’m thinking of Meals on Wheels or pastoral care to visit hospitals, people in hospital or who’ve had tragedy in their life, to do something helpful, just keeping in touch with your
good friends, friends far away, by phone or by letter, to be in touch with people that you worked with as much as you can continue that.

An elderly man expressed similar sentiments with reference to contributing to both family members and a professional community:

My grandsons, while they’re all able to drive, they always call on their grandfather for one thing or another, and I’m always happy to do this. If there’s a car laid up or they have to get their automobiles in, then I have to step in and do the driving, so it keeps you going—keeps you active as long as you’re involved... And I have taught in years gone by, taught the grandsons how to fly fish because there’s a lot of fly-fishing up in the Shuswap area and Shuswap Lake. So it keeps me particularly active, instructing other people how to do various things. Going back to my association with the engineering... I still to this day get involved in lecturing groups on how to set up a heating system.

There was recognition by individual informants of both introverted and extroverted activities as components of an active lifestyle. By sharing experiences with others, the elders were seen to value, strive for and build strong bonds with family and friends. These sharing experiences were catalysts for creating opportunities for further time spent with others and a deeper level of involvement to emerge during and cumulatively over those times. The increased sense of belonging achieved when a group was comprised of trusted friends and allies amplified feelings of contribution towards a common goal within a society.

Active seniors found they preferred the company of other active seniors and built stronger social foundations for engagement among this type of social group. The sharing of similar thoughts, feelings and ideas within classifications of individuals who have had similar experiences was observed to be correlated with increased feelings of comfort and belonging.
Many of the participants were acutely aware of and cared deeply about their social interactions, both interpersonally and within group dynamics. They felt these social interactions improved both the quality and activity level of their lifestyles by creating social circles of similar interests, and thereby opportunities for future engagement, and by fostering a sense of belonging, thereby facilitating emotional engagement subsequent to establishing relationships. These types of social interactions filled an important psychological need by providing an environment teeming with independence. Meaningful social interaction and relationships were referred to by all informants in their descriptions of “active living,” and these references were without exception made with a positive connotation.

*Making the Most of Time*

The importance of making the most of time to an “active lifestyle” was abundantly clear, as “making the most of time” was referred to in the role of principle for directing decision-making regarding “lifestyle” choices. Most importantly, this principle prompted the choice to be or stay active, but in addition, in conjunction with other normative principles (specifically, the subthemes in this section), it prompted the choices of particular activities. These additional principles—being engaged, being committed, being purposeful in action, and managing change and transition—that were used in applying “making the most of time” to the choice of particular activities, reflect the orientation of a decision-making process to past, present and/or future goals and values. Thus these normative principles, the subthemes, each present an important aspect he conception of active living in that they reflect the need to choose activities that are perceived to be consistent with past, present and/or future goals and values. Activities perceived to be consistent with past, present and/or future goals and values were those that were deemed
valuable uses of time in the informants' views. As informants’ goals and values were personal, accordingly, the worth of various activities or participation in activities was highly individual.

An overwhelming majority of participants described an active lifestyle as “making the most of your time” and “keeping busy.” These phrases appear to denote two related concepts, the filling of time, with an emphasis on a variety of activities, and the worth of the activities themselves. The value of the activity was seen as more important than the fact that time was passing during participation.

Making the most of one’s time was often expressed via subjective perceptions of time’s passage, for example, “time does not weigh heavily” in an active lifestyle. That is, that “days are filled” with a variety of enjoyable and stimulating activities. “Active living” accepted a broad range of specific, concrete activities. Popular activities included sports, dancing, bingo, educational programs, musical groups such as choirs, spending time with friends, family and pets, and a variety of personal interests and hobbies, such as gardening and reading. In many cases, these elders said there was not as much time as they needed or wished they had for all of the activities that they found pleasurable.

It was important in their conception of “valuable activity” how the informant’s time was spent. They talked about time being valuable to them and that they wished to feel that they were “making the most of time” and “not wasting time.” As one man said, “I think as I get older, I value my time more and I value my leisure time, my time to do the activities that bring me so much joy and happiness.”

The sorts of activities in which the older adults felt involved and/or felt it was important to be involved in, included activities that were “inwardly” focused and those that were “outwardly” focused, as described above. “Inwardly” focused activities are thought to be of
intrinsic worth and included learning, artistic self-expression, and the act itself of finding time for leisure activities that brought joy and personal satisfaction. Several of the elders said an active lifestyle involved activities related to personal improvement, for example, “extending time for hobbies, including travel, or going back to university.”

Informants also said that it was important to an active lifestyle that they be “outwardly” engaged with others through involvement in group activities, spending time with loved ones (including family, friends and pets), continuing to build friendships and relationships, and knowing neighbours. The following were typical responses: “I spend time with my cat. That is an activity, but not really exercise per se, but she keeps me active... we’ve always loved animals.” “I continue to work at relationships as much as I can, so that I can continue to be a social person and build friendships.” “For me it's knowing my neighbours, helping around in the community, being close to family. You've got to be active in the community, active in things like dancing, pursuing educational opportunities that are offered.”

The findings indicated that living actively implied to these subjects that time was spent well by participating in a variety of activities perceived to be pleasurable in both social and private domains. Valuable activities were seen to cut across several important distinctions: the distinction between physical, mental and spiritual; the distinction between continuity with the past, engagement in the present and orientation toward the future; and the distinction between inwardly and outwardly directed activities.

Active living was expressed in both positive and negative superficial connotations. The elders were pleased that it was fulfilling and fun to participate, but regretful that there was often not enough time to participate in as many activities as they wished, or to the full extent they wished. At a deeper level, however, it was clear that the enjoyment and stimulation, and
subsequent benefit, of participation are the cornerstones of the interviewees valuing participation.

Activities that are both pleasurable and stimulating were considered worthy of the time spent doing them, despite occasional and rueful expressions of hectic schedules. Time well spent, even a perceived surplus of time well spent, was clearly valued given the informants expressed contrast of this concept to time wasted.

Being Able to Choose Freely

As part of “active living,” independent decision-making was perceived to allow informants to choose the lifestyle and to choose the specific activities that best fit their personal goals and values. Self-determination was of immense importance to their conceptions as it suggested that the elders participate in activities they enjoyed and deemed valuable. In turn, pleasure in and valuing of participation put an elder in an ideal position to become deeply, emotionally involved with the activity and other participants, fostering meaningful relationships and commitment to continued participation.

While the older adults felt that keeping busy was fundamental to living an active lifestyle it was clear that having a variety of activities in which to participate was essential to their understanding of an active lifestyle. However, more than mere participation in a variety of activities was important. They clearly felt it was important that an “active lifestyle” and their specific activities be the result of conscious choice. Two levels of choice were evident. On one level, it was important for them to consciously choose to stay active and on another level, the choice of which activity to participate in was integral to living an active lifestyle. Only those activities valued in themselves or valued as an avenue for developing and maintaining active habits were chosen.
Being able to choose freely was essential as it allows active elders to determine those activities that best meet their individual needs, goals and priorities. Particular choices mentioned in the interviews demonstrated this, frequently expressing the acceptance of a change of focus within their goals and priorities. For example, one woman explained:

I played the harp for many years. I was in the Vancouver Symphony for years. Now my arthritis is so bad I cannot manage the strings, so my focus has changed to other things. I can’t really teach harp, so I sing in the choir and I do volunteer work at the Symphony. I can do phoning, for example.

