Ageing & Society **32**, 2012, 1106–1127. © Cambridge University Press 2011
doi:10.1017/S0144686X11000742

Back from the brink: ageing, exercise and health in a small gym

EMMANUELLE TULLE* and NIKA DORRER*

ABSTRACT
This paper discusses findings from a qualitative study which explored older adults' experiences of becoming regular exercisers in a gym triggered by health problems and their interactions with their younger gym instructors. A key question which the study sought to address was whether becoming embedded in the sub-field of exercise challenged traditional discourses of ageing (age habitus). While these older gym users reported significant benefits (greater health capital, expanded social networks and a return to active life after illness), they nevertheless were engaged in a complex and ambiguous negotiation of attitudes to bodily ageing and meanings of fitness and competence. In contrast, the instructors subscribed to a model of physical activity oriented towards physical capital as greater fitness. The paper suggests that these positions manifest competing understandings about what constitutes appropriate and desirable physical capital in later life. Budgetary constraints, beliefs about physical ability, professional expectations and the persistence of the discourse of decline prevent this gap from being easily bridged and allow alternative notions of ageing physicality to colonise the sub-field of exercise. The paper concludes that there is a need to develop ways of breaking down barriers in communication to overcome divergent understandings of what constitutes legitimate physical capital as we get older.

KEY WORDS – old age, physical activity, physical capital, age habitus, health, gym.

Introduction

This paper is based on a research project investigating understandings of ageing and exercise among older gym users and the younger instructors who support them. Apparently engaged in a common purpose of using exercise to promote and improve health, these two groups of people meet in exercise classes in an inner-city gym specifically targeted at people who have survived coronary heart disease (CHD), as well as anyone, symptomatic or otherwise, whose physical capital has been eroded over time. Arguably this is consistent with, and contributes to, the consolidation of a cultural shift which has broadened the meaning of exercise as a route to fitness and self-making

* Department of Social Sciences, Glasgow Caledonian University, Glasgow, UK.

(Markula 2003) and more recently as a prescription for health, specifically for recovery from and prevention of diseases associated with ageing and poor lifestyle choices (Cress *et al.* 1999; DeSouza *et al.* 1997; Ferrara *et al.* 2002; Williamson and Kirwan 1997). This shift is most visible in the sports science literature and health-promotion recommendations (*e.g.* American College for Sports Medicine 2010; World Health Organisation 2010). This begs a question regarding the status of bodily ageing and older people in contemporary Western society. Older people and their bodies have throughout the 20th and early 21st centuries experienced low status. The medicalisation of ageing has constructed a view of old age defined primarily by its physiological characteristics, from which the cultural status of older people has been derived. The turn to exercise in later life potentially opens the window to a future of improved physiological status as well as a changed mind–body relationship (Tulle 2008). This might pose a challenge to the traditional discourse of ageing as a process of inevitable decline in physical capital and concomitant cultural obsolescence. Our research suggests, however, that such dominant notions of ageing continue to loom large in the ways in which older people's experiences and gym instructors' anticipation of ageing meet in the gym.

The reconstruction of exercise as prescription for health

As has now been well documented, exercise and fitness have become ubiquitous in contemporary Western society (Sassatelli 2010; Smith Maguire 2008). As Sassatelli (2010) shows, there has been a shift from centrally controlled forms of physical activity towards mass and yet highly individualised participation in physical activity based on hedonistic body work. Correspondingly, the places in which people learn and deploy physical competence (or what is constructed as such) have changed. The gym in particular is no longer the segregated and highly specialised space which it was until the 1970s (often highly masculine and working class). It is now much more open and fluid, apparently unsettling class, gender and race boundaries by encouraging diversity of provision, sustained by commercialisation (Smith Maguire 2008). The gym has become the prime site in which the fashioning of a culturally acceptable self can be achieved via the cultivation of the body – its functioning as well as its appearance.

The turn to physical activity and exercise cannot necessarily be confused with the trend towards hyper sporting achievement ever present in media reports of globalised sport competitions (*see e.g.* Armstrong 2001, 2004 as examples of literature which glorifies exceptional sporting physicality), although as we shall see later, definitional boundaries are not always

impermeable. What is distinctive about the turn to mass exercise is the association of physical activity with fitness, health maintenance as well as illness recovery. There is now a substantial sports science literature, popularised in the media, showing apparent causal links between exercising and the prevention and even cure of the diseases prevalent in post-industrial societies, and concomitant improvements in longevity (Asikainen, Kukkonen-Harjula and Miilunpalo 2004; Beitz and Doeren 2004; Byberg *et al.* 2009; Scottish Executive 2005; Shephard 1997). So now we know that we should engage in specific forms of physical activity to protect ourselves from, or control the symptoms of, CHD, cancers, type II diabetes but also frailty.

The next most distinctive and noteworthy aspect of the turn to physical activity is its extension to a group of people hitherto largely excluded from exercise as health promotion: the old, including the very old. Since the 1990s, sports science production has increased exponentially to demonstrate the value of physical activity in later years and apparently transform traditional views about ageing bodies, from bodies of rest, incompetence and increasing immobility, to malleable bodies, prone to improved physiological and biomechanical functioning (Tulle 2008). As Tulle has shown, this transformation has been accomplished by giving scientific legitimacy to a key distinction: between normal and pathological ageing, reconstructed in biogerontology (the study of the biology of senescence) as primary and secondary ageing (Hunter, McCarthy and Bamman 2004). Secondary ageing, usually understood as the decrements arising out of environmental and lifestyle factors, is open to intervention by the prescription of tailored exercise regimens and lifestyle changes.