Another woman stated:

I love to walk. I walk in the park everyday. My physician is so surprised that I can do so much. I think I have slowed down. My pace is not as brisk. I enjoy walking in Minoru Park. Sometimes I lean up against a tree and just take the power and the grounding from the tree’s energy. I also swim, but you know, I can’t do as much as I have done in the past. The pool hours are not as flexible now, and this is a challenge as I am getting into my eighties. I’m not as spry, so getting up for a six in the morning swim is too much for me. So, I adapt and adjust.

Others felt that choosing mentally and physically challenging activities that would promote holistic well-being was the key to maintaining activity levels.

I have learned that you have to be creative. It’s not enough to be physically fit. I have my path and while I walk I meditate, and become connected to my God and to others. It grounds me. This keeps me mentally fit. I read books and attend seminars that are free for elders. I have to make choices and I make choices that are best for me and for my world.
“Worthy” choices were often associated with subjective perceptions of effort. One man stated that “...choice requires making a big effort, to stay active, especially when overcoming physical obstacles or illness as you age.”

In sum, the findings showed that in an “active lifestyle,” elders feel that they have many choices available to them. These elders believed that by staying active and healthy, they could at least maintain if not increase their options for lifestyles activities and relationships. Having a variety of activities to participate in was essential to their understanding of an active lifestyle. Choosing freely was also essential to an “active lifestyle,” as it allowed informants to structure their lives according to individual values. Retirement was often seen as simply a change of focus within individual value systems, from employment to personal improvement and the feeling of being as mentally and physically fit as possible.

Being Engaged

Mere physical presence at an activity, explained succinctly by the colloquialism “going through the motions,” was rejected by informants as insufficient for active living. Truly active individuals, in the informants’ view, were deeply, emotionally involved in and thereby emotionally affected by participation in a variety of activities. I have labeled this deeper level of participation, characterized by emotional as well as physical involvement, as “being engaged.”

The detail and emotion expressed by participants regarding the activities they were involved in suggested that “engagement,” beyond mere involvement, with the activities they participated in, their family, friends and community was important. It was important that they were not restricted to only physically being in the presence of a loved one or attending an event or activity. The involvement referred to a deep level of involvement, not simply putting in time
or being aware of the social structures and happenings of groups, but caring, having opinions and making value judgments about these structures and events.

The emphasis on participation at an emotional level, over and above physical presence, was often spoken of by mentioning feelings, hopes, fears, judgments and empathy. For example, one elderly gentleman, when describing the activities that kept him active, spoke proudly of a community choir he belonged to. He took a deep interest in the recent events that affected the choir membership and he cared about the events and their outcome and the feelings and interactions of other choir members. He said,

...we have recently lost out choir director and our organist at the same time. So, right now we are hunting for replacements and it isn’t easy ‘cause the two of our choir leaders have been together for over 30 years and it’s going to be difficult to find two to work as cooperatively as these two have, let alone find one that will be capable of filling in for the two that we are missing.

Another gentleman expressed the following:

I am deeply affected by a recent decision to remove our benches in the Vestibule. Someone in the church has decided we can sit on chairs. It is very silly. The church members will be able to see our legs and all our music, the ladies’ purses will be in full view, and on top of that, chairs will be very uncomfortable. We were not given the opportunity to give feedback. It is very demeaning. Some of us might quit the choir in protest. I want to stand up for my fellow choir members who have physical challenges and would find chairs too difficult to sit in for over an hour.

There was similarly an expression that the activities that were most important were those that were related to an abiding and deeply personal interest, such that the level of involvement in
these activities would provide mental stimulation. Several participants expressed the opinion that those activities that used and thereby maintained abilities to think and do were most important: 
“...as long as you're involved in something that keeps the mental processes going because you don't want to lose our ability to think or do things;” and “that person is still active because they're keeping their mind active” were particularly concise examples.

These findings indicate that to be included in active living, participants felt an activity should provide a minimum level of emotional and mental, as well as physical, stimulation. This appears to be a direct result of reflection on the previously mentioned valuing of participation not merely in and for itself, but as it relates to other, more personal values. Participants enjoyed and deemed worthy of engagement those activities that they estimated required a minimum acceptable level of intellectual challenge or involvement. Time spent on these activities can therefore be understood, subconsciously or directly, as investing in self-development and -actualization.

**Being Committed**

While emotional involvement was key to “active” participation, it also became clear that the most successfully active individuals were those that took their future goals, expectations and values into account in deciding which activities were valuable and worthy of their time. Commitment to continued engagement into the future was thereby associated with an active lifestyle. Future-orientation of an elder’s decision-making process was recognizable by the associated willingness to put subjectively perceptible levels of effort into the activity.

The elders who were considered active were recognized to be fully committed to their well-being and to achieving their goals. While physical and emotional involvement in current events and activities was valued, the most rewarding level of involvement was, in addition,
“forward-looking” in that it took future goals, needs, and associated values into account.

Engaged participation encompassed physical and mental involvement in events and activities that were chosen according to present abilities and values and their consequent goals and needs. In the informants’ point of view, committed participation, while requiring engagement, included an additional temporal dimension: commitment implied that an individual’s choice of activities and willingness to expend effort and/or make sacrifices had been affected by their expectations, hopes, fears, and goals for the future.

The informants expressed the importance of looking to the future, and in doing so, the importance of “never giving up” and of “making an effort to stay active.” In this way, the informants seemed to tacitly acknowledge that the fear of being unable to maintain a positive attitude and find ways to take joy in life was more significant than the fear of illness, injury or physical decline.

Participants expressed the view that better eating, frequent exercise and proper allocation of time are not passing phases; all require dedication. Thus, several informants (both male and female) spoke of “striving” to continue with physical and mental activities, for example: “I strive to continue with this and continue various activities”; and “I have had to force myself to keep busy and active, and I believe that one must expand their involvement and interest to keep going and to keep youthful.” Via contrasting their own attitude and active lifestyle with the attitude and inactivity of others as “waiting” to be looked after—participants suggested a commitment to taking responsibility for their future happiness and activity level. This finding is significant as it represents an important contrastive element to the informants’ conceptions of “active living.”
One woman reported that inactivity meant "that they're just vegetating! That they expect to be looked after by other people. People who just sort of think that they have nothing more to do in life but sit in a rocking chair and be waited on--that I think is being inactive."

The deep level of involvement required for commitment was seen to facilitate meaningful communication within existing relationships and to provide opportunities for new or expanded communication. This increased and improved communication contributed to a sense of belonging in groups and in family structures and thereby increased participants' sense of well-being.

For many of those interviewed, time with family, friends, social groups and hobbies was considered an investment in life. Having a commitment to taking responsibility for personal happiness and activity levels improved quality of life and prompted renewed and deepened levels of engagement with others and themselves.

As one elderly woman stated:

I take my role as a grandparent very seriously. I have a very special role in the lives of my grandchildren, and I invest a great deal of time to them. I am devoted to my own children and want to ensure a positive legacy for the family. I believe I have so much to offer and learn. I have made mistakes, and can pass on some wisdom. Sometimes I am just a good listener when the going gets tough on the teenagers. I have never ending patience. My life would not be as joyful if I was not as committed to my family.

Finding and keeping interest in life was recognized to require a commitment to living according to principles that promote stimulating interactions and adopting practices that are specifically beneficial, even when perhaps not in every case or initially preferred. Those
interviewed overwhelmingly categorized active living as beneficial to personal health and well-being, and therefore they chose to adapt daily routine and make compromises and sacrifices to ensure future happiness and well-being.

Several participants expressed the view that maintaining their commitment to life was a conscious choice and that they believed a commitment to active living must be a conscious choice. This could be seen to reflect that a significant, subjectively detectable, or at least subjectively perceived, level of effort is required to stay active. There were indications that this effort was both mental and physical, as one participant suggested that "acceptance" of one's limitations and working within one's means were difficult, but essential components of maintaining an active lifestyle, while other participants suggested that the effort required in overcoming physical obstacles or illness was especially salient.

*Purposeful Actions*

The interview responses suggested that a conscious recognition of the alteration of individual goals and priorities often required to accommodate committed participation was characteristic of "active" elders. This recognition most often took the form of a purpose or goal being associated with either participation in the activity and/or the activity itself.

A common strategy was observed regarding how the informants integrated hopes, fears, goals and expectations for the future into their decision-making processes and motivational structures. Those activities that contributed to an active lifestyle in the older adults' perceptions—those that in the elders' opinions warranted commitment—were often characterized as goal-directed activities. This suggests that two strategies were common to active individuals: coming to understand an activity as indirectly goal-directed such that the goals of the activity mesh with personal goals and expectations for the future (for example, an elder might
come to understand a knitting club as meeting the goal of developing meaningful relationships; and/or choosing activities whose immediate or tangible outcomes are consistent with personal goals and expectations for the future (for example, an elder might choose to join a knitting club in order to meet a goal of improved knitting skill in order to make nice sweaters for their grandchildren).

It is therefore important to note that "purposeful activity" did not always mean the task or activity itself had a goal or culminated in a finished product or state. While this was the case sometimes, it was often expressed by the interviewees that activities were goal directed in the sense that simply performing the activity achieved the goal of keeping busy and or experiencing joy. As one woman stated:

to me that [an active lifestyle] means that they're perhaps active as far as exercise or active in their community or active in their church or synagogue, generally keeping themselves busy. It means choosing to be busy.

One elderly gentleman expressed the following:

I have a routine. I get up in the morning and make coffee, read the newspaper, then I head out to the store to shop for fresh produce. I have my walk and then lunch. I choose my activities carefully, so that my day is full, but flexible to some extent. The morning routine keeps me focused, then I am free for the afternoons to do as I please. My choice.

Informants said that activities might be purposeful on either or both of two levels: performing that specific activity might have a purpose, for example, learning a new skill or visiting a new place; or that activity—one among may possible choices—might be performed with the purpose of staying busy and experiencing joy.
In addition to keeping busy and finding pleasure, the sorts of goals expressed by participants in the study frequently involved relationships with others and the community as a whole. For example, participants mentioned being active in the community, dance and educational pursuits, participating fully, and encouraging others as goals.

The dedication experienced by the active participants appeared to lead, in the vast majority of cases, to an increased sense of purpose being attached to not only particular activities, but to all aspects of life. Time spent on goal-directed activities often served two simultaneous purposes: that purpose of performing the activity itself (its physical consequences) and also the purpose of achieving the goal of keeping busy, experiencing or spreading joy, and/or self improvement. The activity could both lead to happiness or fulfillment and supply it in the process.

The extent of purpose placed on activities seemed to be strongly dependent on the specific conditions of both the mental and physical health of each participant. For some interviewed, there was a drive and goal served by learning new skills and breaking new experiential ground, for example, by cycling or dancing. For others, however, much more emphasis was placed on the mere accomplishment of getting out of the house and interacting with others. Interestingly, in both cases, it was clear that participants felt it was important to be aware of, at least, a subjective purpose for performing the action in the first place.

Making Change and Transition

Making change and transition, and managing those changes and transitions in the best way possible, were very important. “Active” elders’ alterations in goals and priorities were rarely radical. In fact, it emerged that in the informants’ perceptions, “active” individuals typically made choices and commitments and found purposes or goals that best preserved continuity with
their pre-retirement values. The transition from pre- to post-retirement living was universally acknowledged to involve important changes and therefore to require psychological acceptance of change. However, it was clear that in informants’ perceptions the best strategies for successfully managing change and transition were those that promoted engaged, committed and purposeful actions while minimizing the extent of alterations to fundamental goals and priorities.

It was clear that the elders valued purposeful, committed activity that took their future selves into account and was therefore more likely to be sustainable. But it also became clear that the informants felt that their present and future activities maintain some continuity with pre-retirement activities. The elders felt that although the content or structure of many of their activities had changed since their retirement from the workforce, this need not be understood as a form of disengaging from the world or from the local community or from an active lifestyle. Thus it seemed that the elders’ emphasis on continuity with past activities was to some degree motivated by continuing to be perceived as active individuals. One elderly man stated:

I always defined myself as my role, I was a Professional Engineer, working in the petroleum industry in BC. I floundered for about six months after I retired. Then I started to put my experience into action. I started tutoring up and coming gas inspectors. I did this voluntarily. I really never thought I would bring my experiences into retirement. It just evolved. I was always involved in a Couples’ Club with my wife, and we have continued to lead this group. It is an activity we have continued with and hopefully will continue until we cannot walk or talk anymore.

Many of them were opposed to the word retirement, equating the term with inactivity. They would most often go on to say that they were just as busy if not busier now than when they had been working and that the change was one not of activity level but rather a change of focus.
One woman commented that, “I never like the word retirement. I just changed jobs in a sense,” while a man said, “I am busier now than before I retired. I don’t think I did retire, in reality. I just changed my focus, and I do what I really love, what is my passion.”

Responses included indications that the choice of post-retirement lifestyle was often significantly similar or continuous with the pre-retirement lifestyle. For example: “After retirement, my wife and I have continued participating in the same activities we had before I retired,” “I have my interest in music and theatre from childhood.... I was encouraged to dance or sing or to be in the theatre and I’ve never lost that love. I took a very active part in theatre in younger days and I’ve kept my music going all my life,” and “I’ve participated in engineering and still do and try to set up field trips for the engineers that are currently active, and we meet once a month.”

It was also observed that informants felt post-retirement activities should be continuous with pre-retirement activities despite new limitations. One self-described active man recounted his own experience and how he hoped to extend the benefits of staying active to others: “I just finished chemotherapy for leukemia. I am encouraging others to stay busy and active, I think it helps overcome the illnesses, aches and pains of aging, not giving up and adjusting to a change.”

Managing change and transition therefore appears to refer, not to the temporal distinctions that delineate which values, considerations, and goals are observed in decision-making, but rather to a temporal continuity of activity level (whether mental, physical or spiritual activity) that denotes successful active living for the elders. It therefore appears to refer to both a criterion for success in active living and an elder’s ability to establish a continuous activity level throughout a change of focus.
Positivity was essential to the successful management of the transition to retirement. Leaving the workforce presented large lifestyle changes. Some seniors expressed that they became worried that they would no longer be (or be considered) useful. Others held fears that without the rigors of their profession, they would be faced with boredom. Maintaining an active lifestyle was seem to help in either case, as it provides a means to help to others and contribute to one’s community, and a mechanism for ensuring regular mental and physical stimulation.

**Self-Reinforcing Nature of Active Living**

Active living was found to be self-reinforcing on physical, mental, social, and emotional or spiritual levels. Active living itself was seen to provide a meaning for living, by providing activities that were motivating and stimulating. Friends and family, vacations, weekly activities and intimate daily routines, were all cited as reasons, and often reason enough, to stay healthy and mentally able to interact with the world around them. The level of diversity of activity in an active lifestyle could vary between individuals. But no matter what the activity, one purpose for living actively was an active lifestyle’s self-sustaining or self-reinforcing nature. By participating in enjoyable activities, participants judged that they could maintain or enhance levels of participation and enjoyment. There was overwhelming evidence from informants’ responses that active living resulted in holistic well-being. Positive effects of active living spanned physical, mental, social, and emotional or spiritual domains.