This has led to the emergence of and rapid expansion in a market in exercise and physical activity targeted at the old: step counters, gym balls, walking groups and gym classes. Older people are encouraged to embed physical activity into their everyday lives by walking, gardening, engaging in DIY, *etc.* but also by adopting more formal exercise regimes. It has also led to the emergence of exercise professionals – 'therapeutic recreation specialists' (Kunstler and Stavola Daly 2010) – who specialise in working with older adults, the perception being that the latter have additional needs which preclude them from attending 'mainstream' classes.

The ubiquity and expansion of exercise, the creation of safe and congenial spaces in which to perform it, the emergence of specialised instructors and the legitimacy lent to this trend mask an important obstacle: the continued reluctance of older people to engage in sustained and systematised exercise and the apparent fear of the gym or streets in which to act out exercise prescriptions. The literature tends to frame the reluctance to exercise as an information and understanding deficit (Balde *et al.* 2003; Nelson *et al.* 2007), that is an age problem, rather than a cultural or discursive problem in

which persistent stereotypes about age-appropriate behaviour and embodiment continue to clash with changing meanings of exercise.

Furthermore, as Tulle (2008) has shown elsewhere, engaging in sustained physical activity requires a commitment of time and re-adjustment of priorities which might be in conflict with family obligations and expectations of appropriate behaviour. Lastly, there is the issue of the body itself, its actual experience and sensations. The way we experience our bodies and deploy them is informed by deeply ingrained dispositions, mediated by our habitus, *i.e.* our social location (Bourdieu 1990). Our experiences are also shaped by dominant narratives of body and self. Phoenix and Sparkes (2008) have shown the continued dominance of the narrative of ageing as decline among young athletes who contemplate their own futures into mature and late adulthoods, especially when they strongly connect their own sense of self and self-worth with high physical capital. Body experiences, although felt as individual and personal, are therefore highly social and cultural. This tension between the personal and cultural will be illustrated in relation to the fear of over-exertion.

Now that they are encouraged to exercise in health promotion messages and policy interventions, older adults have to develop a whole new language to interpret their bodies. Correspondingly, young people who work with older adults might, by their close connection with alternative models, contribute to a reframing of dominant understandings of ageing embodiment. Two types of questions therefore emerge: firstly what meanings do people who exercise for health attribute to exercise? The second question is prompted by the low cultural capital old people and old age enjoy in contemporary Western societies. Gullette (2004) has shown how powerful the decline narrative which constructs older people as a burden and obsolete continues to be, how it is reinforced by policy initiatives which seek to reduce public expenditure related to the care of an increasing number of older people, and correspondingly, the lack of positive messages about growing old and the (sometimes voluntary) relegation of the old to specialised spaces from which they rarely return. Thus, does the turn to exercise for health have the potential to transform positively cultural capital in later life via different modalities of ageing embodiment?

Theoretical and conceptual framework

Theoretically and conceptually, the analysis and reflections presented here are informed by insights derived from the work of Pierre Bourdieu (1990), in particular his work on habitus, social field and sport. Bourdieu (1986) was concerned about the relationship between social action and wider structures

such as class and status, to explain how people come to embody their class and status position. His analysis was structural, in that he focused mainly on the way structures are embodied and made manifest in people's strategies and actions, providing grids within which particular decisions are taken. Social action, according to Bourdieu, is geared towards distinction: our actions reflect or reproduce the amount of capital we have to bring to bear on our class or habitus position. The process of social distinction takes place in social fields which act as microcosms of struggles for distinction. Sport is one such social field. Not only are different sporting disciplines – or sub-fields – imbued with class and status meaning; within each, protagonists try hard to garner as much capital as is allowed within the sub-field.

One distinctive feature of Bourdieu's work, and which will be reflected in the language used throughout this article, is his focus on the processes through which social actors come to embody their class position and engage in the struggle for distinction. His argument is that through socialisation processes, people internalise a range of dispositions which give them the propensity to act in particular ways, to have particular desires. This has two implications: first, for Bourdieu, choices are partly pre-determined. Our class position, or habitus, and our encounter with a range of social fields equip us with the ability to make decisions which may seem improvised but are also structured. This process was referred to by Postone, LiPuma and Calhoun (1993: 4) as 'structured improvisation'. Secondly, our habitus position is embodied and thus our physical appearance as well as how we deploy our bodies is indicative of our social location.

In previous work, Tulle (2008) developed these insights further in work with Master runners, that is runners aged 35 and over and who are eligible to take part in Masters competitions. She showed that whilst the sporting field is permeated by values and beliefs prevalent in wider society, such as the association of ageing with inevitable decline, in the Masters running sub-field athletes can develop or maintain dispositions for sporting excellence late in life through intensive training. She demonstrated that this process of embodied transformation can act as a challenge to these beliefs insofar as the athletes are fully aware that they are engaged in this challenge. To this extent she argues that they are caught up in what she termed the 'age habitus', the internalisation of the undesirability of being old, because of the latter's association with decrepitude and obsolescence, which constitutes their social location.

Therefore a key question remains whether body work of the kind encouraged by the sports science and health-promotion literature signals a significant shift in the social and cultural position of older people within the sport and exercise sub-field. Does it mean a return of older adults to mainstream society and a corresponding challenge to the age habitus? The

data which we will discuss below suggest the older gym users were indeed ambiguously positioned and constructed within this complex interplay between discourses of exercise and ageing embodiment, the physical experience and perceived health benefits of exercising, and the everyday demands of running a sports centre. We will begin to illustrate these multi-layered meanings surrounding exercise for older adults and bodily ageing by providing a description of the nature of the space within which the Active Senior classes were conducted. We will then focus on three themes which emerged from this analysis: integration into the exercise sub-field; exercising as a way of managing physical capital; and ambiguous constructions of ageing and exercise.