While many of the physical benefits of an active lifestyle have long been recognized, several of the informants were adamant about the increased quality of life that could be maintained through simple callisthenic, low-impact movement. Activities like these were said to keep heart rates lower, blood pressure down, lungs healthy and legs strong. When they felt better
physically, they felt they had more choices in life. Living an active lifestyle also seemed to generate energy, promoting feelings of purpose and value in life due to time well spent.

I have never felt so strong and powerful as I do since I retired. I am full of energy, and I am learning how to lead the exercise class for seniors at the community centre. I am enjoying all the participants, and we spend a few hours each week listening to upbeat music to use in our exercise classes. It is just so much fun. I am fit and strong and I have hope for the rest of my life. I am so busy it is just great.

With increased independence and mutually beneficial interactions, an active lifestyle appeared to foster co-operation and limit competition. A healthy active lifestyle was not draining or stressful to friends, family or society as a whole. Co-operation was recognized as increasingly important, as many participants lost friends and relatives at daily rates. By staying active and social they were able to avoid the lonely feelings that accompany that level of loss and to help others deal with their losses.

Through co-operation, bonds of community and family were seen to strengthen. Via social interaction, which requires mental engagement, in turn keeping the mind fresh, seniors were able to interact cognitively and non-cognitively with others, creating close and personal bonds. These bonds ensured that social activities were typically more enjoyable than solitary ones and reinforced the beneficial active habits.

Mental stimulation was one of the most valuable attributes of an active lifestyle. This point was further strengthened when speaking with those elders affected by illness or debilitating injury. When the physical portion of active living was denied, they had to strive harder to maintain an unobstructed mental connection to the world.
The effects of active living on emotional and spiritual levels can be best explained by examining the emotional ailments of those who were not considered to be living their life at full capacity. Observations made by the elders regarding people choosing to remain inactive suggested an inwardness or solitary outlook towards life. Sadness, loneliness and lack of activity were observed to soon lead to a decline in physical and mental capacity. Inactivity appeared to be self-reinforcing, as it further aggravated feelings of inability, which resulted in a dependence on family members, friends or social networks and an expectation of being looked after. By living actively, the elders enjoyed independence and freedom of choice, as well as personal gratification in most of their activities. Time spent with friends and family was thereby allowed to serve primarily social as opposed to personal, psychological purposes, and might therefore be mutually beneficial among all those interacting. The activities themselves often appear to foster a healthy spirit. People coming to the aid of others, religion, and activities shared with loved ones yielded strong benefit to the heart and soul.

*Being Positive*

A positive attitude was often the fuel for active living. It was perceived to generate energy. Positivity was understood to refer to being active despite personal limitations and the idea of “doing one's personal best.” By exploiting the connection of the mental and physical aspects of activity, informants felt they could mentally motivate themselves to overcome physical limitations:

It’s all in how you think. It is what each of us believes is being active…. Inactive has nothing to do with disabilities in my way of thinking. It has to do with what you do with what you got. Simple as that.
Being active in spite of personal limitations required optimism and a sense of good fortune. Some participants said, in one form or another, that the proverbial silver lining of the cloud must be seen before one could be truly “healthy” in mind, body and spirit. Others suggested scenarios that implied a positive outlook naturally grows as one participates in the activities of their choice. One man expressed the view that a positive attitude was essential for an active lifestyle succinctly: “Attitude is key—without a positive attitude, you’re done, dead, buried.”

Positivity was also identified by several of the elders as understanding oneself to be a role model for others. For example, one of them said that, “By being active, by leading an active lifestyle, I believe I am role modeling for others. I am not perfect, but who is? I am content, happy, and blessed.”

Positivity and an active lifestyle appeared to be mutually reinforcing, as subjects felt that a positive attitude was essential for an active lifestyle while at the same time agreeing that the attitude was a result of the lifestyle. Thus positivity was seen to be all at once a pre-condition for active living, a component of active living and a result of active living.

The choice of activity could be seen, in many cases, to reflect which fears were among the more prominent feelings brought on by retirement. Some of the participants preferred to spend their time spreading good will and helping others, as they saw they could choose to spend their new-found time involved in the community and feeling useful to others. While others chose to volunteer their time in their original fields of employment, continuing the traditional or habitual forms of mental and physical stimulation. Some decided to fill their new idle time with activities they had previously enjoyed as occasional hobbies. Successful managing of the
changes and transitions accompanying retirement was indicated by and verbally associated with feelings of relaxation and increased enjoyment in life.

Summary

In closing, upon analysis the elders’ responses constituted a taxonomy of three primary themes, “Having Inwardly- and Outwardly-Directed Activities,” “Making the Most of Time,” and the “Self-Reinforcing Nature of Being Active,” each with various subthemes (as shown in Figure 1.). The taxonomy revealed important semantic connections in the elders’ conceptions of active living between kinds of activities, connections and relationships, valuable activities and uses of time, and characteristics of active lifestyles. Specifically, “active living” referred to distinct activity types, inwardly- and outwardly-directed activities. The meaning of “active living” revealed and required a conception of the self as multi-faceted, and revealed and required a conception of personal well-being as holistic and sensitive to the connectedness of the different aspects of the self. “Active living” likewise required a conception of personal well-being that included having meaningful relationships. The meanings of “valuable activities” and “valuable time spent” were found to be interwoven in parts with the meanings of “active living.” Lastly, the informants’ conceptions of active living were importantly characterized as self-reinforcing and positive. While these findings are informative and interesting in their own right, it will be beneficial to place them in the context of previous research.
CHAPTER FIVE

DISCUSSION

The previous chapter’s findings present an opportunity for discussion of the themes within the context of established research. In this chapter, the findings will be pulled together and synthesized and then discussed in light of the literature.

As noted in the literature review, previous research related to active living in older persons has most often taken “activity” to mean “physical activity” and focussed on the benefits of physical activities of various types. While this previous research would appear to emphasize only one aspect, the physical aspect, of the informants’ conception of active living as beneficial, this body of literature also linked physical activity to mental, social and emotional well-being.

The informants’ conceptions of active living generated a taxonomy of themes that comprised the meaning of active living in the population under study. These themes fell into three broad categories: Having Inwardly- and Outwardly-Directed Activities, Making the Most of Time and The Self-Reinforcing Nature of Active Living. The first two categories expressed two distinct groups of conceptions. The Self-Reinforcing Nature of Active Living, however, was relevant to aspects of Making the Most of Time and Having Inwardly- and Outwardly-Directed Activities insofar as self-reinforcing choices and practices were found to be part of what it meant to spend time “valuably” and to choose “valuable” activities.

Conditions for Active Living

Viewing the value that these seniors placed on both inwardly- and outwardly-directed activities as a manifestation of the broader goal of enhancing overall well-being helps to explain why those with significant disabilities could still receive the active designation by their peers. It was of the utmost importance, and clear from the informants’ responses that the “active”
designation was a positive one—that is, that the elders felt calling someone an “active” person was praising them. As many of the seniors initially spoke of physical activities, but upon consideration of those they knew with significant physical disabilities amended their responses to include mental activities, it may be that these informants were motivated by their respect for the physically disabled individuals they considered to call those disabled individuals “active” people. In short, these informants seemed to feel it was disrespectful to exclude the physically disabled from their conceptions of “active” people. Importantly, it was found to be disrespectful to exclude the physically disabled from the category of “active” individuals only when those disabled individuals were perceived to be doing their best to stay positive and achieve goals that were within their reach given their disabilities. It was therefore found that “doing one’s best within one’s limitations” was more at the heart of active living than physical motion or exercise.