The gym

The research problem was operationalised in a study which took place in a university gym in Scotland. This gym has a mission of inclusiveness, in line with the university's own avowed mission. When it opened at its current premises in 1999 it received funding from the UK Lottery and from the Sports Council to develop a programme of community participation, encouraging non-traditional gym users to take up physical activity and feel comfortable about attending a gym. Subsequently, the target groups which were identified became more diverse, consisting not only of academic staff and 'sporty' young students but also mature students, students from a range of ethnic and religious groups, as well as students from less affluent backgrounds. In addition, staff actively promoted their classes and gym facilities within the local community.

In order to create a non-threatening and accessible space for these diverse groups, staff at the gym introduced a number of policies and programmes which set it apart from more conventional university sports facilities. For example, the gym changed its name to something less sport-oriented. It adopted a dress code which forbids the wearing of revealing gym clothing such as tops which do not fully cover the torso. To fulfil the objective of engaging and improving the health of the local community, the gym set up a number of over-fifties classes with the help of a consultant. In addition, it took part in two wider health-promotion schemes, the Live Active Exercise Referral Scheme (formerly known as the GP Exercise Referral Scheme) and the British Association of Cardiac Rehabilitation's (BACR) Phase IV scheme. For both schemes staff at the gym underwent extensive training to gain expertise in cardiac-related issues, deliver the exercise programme safely, carry out consultations and motivate service users. A lot of effort was invested to promote these classes to local physicians.

In the course of the first year of the scheme the gym received around 200 general practitioner (GP) referrals and also ran a busy cardiac rehabilitation class. Live Active classes were held three times weekly and users were offered gym membership at a reduced price, which led to many coming in at additional times to use the gym or join a medium-level exercise class (Body Vive). During these initial years, up to five members of staff were allocated to running the schemes and the gym invested a lot of time into consulting and monitoring referred users.

At the time of this research, ten years after the schemes were introduced, the gym had shifted away from its focus on older users, largely due to budget cuts. Staff are no longer promoting the classes in the community and at GP surgeries, and referrals have dropped from 200 to around 30 a year. Specialised staff who left have not been replaced, and classes have been reduced to three hours a week. With licences and BACR training for the cardiac rehabilitation scheme being costly, the cardio classes as well as Body Vive have been stopped.

Despite these changes, the gym has continued to be successful in recruiting and, crucially, retaining older members, in contrast to the overall trend towards low retention and low exercise maintenance for this population (Hughes, Mutrie and MacIntyre 2007). The majority of the older members who participated in this study have attended for many years and, as we shall see, have reported positive effects far beyond their initial health concerns.

This provided an excellent environment in which to investigate the experiences of older adults who exercise regularly and of instructors, especially given the pressures for change which the gym has been experiencing which provided a testbed for the effectiveness of exercise to unsettle the negative status attributed to old age. To this end, the research problem outlined earlier was operationalised along the following aims: to chart how older adults use the gym, what exercise they undertake, how it affects their health and how it affects the meanings they attach to ageing embodiment; to focus on instructors, more specifically how they make sense of their experiences of working with older adults, how they anticipate their own ageing and how they combine the health dimension of exercise with their own sporting aspirations.

Methods and analysis

Given these objectives, we opted for a purposive sampling strategy. In the course of preparatory work we identified three populations of older users: people who attended what had once been GP referral and post-rehabilitation classes and had been recast as Active Senior classes, a second group who

attended for health reasons but confined themselves to the gym equipment and a third, much smaller, group consisting of Master athletes who used the gym to maintain or in one case develop athletic competence. We conducted interviews with 15 men and women aged 55–83. In this paper we will focus on the five women and two men who regularly attended the Active Senior classes.

Among the staff, we recruited the three remaining instructors (two women and one man, aged 32–40) who had received specialist training and taught the Active Senior classes. In addition, we conducted informal interviews with the sports centre director.

Data were collected from gym users in face-to-face life-history interviews. With instructors we conducted short face-to-face life-history interviews and one focus group session. We have used aliases throughout. We attended Active Senior classes, as well as the weight rooms and most of the classes run by the sports centre, namely Body Pump, Spin, Circuit Training and Body Attack, for participant observations. For the purpose of this paper, the instructors' identity and gender have been concealed to ensure their claims cannot be attributed.

All the interviews were recorded on a digital recorder and uploaded to N-Vivo for coding. In the early stages of the analysis we sought to map attendance to the gym, map timelines to understand individual biographies from the perspective of physical activity/exercise, and look for overlaps and divergences. A typology of exercise career emerged. We then identified a range of themes based on the substantive information provided by the research participants, which we compared across all the research participants.

In the next stage of the analysis, we moved towards the identification of potential narratives or cultural stories (Phoenix, Smith and Sparkes 2010; Silverman 2005) of embodied competence and ageing, focusing more specifically on the extent to which the informants' accounts reflected or challenged the traditional discourse of old age and ageing embodiment. We treated people's responses to our questions as articulation of experiences, feelings and sensations which reflected and helped construct wider cultural beliefs about bodily and ageing processes. In sum, our analysis sought to combine a socially constructed view of the world with the phenomenology of experience. We now turn to the presentation of findings.

Integration into the exercise sub-field

Although not noted athletes, the Active Seniors had not been entirely sedentary as younger adults. Walking, golf, dancing, home exercising, aerobics, in one case jogging and another badminton, had been performed

regularly at one time or another. Therefore it is clear that the need or desire to be physically active had been present, although long-term involvement had been hampered by time constraints, the confusion of physical activity with sport or the belief that sport was not age-appropriate. The motivation to keep exercise going had also been a problem for one woman. What makes this group of informants distinctive is that illness – theirs or their friends' – had been the trigger for taking up exercise again in advanced age. Graeme states:

> I didn't really have much option. I had a triple bypass op and I was then more or less told that I would have to go to cardiac rehab class in the Royal Infirmary . . . . Well I did that for the 12 weeks and I was assessed and seemed to be getting on OK and they reckoned then I would be referred to a gym, just to carry on . . . . So by the time the [other] gym notified me, I had already decided to join here. (aged 75)

Some of these informants had been attending their classes for almost ten years. When we interviewed them they had successfully embedded exercise into their everyday lives. This was made manifest in two ways: by the encouragement of someone else and, particularly for women who lived on their own, by incorporating what they referred to as a 'social' element to their training. On being asked to comment on the place of exercising in her schedule, Sally makes the following connection:

> So I would say it is quite a priority. Because it's simply the only thing I do that I call socialising a wee bit, if you know what I mean. (aged 67)

A similar comment is made by Rita who, on being asked why she keeps coming back to the class, weighs up different options as follows:

> I think there is [*sic*] two reasons. One is the health issue. Is that the important one? I think maybe not. I think maybe it's the enjoyment and the social aspect. (aged 71)

The social aspect of exercising – the companionship of exercising alongside and with others, but also the social activities that have spun off from meeting up once or twice a week at the sports centre – clearly provide the motivation for doing something that also has health benefits. The social is not incompatible with physical effort.

Indeed the informants expressed their commitment by using a work metaphor: they reported that whilst in the class they worked, they worked hard and they could *feel* this hard work. The class was a 'shift' and they took it very seriously. Some set targets and had a strategy (splitting the week or shift into different exercise sets to work or improve particular muscle groups). During a shift sweating was an indicator that one had worked very hard.

Agnes and Elizabeth (who were interviewed together at their own request and were 73 and 83, respectively) reported never sweating in the past but after a class felt moist at the back of the neck.

Agnes: Sometimes you go out and you work really hard and it all depends what they have given you in that hour. Other times you go out and you feel 'I am fine' you know 'I am not sweating' which I didn't do anyway I must admit but I have started doing it now.
Elizabeth: Aye me too, hair is usually soaking at the back.
Nika: Is that a good thing or a bad thing?
Elizabeth: Well they say it's a good thing you have been working hard.

Norma (aged 69) reported the sense of satisfaction at performing competently, at overcoming a difficult routine:

Nika: And what would be a good work-out for you?
Norma: Today was a good work-out. A good work-out is when it's hard and you can do it and you feel as if you have done well. That's a good work-out.

So far we have shown that informants articulate their experiences using a language which reveals commitment and hard work. Bodily sensations such as sweating are used to put this message of hard work across. What they also articulate is a changed relationship to exercise and their bodies. Harry (aged 78) puts it this way:

And one of the things that I do feel is, if I don't come my body misses the exercise. And I didn't think I would feel that way. But if I miss – say I miss the Friday – I feel I have missed out and I would need to go out walking or something to get my exercise. Because I feel better after I had my exercise.

What emerges is a specific modality of becoming integrated into the exercise sub-field, triggered by health concerns, with the social dimension of coming to the class facilitating motivation. Exercise comes to be perceived as work – it is therefore treated seriously – and the transformation is completed by the incorporation of exercise, that is the felt need to be physically active, which indicates that the Active Seniors have internalised the disposition to exercise.

It is worth returning to the health dimension of exercise. Indeed these informants became embedded in the exercise sub-field because of health problems normally associated with ageing. Thus, exercise was used as a prescription for secondary ageing. What we would like to explore now is whether the positive effects of physical activity have led to a changed relationship to the informants' ageing bodies. Therefore we now turn to an examination of how informants perceive exercise in relation to their health and bodily capacities.

Managing physical capital with exercise

Two Active Seniors had suffered life-threatening health problems. Graeme and Harry had suffered heart attacks. The women reported a range of conditions, such as osteoporosis or depression, or bodily changes which the classes were designed to address. Sally (aged 67) had significant mobility problems, the result of an industrial accident which had forced her to retire early, in her mid-fifties. She became almost house-bound and developed angina. Since attending the gym, both her health and her mobility improved. She was now able to walk five miles to visit her cousin in hospital and:

> . . . that's another thing as well, in the nine years that I have been coming here I think I used my spray twice. I wouldn't say I ever use, you know the spray for angina, I wouldn't say I had to use it an awful lot anyway but about twice I would say. I can't even mind all that time, that I used my spray to be honest with you. So I feel as though whether it's in my mind or so, but I feel it jolly helped me . . .

Rita was one of the fittest and most ambitious in the group. She used to jog when she was in her thirties to keep fit and was keen to remain physically active. She acted as a 'motivator', that is she helped induct new class attenders to demystify the gym equipment and environment, facilitating the development of what we might call an exercise career among these new users. Rita's health was good and she attributed this to her regular exercise routine. However, recently weight gain and breathlessness had hampered her fitness and she felt she was losing physical capital, something that we observed in participant observation sessions.

The issue of breathlessness came up regularly among the informants. Some informants, such as Isla, who was aged 62, experienced breathlessness as a loss of fitness which exercise could remedy. For others it was an indicator of ageing, rather than a normal manifestation of aerobic activity, and thus a signal to exercise caution:

> Graeme: Well the thing is that having an instructor there telling you what you are doing not ordering you but telling you what to do gives you the motivation to do that exercise and you know the thing yourself that exercise is doing you some good. I mean it's keeping the heart going and that's why we are here. . . . *Sometimes you feel that they are making you work over hard.* You know especially on these machines that are giving you a heart rate. I have got a very slow heart rate, well at rest it's normally only 55–60 and when I see these machines showing me sometimes 85 or 89 or 90 I think 'am I putting in too much effort here?' [our emphasis]

Nika: You think you might be doing yourself some damage?
Graeme: Well I do believe that you can *overwork* as well as not work at all.