In Chapter Four, “doing one’s best” was found to be referred to in the context of meeting personal goals insofar as reaching those goals promoted well-being in any aspect of the self. There was a contrast between the elders’ initial preconceptions of active living (physical activity) and their conceptions after more thought (mental, physical and spiritual activity). Thinking about physically disabled individuals prompted the elders to recognize that there are different kinds of personal well-being. Physically disabled seniors were perceived to be doing their best to achieve personal well-being by staying positive, especially when faced with limitations, and maintaining meaningful relationships with others. These seniors were found to be “active” when they did their best to promote their well-being in all aspects, even if their efforts in relation to physical health were limited to lesser or greater extents by a disability. Recognizing different kinds of well-being prompted the elders to expand their conceptions of time spent “valuably.” This
contrast appears particularly important as it underpins, at least in part, the wide scope of activities that were part of the elders’ understandings of making the most of time.

Their recognition may also help us to understand how important having meaningful relationships is to their conceptions of active living. The informants recognized that well-being is holistic, and they recognized that meaningful relationships could help to promote mental and spiritual well-being, and could provide opportunities for physical activity as well. The importance of meaningful relationships was found to permeate all kinds of circumstances in which an active lifestyle was observed, although it was of particular importance to achieving and maintaining and active lifestyle for disabled individuals, as these individuals relied on the support of others to a greater degree than their non-disabled peers. From these considerations, it is reasonable to think that having meaningful relationships is essential to their conceptions of active living, allows a broad range of activities, and overwhelmingly carries a positive connotation.

Furthermore, it is interesting and important to notice that the examples of physically disabled individuals likewise show that having mind/body/spirit connectedness is essential to their conceptions of active living. The importance of mind/body/spirit connectedness was most evident in these cases, as a mental attitude was considered imperative to simply accomplishing day-to-day physical endeavours, such as running errands or preparing a meal. However, the point I hoped to raise by what follows is that the importance of this theme to all the informants’ conceptions was demonstrated in both positive and negative lights. The informants told stories associating the deterioration of physical and intellectual functioning with a defeatist attitude often alongside low self-esteem and feelings of dependence.
To their credit, the informants recognized that physical activity not only impacted strongly on physical health and mental agility but also, in many cases, on the extent and quality of social interaction. The literature corroborates the seniors’ perceptions that the various aspects of well-being are interdependent and that positive efforts and/or results in one area can be of immense importance to achieving positive results in other aspects. DiPietro (2001) found that physical activity offered not just physiological benefits, but psychosocial benefits in elders, and that the health consequences were positively associated with a healthy lifestyle. The notion that general personal well-being was associated with social networks, in particular the establishment and fostering of quality relationships, is also supported by Litwin (2001).

Levin and Chatters (1998) found that an indicator of quality of life and well-being in elders was connected to religious involvement. In this study, the informants described religious involvement in the context of “activities” as opposed to belief systems or normative structures, and did so chiefly to acknowledge its benefits on personal well-being. Thus while religious affiliation may hold significant value for many elders as a locus of opportunities for social interaction and physical and mental stimulation—providing all the potential benefits of such interaction and stimulation—the opportunities that affiliation provided were also important motivators for religious involvement among the sample population. Finally, Arcury, Quandt and Bell (2001) noted that elders made forceful statements regarding the importance of God, Church and spirituality as it related to the salience of participation in an active lifestyle and of staying healthy. They further found that, from the emic perspective, many seniors found that spiritual connectedness was attributed to keeping them active and involved with people in their communities. From the etic perspective, the elders found that participation in religious activities
benefited them psychologically and emotionally, as well as providing social integration and support.

**Choice: “Worthy” Activity as Condition for Active Living**

Herzog, Franks, Markus and Holmberg (1998) argue that productive leisure activities impact on well-being through the expression of specific dimensions of the self. They further find that leisure activities are positively correlated to a social as well as agentic self. Herzog et al.’s research suggests that activities considered most valuable for enhancing personal well-being, an example of “productive” leisure activity, relate to all different aspects of the self. The study reported here adds that leisure activities have positive value for an individual when those activities relate appropriately to autonomy (the “agentic” self) and to the individual’s perceptions of themselves in their social setting (the “social” self).

In this study trends were observed in the kinds of activities considered valuable, which helps to elucidate the findings of Herzog et al. (1998). Specifically, activities were seen to be valuable in one or both of two ways: by meeting a goal of self-improvement (in any or all aspects of the self, i.e., physical, mental, social, emotional/spiritual), or by meeting a need for social stimulation. The mechanism of free choice was observed by the researcher and at times by informants, to allow expression of personal goals and values and, in addition, to allow pursuit of the fulfillment of the desires associated with these goals and values in personally acceptable and manageable ways. Choice was a starting point for engaged and committed participation, which could lead to sustainable or sustained activity levels. Thus all activities deemed valuable for an active lifestyle by the informants were, in turn, viewed as enhancing overall personal well-being, see Figure 2, a pictorial representation that is used to help explain how Choosing Freely can be related to Engagement and Commitment, and how both of these subthemes can be related to the
Self-Reinforcing Nature of Active Living. Notice that Figure 2. does not picture specific activities. The informants’ conceptions of active living countenanced free choice of activities, but in doing so did not refer to free choice as limited to any specific activities (this is discussed just below in light of DiPietro’s findings). Choosing Freely is a starting point for engaged and committed participation, which can lead to a self-reinforcing level of activity. In this way, freedom to choose valuable activities for participation was countenanced by the meaning of active living—it functioned as a condition for active living.

Free Choice $\rightarrow$ Participation Begins $\rightarrow$ Participation become Engaged and Committed $\rightarrow$ Sustainable Activity Level is Reached

Figure 2. Pictorial Representation of the Relationships between Free Choice, Engagement, Commitment and the Self-Reinforcing Nature of Active Living

According to DiPietro (2001) choice of activity and level of participation varies by sociodemographics, including age, sex and level of education. Given DiPietro’s findings, the choices made by participants in this study to participate in “valuable” activities would be expected to follow trends in the sociodemographics of the group. Sociodemographic trends would be expected to influence value judgments if free choices are intended to meet personal-improvement goals and express individual values, as these goals and values will have been shaped by the environments in addition to the physical and mental capabilities of each individual.

While the choices made by individuals were found to be highly individual, they nevertheless did reveal common themes that may have been influenced by sociodemographic factors. The informants believed that a positive attitude and high self-esteem were important
ingredients in overcoming obstacles and disabilities. “Acceptance” of limitations was also referred to as important in overcoming limitations. “Acceptance” of limitations appeared to refer to alterations in personal expectations, as those who “accepted” their limitations were understood to have revised their notion of “personal best” to accommodate changes in their capabilities. The informants’ emphasis that “doing one’s best given one’s limitations” required acceptance and are at the heart of active living, and their insistence that it must be possible to include physically disabled individuals as “active” individuals, could reflect the informants’ identification with people who have lost some physical ability due to age or illness. Trends in sociodemographic factors, such as age, would help to explain this across-the-board emphasis that physical disability need not be associated with inactivity and would help explain the informants’ insistence that it was beneficial to actively seek association with others their own age who were also making an effort to stay active.

Characteristics of Active Participation

The meaning of active living necessarily contained references to individual goals and values which spanned the distinction between “internal” personal-improvement goals and “external” social goals. These two types of goals provided motivation for participation in two corresponding types of activities: “inwardly-directed” activities and “outwardly-directed” activities. As it was noted by the informants that it was important for an individual’s activity choices to include both inwardly- and outwardly-directed activities, it can be inferred that individuals’ goals included goals of both types. It was clear from informants’ responses that it was important to the informants to attempt to satisfy goals of both types.

The informants were explicit in insisting that “active” could and should also refer to physical and/or mental activity because sedentary and inwardly-directed activities would
otherwise be excluded from the “active” designation (and, less importantly for this point, those with significant physical disabilities would also otherwise be excluded from the “active” designation). From the connection of activity types to goal types, and the relation of goal types to different aspects of the self, it was corroborated that the importance informants placed on meeting goals of both types was a manifestation of the importance they placed on enhancing all aspects of personal well-being.

Everard, Lach, Fisher and Baum (2000), in their study on the relationship of activity and social support of older adults, found significant relationships between physical and mental health. Successful aging included choosing to remain engaged with life and maintaining leisure, social and physical activity. The awareness of how major changes in the level of activity can impact health and well-being and can affect successful aging appears to be related to the concept of engagement in the following way. There is an expected increased likelihood in populations that have greater access to information that conceptions of “active living” will be more informed and accurate in their judgements, judgements made from observing their own case and from the observation of others, of which activities will successfully promote personal well-being than the conceptions of populations with lesser access to information. The population in the study included elders in a middle-class region of British Columbia with access to information regarding health and well-being via television, radio, Internet, community and health centres, local health- and wellness-related businesses, health care providers and peers. It is reasonable to expect that the studied population, as a result of exposure to health and wellness information, would be more aware of health and wellness issues than others with more limited access to information. An increased awareness of health and well-being issues would be expected to motivate individuals to reflect on their lifestyle and activities. Being aware of their own activity
levels might, in cases in which an individual found his or her own activity level to be lacking in some respect, be motivated to seek activities that they could fully engage in or to increase the depth of their participation in activities. This expectation is corroborated by the findings of this study, by the seniors’ implicit and explicit admissions that they observe the activity levels and characteristics of their own lifestyles and their peers’ lifestyles, and that they make conscious and conscientious efforts to increase and/or maintain deep levels of participation. Everard, Lach, Fisher and Baum (2000) also corroborated in their findings that when more information was available to elders, those elders had increased access to activities and opportunities to engage more fully in activities.

How Active Living is Self-Reinforcing

The characteristics of the groups, programs and activities chosen by the informants appeared to have a particular style of interaction, where the emphasis was on cooperation rather than competition. This helped to enhance support among peers and equals. The reinforcing of active values was also found to occur by association with others who shared those values. It is therefore likely that the group activities that of most benefit are cooperative ventures among groups of elders with similar values. Such groups were found to be non-threatening, encouraging membership and resulting in a sense of empowerment and thereby an increased sense of self-worth.

Those choices related to activity selection that were considered to be “good” choices often were often found to involve small modifications of individual goals and priorities to accommodate committed participation. “Active” elders’ alterations in goals and priorities, however, were as minimal as possible. That is, active individuals were recognized to choose and commit to those activities that came closest to supporting their pre-retirement values, although
“worthy” choices were often associated with subjective perceptions of effort. Dealing with the change from pre- to post-retirement living was perceived to be most successfully accomplished when there was either a maintenance or increase in overall activity levels from past to present, though not always a continuity of specific activities. Those interviewed overwhelmingly felt that active living helped to optimize personal health and well-being. They therefore reported choosing to explore new activities when necessary, to adapt daily routine and to make compromises and sacrifices to ensure well-being and happiness into the future.

The reflective equilibrium achieved by the conjunction of choosing in accordance with personal goals and values and making small modification to those goals and values in order to ensure sustainable activity levels goes a great distance in explaining why active living was found to be self-reinforcing and why positivity was perceived as essential to all themes and subthemes. The relationship between positivity and holistic well-being that formed part of the informants’ understanding of active living is echoed by Singh, Clements and Singh (2001). They concluded that having a positive attitude led to higher morale in elders and this was equated with positivity and well-being. Physical activity, including weight-lifting and jogging, improved feelings of self-efficacy and morale, and that attitude toward one’s own aging improved with exercise and an increase in social contact.

Accepting small modifications in personal goals and values could contribute significantly to the ability to maintain a positive attitude. By adjusting goals and values such that attainment of aims is within reach given current or potential/future limitations or obstacles, seniors would be more likely to reach those amended goals. In general terms, by adjusting their expectations for themselves, active seniors would allow themselves to meet their own
expectations, and thus to achieve feelings of accomplishment and self-efficacy. These feelings would, in turn, increase self-esteem and morale.

There is evidence in the responses of the informants in this study, that elders believed increases in valuable physical and social activity fostered increased self-esteem and positivity. From these observations, it appears that small modifications of individual goals and values given current or potential/future limitations in conjunction with free choice allowing the expression of those values and accomplishment of those amended goals would help an informant to “do their best given their limitations.”

Positivity was found to be a mechanism by which activities could help improve overall well-being: a positive attitude toward abilities or activities that related to one area of the self could help effect positive changes in other areas of the self. These positive changes could in turn effect further improvements in different aspects of personal well-being. It was found that positivity could refer to one’s attitude toward oneself, and therefore the correlation between increases in positivity and increases in self-esteem were found to be intimately related—increases in positivity were correlated with increases in self-esteem.

This self-reinforcing picture of active living suggests that increased or high levels of self-esteem and positivity should also be understood as results of active living, in addition to their role as contributors to active living. This broad conclusion coincides with Singh, Clements and Singh (2001), who found that positive attitudes led to higher morale in elders and this was equated with positivity and well-being, as noted above, but in addition, provides insight into the role of positivity, which may function as a mechanism that underwrites the correlation active living and personal well-being.
Summary

In summary, a general picture emerged that “active living” was beneficial to all aspects of personal well-being and in a multitude of ways. This picture appeared clear to informants and relevantly appeared increasingly obvious to informants the more that they reflected on their conceptions of “active living” and their estimations of which of their peers should be considered “active.” There is substantial support in the literature about the positive contribution of an “active lifestyle” to personal well-being. In particular, the literature supports the importance of connectedness of physical, mental and emotional or spiritual aspects of the self and the importance of meaningful relationships to holistic well-being. This study adds further evidence that one’s inner connectedness and connectedness to others and the social environment promote well-being, and suggests that an “active lifestyle” is one method of achieving connectedness and improved well-being. There is also support for the idea that free choice, in a population of informed and aware elders, is an adequate mechanism for promoting holistic well-being, by acting as a starting point for engaged and committed participation. Some speculations are made about positivity as a mechanism by which improvements in one area of the self might be transmitted to other aspects, and these speculations are shown to be consistent with some existing research. It is clear from the findings in light of the literature that positivity, like active living, is self-reinforcing and an important part of holistic well-being.
CHAPTER SIX
CONCLUSION

Summary

This study was designed to explore the meaning of active living from the perspective of older persons. I was motivated as a professional to contribute to the growing need for programs and services to meet the specific needs of older persons as they continue to grow as a proportion of the Canadian population. As well, both my clinical and personal experiences with physically active elders, many of whom appeared more alert, engaged with life and in better medical condition than their sedentary peers, presented anecdotal evidence of the potential benefits of holistic interpretations of activity and active living. While there is growing research to support an active lifestyle as beneficial in many ways, I was interested in finding out how elders themselves conceive of active lifestyles. I believe that this ethnographic study represents an important first step, a laying of groundwork, for further grounded theoretical study on the benefits of active living for the elderly. Further grounded theory will tell us about the motivations, characteristics and effects of active living in elderly populations, and will thereby help us to develop programs and services that better meet the holistic needs of older persons. However, I believe that it is imperative to understand how elders themselves view active living in order to develop and implement any strategies in the most effective and respectful manners.