In this quote, Graeme (aged 75) defies the instructors' recommendation to work harder and seeks justification for his belief that his heart rate can be dangerously elevated in the heart rate monitor. He does not provide any other evidence for this fear of over-exertion as there is no indication that his health has suffered from deploying maximal aerobic effort.

What we have shown here is that exercise, triggered by a range of significant health problems, has proven beneficial: people *feel* healthy, they have regained lost mobility, in some cases most spectacularly, they have arrested severe illness. Thus they appear to have acquired, as well as recovered, physical as well as health capital. However, this is tempered by anxiety about the limits of what their bodies can achieve, manifested in the fear of over-exertion which they see as a risk inherent to their bodies. This links in interesting ways with their status as old people, their understanding of what old age is and how it affects their lives. But it also stands in contradiction to the instructors' understandings of the bodily potential and capacity of older people and exercise. Therefore in the next section we explore the complex and ambiguous attitudes to bodily ageing and to this end we will also introduce the views of the instructors.

Ambiguous constructions of ageing

As we saw in the previous section, the older adults expressed an awareness of their physical limitations (whether corporeal or imagined) and they put boundaries on how much exertion they agree to subject themselves to. This makes the presentation of their ideas about their own old age all the more tantalising. On the one hand, they claim not to be old, being old being understood first and foremost as attitudinal:

Nika: Could I ask you how you would describe yourself in terms of age? Are you old?
Harry: No. I am not *feeling* old. No. I *feel*, I want to *feel* as young as I can *feel* for as long as I can. And I *feel*, I just do, young – I *feel* there are things I can't do because I am old but I don't *feel* old, I try to *feel* young. [our emphasis]

Harry (aged 78) talks about his age identity apparently using a language of sensations (I feel young, I don't feel old), a recurrent and well-worn phrase used almost universally by research participants who are asked about

https://doi.org/10.1017/S0144686X11000742 Published online by Cambridge University Press

their age. It would be easy to conclude that phenomenologically most people are not old, simply because they make this claim. However, if we look more closely at the above quote, it contains some interesting subtleties – 'I *want* to feel old', 'I *try* to feel young' – which should warn against concluding too quickly that when people claim they don't feel old, they are expressing only an actual physical state. Harry's statement suggests that claims of age are also attitudinal, in that they reflect a culturally desirable state – to be youthful, not to be old – to which people should aspire. In other words, being old is not culturally productive and is rarely admitted to:

Nika: So there have been some changes.
Graeme: Oh yeah physically yeah. There are changes in my body obviously. And I just can't walk as far as I could. I used to walk very quickly too but sometimes now I have to really slow down . . .
Niak: . . . How does that make you feel?
Graeme: It makes me feel old.

In this rare admission, we can see physical cues wedged into feelings of age: being old is being less mobile, more fragile (see Graeme's statement earlier), reported as breathlessness, and in some cases having had a brush with death. Exercise is crucial to bridge the attitudinal and the physical. It helps prolong life, it returns people to the world and the mere fact of being engaged in it is evidence that one is not old because one is doing something about it. Ultimately, however, it has its own limitations:

Agnes: Sometimes I find, I don't know if you Elizabeth, but your mind up here wants to do it . . .
Elizabeth: wants to do it but you cannae, won't do it.
Agnes: but your body won't allow you.
Elizabeth: (laughs) that's how I feel, aye, your body won't allow you.

What is well displayed in this exchange between these two close friends is a balancing act. It is particularly noteworthy that they finish each other's sentences to express a tension between the physical and the attitudinal, giving voice to a more modulated account of ageing where individual volition about fitness hits against something more intractable but to them absolutely real: diminishing bodily potential, with the body as a barrier to improvements in physical competence.

Let us now turn to the instructors' own understandings of exercise, health and ageing. Health promotion training made them ideally placed to work with older adults. However, both in participant observation sessions and in interviews with them we noted processes which do not quite match those of the active seniors. This was particularly made visible in relation to ill-health and to how the classes had evolved. The instructors had been active in setting

up the classes and recruiting older people. They had themselves been recruited to the gym because of their commitment to the promotion of physical activity as a health-giving tool. Therefore they contributed actively to the gym's social mission and were at the vanguard of the development of physical activity as a truly mass movement.

However, a few years on, they expressed frustration that the classes had not evolved beyond the early remit that had been set for them (to help people become more active following serious illness). They attributed this primarily to the older adults' attitudes toward exercise. They questioned the active seniors' commitment to exercise as a route to greater fitness and physical competence. Whilst aware that fluctuations in ill-health could hamper regular attendance, they nevertheless wanted the class attenders to move beyond illness. Instructor 1, in the focus group, argues that their approach to exercise is:

> Too social – they need to tell you all. 'Focus on ill-health' like on a heart condition, it's almost like a label they get attached to you know. So they maybe convince themselves they can't do things because they were told in the hospital you know. But that this was two years ago and you have been exercising for two years so you can do a wee bit more, you know (others agree 'yeah' 'hm').

We can see here that a tension emerges between a range of influences: the changing health status of individuals (in large part as a result of exercise), biomedical narratives about exercise, health and ageing, the negotiation of identity around illness, cultural beliefs about age-appropriate behaviour and the instructors' own experiences of the classes. Whilst recognising this complexity, the instructors personalise the responsibility for failing to progress beyond exercise as illness recovery. This quote contains another element which figured prominently in the instructors' accounts: the 'social' dimension of exercise, as exemplified in this exchange:

> Instructor 2: Well they want to go out and meet people. They want to get out of the house.
>
> Instructor 3: . . . So it's a good way to do an exercise and carry on out.
>
> Instructor 1: Whereas a student coming along, is quite often already part of a social group . . . . So they come with a group of friends.
>
> [. . .]
>
> Instructor 3: Yeah, it's a meeting place. You could say it's like the local community centre . . . . It's different from seeing it as a recreation centre, it's physical activity and it's the doing like a multitude of things, or getting a multitude of things from that one.

The 'social' is harnessed to illustrate class users' loose commitment to exercise in and for itself, that is as the pursuit of improved physical competence.

They draw a distinction between these gym users and the students, attributing to each group a different construction of the gym: a meeting place and community centre for the old and a recreation centre for the young, the latter reflecting the primary purpose of the gym – to accumulate physical capital as fitness. Thus old age is put in opposition to standard constructions of exercise and norms of appropriate embodiment and is used to explain the active seniors' apparent reluctance to push themselves.

In other words, the instructors would like the older users to transcend the special status they have accorded themselves as survivors (Frank 1995), in remission, and jettison the model of exercise as health and illness management which had initially attracted the users to the gym. It is plausible to infer that the instructors would like the active seniors to adopt a model of exercise which is more in line with the narrative of sporting excellence, associated with striving for excellence in performance which has informed their own trajectory through sport and exercise. Indeed, during classes, the active seniors followed instructions with variable levels of compliance. From our own observation, the men did not appear to have acquired the co-ordination required to perform the exercises as they were intended and both men and women shunned exercises which required the deployment of physical strength such as abdominal exercises and press ups, preferring less arduous versions. In response, instructors reported that they resorted to humour and banter to keep the active seniors motivated.

If we look at their own anticipation of ageing, we find that they use techniques which associate increasing age with decreasing athletic ability. They predict an increase in injuries and weakened physicality which will change their engagement with their job:

Emmanuelle: Well is this a job that you see yourself doing, well, for how long? . . . But uhm into your forties, fifties?

[. . .]

Instructor 2: I can see myself doing Active Senior classes and things like that when I am in my late forties, early fifties, things like that . . .

Instructor 1: Maybe go to yoga or something . . . I think you could teach like Pump and things, couldn't you?

Instructor 3: Pump, yes, aye you can do Pump until you are 40 plus. Me personally, the way things have worked for me is that my body will pretty much tell me when time is up, or when my enthusiasm just dies a death of it.

We framed the questioning within a narrow age range which the informants did not transgress, possibly because they could not easily imagine remaining

as instructors into late age. We asked them later to imagine what they would do beyond their work years and they all enthusiastically predicted continuing to exercise. However, when invited to be more specific they responded as follows:

Emmanuelle: I mean is there something that you could become better at than you are just now as you get older?
Instructor 1: Bowls!
Instructors 2 and 3: Bowls, aye.

[. . .]

Emmanuelle: Why bowls?
Instructor 1: (laughs) because I am thinking then you are old. It's also really good fun. What else. I wouldn't see myself getting better at jogging or anything like that.
Instructor 2: Saying that if you put the time in with jogging and all that. I would love to be able to do like a half marathon. Or a marathon. But it's the time you have to invest in the training. Which is not practical.

A difference of opinion emerges within the group which reveals the co-existence of a traditional construction of ageing and an emergent alternative one, according to which the harnessing of time for training could be used to enhance physical competence into advanced age. Arguably, however, the traditional discourse of ageing seems to hold sway.

Discussion

Exercise as a way of promoting health and wellbeing in later life clearly has merits. As we have seen in the data presented above, the older gym users who attended dedicated classes have enhanced their physical and social capital over a period of years: they have successfully embedded exercise in their everyday lives, they have improved their physical competence, thus staving off immobility and death, they have forged friendships and have garnered a space in a setting normally associated with youthful embodiment. They have also deployed a language consistent with a changed relationship to their bodies, where physical sensations and function are scrutinised to monitor improvements in a bid to manage their own physical ageing. Being embedded in the sub-field of sport and exercise has therefore proven beneficial. However, there are subtleties in the encounter between the internalisation of the disposition to exercise and ageing identities which need to be accounted for.

Age habitus: internalising the undesirability of being old

The urge to claim not to be old has been accounted for in the sociological literature as a rejection of social ageing. In this literature, ageing is reported by older people to be a mask (Featherstone, Hepworth and Turner 1991) which conceals the ageless, that is the real, person beneath. Thus identity is spoilt by ageing and its associations with decrepitude and obsolescence. Older people reassert themselves by claiming they do not *feel* old, divorcing themselves from their changing bodies. Since Featherstone and Hepworth (1991) first coined and described the Mask of Ageing process, Hepworth has modulated it by showing that in some settings older people are more likely to incorporate ageing into their sense of themselves (Hepworth 2004).

In this project we found that ageing is indeed experienced as a liminal and ambiguous process, involving a constant interplay between physical sensations and attitudinal processes. This attitudinal dimension is a cultural response to the internalisation of the undesirability to be seen to be old, or the age habitus, with the responsibility to manage ageing successfully (not to act old) lying within individuals, rather than with the structural and cultural processes which enfeeble people as they age. The sub-field of exercise enables older people to deploy the individual disposition and social obligation to improve their health. The fact that this chimes with the postponement of death and of deep social isolation obviously makes this deployment much easier to operate. However, whilst the sub-field gives people the opportunity to yield these alternative modalities of ageing embodiment, there are limitations, as was manifested by both instructors and active seniors.

Divergent constructions of physical capital

Indeed as we saw above, there appears to be a hiatus between the class users' version of their experiences and the instructors'. The instructors deploy a different narrative of physical competence, in which they give greater weight to improvements in physical competence which they understand within a discourse of exercise as fitness, rather than as health, illness recovery and social capital. In health promotion, fitness clearly has overlaps with health. However, it is not entirely coincidental with it. The hiatus just alluded to takes place where fitness breaks out of its health boundaries and spills over into sport: the users are happy to attend the classes in their current format, repeating the same routines, without ratcheting up exertion levels, whilst the instructors would prefer them to adopt an exercise model of fitness, based on a culture of the body as athletically competent.