I chose ethnography, as described by Spradley (1979), as my research method. I felt this would be the most direct approach to collecting the data required to answer the question “What is the meaning of active lifestyle and activity to older persons?” The essence of this approach is the intimate interaction of the researcher with members of the culture under study. By attempting to immerse herself in the studied culture as much as possible or necessary for the scope of the
study, the researcher comes to intimately understand the conceptions of the informants. The researcher is then able to interpret the information they have gathered so that it may be effectively shared with members of the researcher’s “native” culture. The ethnographic researcher, then, is ultimately a bridge between two cultures.

The literature reviewed expanded my familiarity with the subject matter and helped me to understand my own cultural perspectives and biases. Understanding how my own perspective might influence my understanding of the informants’ body language and verbal responses was extremely useful in my efforts to ensure that my interpretation of the informants’ conceptions was as fair and open as possible. It also helped me to identify how some of the informants’ perceptions and observations were corroborated or rejected by previous research, lending me a few tools with which to judge how accurately informants may have interpreted some of their own experiences.

The data were collected by means of extensive interviews with 14 participants. The interviews were tape recorded and then transcribed verbatim into electronic documents. These documents were then read numerous times, coded for thematically-related content and cross-referenced to each other. This process of analysis was ongoing while data were being collected, and allowed the researched to hone interviewing techniques, for example, by modifying the phrasing of questions appropriately, while in the process of data collection.

The findings that emerged from the interviews comprised themes that could be structured into a taxonomy—an ethnography of the meaning of active living. Based on the analysis of these themes, as they were revealed by older adults as they reflected on their own experience of being active and leading an active lifestyle, it is clear that active living according to the participants denotes (1) a set of criteria, or conditions, that converge on the promotion of holistic well-being,
(2) participation in activities that, at least in part, satisfy those conditions, and (3) the holistic benefits of those activities. Specifically, “active living” referred to two activity types, Inwardly- and Outwardly-Directed Activities. The elders’ conceptions demonstrated a multi-faceted and interdependent conception of the self and personal well-being. “Active living” required a conception of personal well-being that included having meaningful relationships. “Valuable activities” and “valuable time spent” were found to be semantically related in parts to the meanings of “active living.” Finally, the informants’ conceptions of activity and active living were importantly described as self-reinforcing and positive.

The interview transcripts revealed that there was a significant distinction between activity types. It was found that both types of activities were deemed essential to an active lifestyle. The informants’ multifaceted approach to personal well-being, in conjunction with their ultimate aim in active living—namely to maintain if not improve their well-being—led them to appreciate and take advantage of the interconnectedness of the different aspects of the self. Their recognition of their multifaceted nature also led them to appreciate meaningful relationships.

The informants’ responses suggested that an “active lifestyle” is conceived, at least in part, as specific, ongoing activities that “make the most of one’s time.” Making the most of one’s time emerged as having many identifiable parts that pivoted on the concept of “free choice.” The “active” participation that resulted from these choices was revealed to exhibit particular characteristics. Specifically, the participation had to be “engaged,” meaning emotionally involved and thereby making the individual potentially vulnerable, and it also had to be “committed” participation, which referred to the willingness of the individual to make sacrifices, expend effort, and make small modifications to goals and values in order to accommodate
continued participation into the future. It was important that engaged and committed participation after retirement be as continuous as possible with activity prior to retirement.

An active lifestyle was found to be beneficial, in the estimation of the informants, in all aspects of personal well-being. Active living was seen to contribute to autonomy by helping to maintain mental acuity and physical ability and helping to increase feelings of self-worth and an informant’s estimation of their ability to contribute significantly to their surroundings and community. Active living was found to promote positivity by helping informants to accept their own capabilities and limitations, thereby helping them to reach goals related to improvement of all aspects of the self. Active living, and in addition positivity in itself, were also found to be self-reinforcing. It was noted that while there were significant common threads in the informants’ conceptions of “active living,” the array of activities selected to be part of these elders’ active lifestyles were nevertheless highly individual.

Conclusions

The findings from this study generate a few conclusions related to the meaning of active living in the population investigated.

1. The meanings of “valuable activities” and “valuable time spent” cannot be understood outside the context of the meaning of “active living.”

Informants’ valuing of having mind/body/spirit connectedness and having meaningful relationships as part of active living is closely related to and perhaps a derivative of their valuing of active living insofar as it promotes holistic well-being. It was clear from the findings that active living refers to conditions that must be met for the improvement of personal well-being and engaged and committed participation. Active living was also understood to contribute to
improvements in all aspects of personal well-being; it is “doing one’s best within one’s limitations” that is at the heart of active living, not physical motion alone.

Taking advantage of mind/body/spirit connectedness allowed the informants to transfer gains in personal well-being from one aspect of the self to others, helping them to meet more immediate goals enroute to sustained active living. In addition, meaningful relationships facilitated and accompanied emotionally involved participation and led to feelings of self-worth and further opportunities for participation and emotional involvement, helping the seniors reach their personal-improvement and social goals. From these findings it is concluded that the informants’ valuing of having mind/body/spirit connectedness and having meaningful relationships as part of active living is closely related to and perhaps a derivative of their valuing of active living insofar as it promotes holistic well-being.

2. One of the most successful manifestations of active living, at least in part, is ongoing goal-directed activity characterized by engagement and commitment.

The informants’ responses suggested that truly active living was sustainable and ongoing. The requirement that participation be emotionally involved and capable of being sustained leads to the conclusion that one of the most successful manifestations of active living is, at least in part, ongoing goal-directed activity that is characterized by engagement and commitment. It should be noted that the goals of activities might include personal-improvement or social goals, and might refer to the immediate outcomes of the activity itself or to the outcome of sustaining or increasing an individual’s activity level. In addition, those informants who engaged in sustained and goal-directed activity, were often those retirees who had found ways to continue participating in similar or related activities after retirement. The informants’ recognition therefore that continuity with the past and sustainability into the future were virtues of active
living suggests that the successfully active individuals were those who found ways to minimize the impact of retirement on their goals and expectations of themselves.

3. Autonomy and opportunity play significant parts in the meaning of “active lifestyle.”

It is also concluded that autonomy and opportunity play significant parts in the meaning of “active lifestyle,” as autonomy and opportunity are both conditions that must be met for choosing freely and choosing freely was observed to be one way in which active living might begin. Moreover, autonomy and opportunity could be viewed by informants as outcomes of active living. Active living was understood to benefit mental acuity, and could thereby help to ensure that individuals were independent and able to make reasonable choices given their goals and values. It was important to the informants that these choices be made from a wide-enough range of opportunities that the individual could meet personal goals and adhere to their values. Therefore, autonomy and opportunity play roles in the meaning of active living for these seniors, as ingredients in choosing freely and as possible beneficial outcomes of active living.

4. Active living refers to, and is perceived to enhance all aspects of well-being and to be self-reinforcing.

There was little question from the informants’ responses, all of which depicted active living as overwhelmingly positive in all aspects of the self, that active living refers to and is perceived to enhance all aspects of well-being. It was also perceived to be self-reinforcing. The self-reinforcing nature of active living was found to be consistent with the finding that both engaged and committed participation in a range of activity types, that aimed at both personal and social goals, and having meaningful relationships were referred to as conditions for active living and also as potential benefits of an active lifestyle.
Engaged and committed participation by sustained emotional involvement and a willingness to expend effort when necessary, was seen by the informants as providing opportunities for self-development and developing meaningful relationships with others. The strong bonds established between an individual and other participants, in turn, provided motivation for continued participation at deep levels. In addition, a positive attitude was observed to be essential to reaping the full benefits of participation in various activities. The informants correlated a positive attitude with self-esteem and independence. Their responses were found to suggest that positivity is itself reinforcing. “Doing one’s best” was understood to require a positive attitude and to generate increased self-esteem. Therefore, as “one’s best” is always relative to one’s capabilities and limitations, that change with time and circumstances, it is suggested that “one’s best” is dynamic. This suggestion is consistent with the finding that the most successfully active individuals are those who “accept” their limitations, making small modifications in their personal expectations and goals in order to accommodate their changing capabilities.

Concluding Remarks

As active living referred to a set of conditions and ongoing, specific activities thought to help achieve, maintain and enhance personal well-being, the development and discussion of the taxonomy helps to illuminate at least one alleged route to achieving, maintaining and/or improving overall personal well-being. The roles of self-esteem and positivity in reinforcing active living were significant and positive. Although it would be premature to conclude the following based on the scope of this study, the findings point to a connection between an active lifestyle and positivity, including high self-esteem, on the one hand and holistic personal well-being on the other.
In short, the conclusions suggest that active living refers to both self-reinforcing, allegedly holistically beneficial participation and to a set of conditions, or criteria, that help to begin and sustain that participation and ensure that it benefits the individual. Autonomy, opportunity, self-esteem and positivity play key roles in both the participation that in part comprises active living and the conditions for active living.

Implications for Theory, Practice and Research

Depending exclusively on the voiced subjective experiences of the elders interviewed, an active lifestyle positively affected the well-being and health of the participants. This conclusion is based on observation and analysis of their subjective experiences rather than a statistical analysis to corroborate their perceptions of improved well-being. Because the study was not designed to examine the connection between active living and personal well-being, additional research would be helpful in providing further documentation regarding the alleged improved quality of life that accompanies an active lifestyle.

Both quantitative and qualitative research methods would seem to be appropriate for assessing the alleged increase in quality of life earned by active seniors. Quality of life (QOL) measures might include qualitative measures of subjective perceptions of one’s own QOL and generally held conceptions of QOL and additionally more focussed qualitative analysis of its contributors and constituents. Quantitative measures might include factors relevant to access to health and wellness information and programs, factors indicative of physical fitness and health, financial measures of resources consumed for health and wellness promotion, and frequency or trends in use of health and wellness related services, among other topics. This additional research would complement the findings of this study and help to refine the considerations and guidelines for policy and program development, education and services.
The conclusions suggest that this study may help to constitute the groundwork for development of a preliminary substantive theory that includes the results of investigations into the link between active living and improved overall well-being. Such a theory would have implications for practice, education, theory and research. In particular, it would be of use in structuring support groups and services and providing health care services, by helping practitioners and service providers, administrators and designers to establish strategies for facilitating both communication and implementation of programs, individual services, and strategies for encouraging active lifestyles among elders.

The findings and conclusions of this study have implications for policy development in addition to the theoretical implications mentioned above. Specifically, this study suggests that any policies developed should explicitly consider the seniors’ need for autonomous decision-making and their need for opportunities to participate in a wide range of activity types, both social and solitary. Policy makers should also consider the seniors’ need for deep and committed levels of participation, and ensure that the format of programs, services, and activities themselves, including their funding models and implementation procedures (among other properties), not prohibit such participation.

The apparent success of activities that are cooperative as opposed to competitive in nature indicates that it may be most fruitful to adopt cooperative procedures whenever possible when designing seniors programs. The informants’ recognition of cooperative ventures as most successful in achieving sustained and deep participation suggests that the cooperative nature of programs would be a “selling point” to seniors, and that advertisement of the cooperative nature of activities may encourage seniors to participate in those activities. Further, this indicates that service providers (and all processes associated with the training of those providers), whose
attitudes may be significant factors in determining program success, should be encouraged, or trained where necessary, to use cooperative techniques in leading activities.

While the study may be limited in sample size and geography, it presents a starting point for similar research to corroborate the findings in other areas of Canada for comparison, and perhaps for subsequent generalization of some of the findings to the appropriate demographic of the British Columbia population. It also presents a contrast class for similar future ethnographies of groups characterized by significantly different socioeconomic circumstances and/or access to health and wellness information and services.

This study suggests that any policies designed to enhance the choices of activities for elders must fully consider the specific, sociodemographic characteristics of the seniors involved and the elders’ “freeness” of choice. Within this framework, it would appear that policies and services should increase volitional activity in elders, in order to provide a wide enough range of options that elders feel they are choosing freely and are able to accommodate their broad goals and values with little to no radical modification. This could be accomplished by focusing on the provision of active living choices through increasing availability and accessibility of seniors’ facilities and community centres that promote active living.

It may also be that encouraging seniors to participate in the design and delivery of programs and activities would increase their autonomy, as they would be able to take part in decisions regarding which programs and services would be delivered and how they would be delivered. This could also provide a forum for expression and consideration of the specific sociodemographic goals and values of a group of seniors. In addition, involving seniors in decision-making processes about the programs and services that will be delivered to them and
their peers may facilitate increased engagement and commitment to activities, as they will have had a hand in designing and implementing those activities.

In short, further research of both a qualitative and quantitative nature, culminating in the development of a preliminary substantive theory linking active living to personal well-being, would help to reach the goals of providing effective programs and services for active living and of educating elders about active living and helping them to start or continue to live actively. In addition, policy-development would do well to take note of the success of cooperative activity formats and the need for seniors’ autonomy. Policies and programs should also appreciate the sociodemographic-specific goals and values of the participants and aim to be consistent with those goals and values.
REFERENCES


Asche, C.V., Gallagher, E.M., Coyte, P.C. (2000). *Economic impact of falls among Canadian seniors*. Toronto: Department of Health Administration, Faculty of Medicine, University of Toronto.


Kazemek, F. (1997). They have yarns: Writing with the active elderly. Journal of Adolescent and Adult Literacy, 40(7), 516-518.


Nahm, E. & Resnick, B. (2001). Homebound older adult’s experiences with the Internet and E-mail. Computers in Nursing, 19(6), 257-263.


Statistics Canada (2001). URL.
http://www.statcan.ca/english/Pgolb/People/Population/demo10a.htm


APPENDIX B
I am interested in what LIVING AN ACTIVE lifestyle means to older persons. I would like to know your thoughts and feelings about some questions regarding active lifestyle, because I want to understand things from your point of view.

First of all, I would like to talk about activity.

1. When you hear someone say that they live an active lifestyle, or are 'active', what does that mean to you?

2. When you hear someone say that they would not consider themselves to be an active person, what does that mean to you?

How would you classify yourself? As active, as not active? What does that look like to you?