This is of course at odds with the users' own interpretations of their bodies' capabilities. Whilst they have largely managed to incorporate a disposition to

exercise, their sensitivity to bodily sensations has not diminished (in fact, arguably, people who exercise regularly become more body-oriented) and has only marginally displaced what appears to be a self-imposed threshold of acceptable levels of exertion. They have acquired greater physical capital but this capital is bounded by physical limitations which are either informed by persistent myths about over-exertion or real physical risks.

There is a more fundamental limitation to the amount of physical capital acquired by these gym users. The instructors' own experiences and subsequent accounts of the older people's use of the gym (invoking the 'social' or the illness label as antithetical with the construction of exercise as fitness) as well as their anticipation of their own ageing exemplify a persistent association being made between old age, decline and ungainly physicality. The instructors' own version of appropriate embodiment in later life echoes in part what Phoenix and Sparkes (2008) note in their study of young athletes' life narratives. These authors offer a possible way out of this dead end, proposing that given alternative 'narrative resources', obtained for instance by forging fulfilling relationships with older people, young athletes might 'formulate . . . more positive and meaningful stories of the future' (Phoenix and Sparkes 2008: 220). This is indeed partly demonstrated in this study when Instructor 2, who spends the most time with Active Seniors, muses about the potential to cultivate high physical capital in the later years. But in adopting this position, Instructor 2 is at odds with the other two instructors who rely on a more traditional narrative of ageing embodiment, corroborated by the Active Seniors' apparent reluctance to comply with the fitness model of exercise.

Thus it could be argued that the expansion of the sub-field of sport and exercise in which exercise is recast as prescription for health has made manifest, rather than eliminated, divergent constructions of what counts as physical capital in later life. Neither has it fully overturned the low social and cultural position of old people and old age in contemporary society because it continues to rely on a narrow interpretation of sport and exercise, in which alternative physicalities, although nascent, have not yet significantly colonised the dominant discourse of ageing embodiment. We could go further and posit that until the dialogue between younger and older exercisers is improved, the age habitus will continue to inform an orientation to bodily ageing based on denial and masking.

Conclusion

We would like to conclude with a reflection on the implications of the above analysis for the provision of exercise to symptomatic older people. We have

shown that it is possible for people who had little history of sustained exercise early in the lifecourse and who experienced difficulties associated with secondary ageing and social and cultural isolation, over time to internalise the disposition to become physically active and to work towards improvements in physical competence. The improvements in health and wellbeing which these informants reported appear to corroborate the scientific evidence for a positive association between exercise and the prevention of secondary ageing.

However, as we also noted, there is a tension in the meanings attached to exercise between these exercisers and their instructors.

The ability of this particular group of older gym users to become physically active originally stemmed from the presence of welcoming and targeted structures which enticed them to join and remain. Therefore the gym is a locus with the potential to negotiate new understandings of ageing embodiment. Both Sassatelli (2010) and Smith Maguire (2008) have drawn attention to the ubiquity of the modern gym, fuelled by its commercialisation. In this study we have found that market principles are not sufficient to foster creative forms of re-embodiment. As we saw, the presence of other structures is a key condition for older people who have not fully adopted a fitness-oriented model of physical deployment to be embedded in the gym as legitimate users and to remain physically active. When the provision of resources for physical activity is under budgetary pressure, such as it is in this gym, the users' reluctance to become self-motivated, individual exercisers, engaged in the pursuit of greater fitness and competence, is a threat to the public health project of preventing secondary ageing and promoting wellbeing via exercise.

Therefore gym users and sports centre managers need to develop ways of breaking down barriers in communication to overcome divergent understandings of what constitutes legitimate physical activity and extant physical capital. There is clearly more than one model of ageing embodiment and this needs to be recognised. Most of the respondents in this project were relieved to have overcome premature death and disability. They had also overcome social isolation. However, both they and the instructors continued to subscribe to an understanding of ageing as a process of biological decline which fosters low cultural capital.

We would like to question the almost exclusive primacy given to the prevention of ill-health in the *marketing* of physical exercise to older people. We would like to propose that a more community-oriented approach to physical activity, underpinned by a redistributive funding structure, aimed at fostering enjoyment and happiness derived from the discovery of physicality, and the creation of social ties when these have disappeared, should be given priority over the strict focus on form and health.

The implications for instructors, who are themselves professionals in the fitness and sport field, need to be the object of greater reflection. The issue here is partly one of job satisfaction and professional recognition. We would not recommend that young, highly physically adept athletes should be discouraged from working with older people. This would reinforce the age order and further isolate older people. However, the sub-field of fitness and physical activity for health needs to be re-shaped, so that all instructors come to view working with different models of exercise as an integral part of their job.

Acknowledgements

The research was funded by the Nuffield Foundation Small Grants Scheme. The authors would like to thank Clary Krekula, the reviewers and the deputy editor for their useful comments.

References

American College for Sports Medicine 2010. *Physical Activity and Public Health Guidelines*. Available online at http://www.acsm.org/AM/Template.cfm?Section=Home_Page&TEMPLATE=CM/HTMLDisplay.cfm&CONTENTID=7764 [Accessed 5 September 2010].

Armstrong, L. 2001. *It's Not About the Bike: My Journey Back to Life*. Random House, London.

Armstrong, L. 2004. *Every Second Counts*. Random House, London.

Asikainen, T., Kukkonen-Harjula, K. and Miilunpalo, S. 2004. Exercise for health for early postmenopausal women: a systematic review of randomised controlled trials. *Sports Medicine*, **34**, 11, 753–78.

Balde, A., Figueras, J., Hawking, D. A. and Miller, J. R. 2003. Physician advice to the elderly about physical activity. *Journal of Aging and Physical Activity*, **11**, 90–7.

Beitz, R. and Doeren, M. 2004. Physical activity and postmenopausal health. *Journal of the British Menopause Society*, **10**, 2, 70–4.

Bourdieu, P. 1986. *Distinction: A Social Critique of the Judgement of Taste*. Routledge & Kegan Paul, London.

Bourdieu, P. 1990. *In Other Words: Essays Towards a Reflexive Sociology*. Stanford University Press, Stanford, California.

Byberg, L., Melhus, H., Gedeborg, R., Sundstrom, J., Ahlbom, A., Zethelius, B., Berglund, L. B., Wolk, A. and Michaelsson, K. 2009. Total mortality after changes in leisure time physical activity in 50 year old men: 35 year follow-up of population based cohort. *British Medical Journal*, **338**, b688.

Cress, M. E., Buchner, D. M., Questad, K. A., Esselman, P. C., deLateur, B. J. and Schwartz, R. S. 1999. Exercise: effects on physical functional performance in independent older adults. *Journals of Gerontology: Biological Sciences and Medical Sciences*, **54A**, 5, 242–8.

DeSouza, C. A., Stevenson, E. T., Davy, K. P., Parker Jones, P. and Seals, D. R. 1997. Plasma fibrinogen levels in healthy postmenopausal women: physical activity and

hormone replacement status. *Journals of Gerontology: Biological Sciences and Medical Sciences*, **52A**, 5, M294–8.
Featherstone, M. and Hepworth, M. 1991. The mask of ageing and the postmodern lifecourse. In Featherstone, M., Hepworth, M. and Turner, B. S. (eds), *The Body: Social Process and Cultural Theory*. Sage, London, 371–89.
Featherstone, M., Hepworth, M. and Turner, B. S. (eds) 1991. *The Body: Social Process and Cultural Theory*. Sage, London.
Ferrara, N., Pisanelli, P., Voza, M., Abete, D., Leosco, D., Filippelli, A., Rossi, F. and Rengo, F. 2002. The aging heart and exercise training. *Archives of Gerontology and Geriatrics*, supplement 8, 145–56.
Frank, A. W. 1995. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago University Press, Chicago.
Gullette, M. M. 2004. *Aged by Culture*. Chicago University Press, Chicago.
Hepworth, M. 2004. Embodied agency, decline and the masks of aging. In Tulle, E. (ed.), *Old Age and Agency*. Nova Science, Hauppauge, New York, 125–35.
Hughes, A. R., Mutrie, N. and MacIntyre, P. 2007. Effect of an exercise consultation on maintenance of physical activity after completion of phase III exercise-based cardiac rehabilitation. *European Journal of Cardiovascular Prevention and Rehabilitation*, **14**, 1, 114–21.
Hunter, G. R., McCarthy, J. P. and Bamman, M. M. 2004. Effects of resistance training on older adults. *Sports Medicine*, **34**, 5, 329–48.
Kunstler, R. and Stavola Daly, F. 2010. *Therapeutic Recreation Leadership and Programming*. Human Kinetics, Champaign, Illinois.
Markula, P. 2003. The technologies of the self: sport, feminism and Foucault. *Sociology of Sport Journal*, **20**, 2, 87–107.
Nelson, M. E., Rejeski, W. J., Blair, S. N., Duncan, P. W., Judge, J. O., King, A. C., Macera, C. A. and Castaneda-Sceppa, C. 2007. Physical activity and public health in older adults: recommendation from the American College of Sports Medicine and the American Heart Association. *Medicine & Science in Sports and Exercise*, **39**, 8, 1435–45.
Phoenix, C., Smith, B. and Sparkes, A. C. 2010. Narrative analysis in aging studies: a typology for consideration. *Journal of Aging Studies*, **24**, 1, 1–11.
Phoenix, C. and Sparkes, A. C. 2008. Athletic bodies and aging in context: the narrative construction of experienced and anticipated selves in time. *Journal of Aging Studies*, **22**, 3, 211–21.
Postone, M., LiPuma, E. and Calhoun, C. 1993. Introduction: Bourdieu and social theory. In Calhoun, C., LiPuma, E. and Postone, M. (eds), *Bourdieu: Critical Perspectives*. Polity Press, London, 1–13.
Sassatelli, R. 2010. *Fitness Culture*. Palgrave, London.
Scottish Executive 2005. *The Scottish Health Survey 2003: Summary of Key Findings*. Crown Copyright, Edinburgh.
Shephard, R. J. 1997. *Aging, Physical Activity, and Health*. Human Kinetics, Champaign, Illinois.
Silverman, D. 2005. *Doing Qualitative Research: A Practical Handbook*. Sage, London.
Smith Maguire, J. 2008. *Fit for Consumption: Sociology and the Business of Fitness*. Routledge, Abingdon, UK.
Tulle, E. 2008. *Ageing, the Body and Social Change: Running in Later Life*. Palgrave, Basingstoke, UK.
Williamson, D. L. and Kirwan, J. P. 1997. A single bout of concentric resistance exercise increases basal metabolic rate 48 hours after exercise in healthy

59–77 year-old men. *Journals of Gerontology: Biological Sciences and Medical Sciences*, **52A**, 6, M352–5.
World Health Organisation 2010. *Global Strategy on Diet, Physical Activity and Health*. Available online at http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html [Accessed 5 September 2010].

Accepted 23 June 2011; first published online 27 July 2011

Address for correspondence:
Emmanuelle Tulle, Department of Social Sciences,
Glasgow Caledonian University, Glasgow G4 0BA, UK.

E-mail: e.tulle@gcu.ac.uk