

How various ‘cultures of fitness’ shape subjective experiences of growing older

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ABSTRACT

Is growing older a process of decline or of keeping active? Foucauldian theory suggests particular regimes of fitness will discipline ageing bodies in distinctively different ways. This paper reports a comparative ethnographic and qualitative interview study of a ‘fitness exercise’ and a ‘dance exercise’ group for the over-fifties. The findings demonstrate the ways in which contradictory cultural discourses in the fitness training curricula are associated with different subjective experiences of physical and psychological ageing. The ‘fitness exercise’ group focused on individual fitness levels for the ageing body in the terms of the cultural discourses of health and physiology. The ‘dance exercise’ group focused on the graceful ageing body in the terms of the cultural discourses of the psycho-social benefits of movement in relation to others. The study combined phenomenological and social constructionist dimensions, and exemplifies the ways in which the subjective experience of the ageing body may become embedded in particular cultures of fitness.

KEY WORDS – cultures of fitness, resisting ageing, subjective experiences of ageing, ageing body.

Introduction: the theoretical background

There is debate in critical gerontology about the construction of the Third Age as a time of leisure opportunities enabled by retirement and of the Fourth Age as a time of frailty and dependency (Laslett 1989; Hepworth and Featherstone 1995; Gilleard and Higgs 2000). Critical gerontology focuses on the meaning of growing older, and acknowledges that individual experience is embedded in particular historical and social contexts. Growing older can be seen as a paradoxical experience, full of contradictions, with both strengths and weaknesses (Cole 1997). When does the Third Age end and when does the Fourth Age begin? Factors such as health and wealth are obviously important. There is historical evidence

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that the economic status of older people improved markedly during the second half of the 20th century. One manifestation of historical and cultural change in the western world has been an increase in the number of fitness centres: in Britain, the number of 'dry' indoor leisure centres increased from 20 in 1970 to more than 1,200 in 1996 (Gilleard and Higgs 2000).

Diverse ways of interpreting the ageing body

There is ethnographic research on the lived experience of the ageing body when older people become dependent, but a need for more on the lived experience of the ageing body when older people strive to remain active. Ethnographic studies by Gubrium and Holstein (1999), Latimer (2000) and Lawton (2000) have painted a bleak picture of the dependent ageing body, especially those decaying in nursing homes, hospitals or hospices. The loss of mobility is the worst experience for the ageing body as it is an ominous signifier of helplessness and dependency. Even Hurd's (1999) ethnographic study of older people in a day centre painted a picture of the ageing body in physical decline: the older women that were described expressed sadness at their loss of beauty and their weight problems besides the ugliness of other older women's fat bodies. This ethnographic work has been matched by qualitative interview studies that have focused on the dependent ageing body that needs the help of others for bathing and washing (Twigg 2000a, b).

There is a distinct lack of qualitative ethnographic and interview studies on ageing and physical activity as most research on the topic has been quantitative, such as a comparative study on attitudes towards bodily appearance among active and inactive men and women of different ages (Loland 2000; Grant and Cousins 2001). Cooper and Thomas's (2003) study of ballroom dancing is a notable exception, but ballroom dancing is a very different cultural phenomenon from fitness training, and the authors did not provide a rigorous analysis of how the different instructors constructed varied experiences of ageing through the application of their respective training curricula, as this study does. Poole's (2001) qualitative interview study of the ageing body with 17 women fitness-instructors for the over-fifties analysed consumer culture images of slenderness, youth, beauty, health and fitness (Featherstone 1991). The limitations of her approach are that she studied the instructors as individuals rather than exploring how they constructed the subjective experience of their clients' ageing bodies whilst in the sports centre.

The social construction of ageing

Foucault's (1975) *Discipline and Punish* is renowned for expounding the philosophy of social constructionism, the idea that particular 'cultures' or contexts determine individual experience. Even though it may be difficult to define the levels and boundaries of a particular 'culture' or context, his work demonstrated how power regimes discipline bodies, as in the physical and psychological restraints of the Panopticon prison. But such a view placed the locus of control in external factors, *i.e.* in the context rather than in the body of the individual human being. Volume 3 of Foucault's (1984) *The History of Sexuality* explored the opportunities for individuals to resist the dominant regime through technologies of the self, *i.e.* to exert personal agency.

Katz (1996) eloquently applied Foucauldian theory to the literature of gerontology. His theory of problematisation recognised that there are various cultural responses to the problems of growing older, which lead to contradictory or paradoxical cultural discourses on ageing. Such cultural discourses refer to the various ways of talking about ageing in a culture. Green (1993) showed that there are chronic ambivalences in the language that concerns old age, not least colour references. Old age may be seen as a 'golden' or a 'grey' time. Cole (1997) suggested that ageing can be described as both a time of spiritual growth and one of physical decline. Gilleard and Higgs (2000) suggested that older people rebel against the cultural discourse of ageing as physical decline with anti-ageing strategies, such as beauty therapy 'to stay young' and fitness therapy 'actively to resist age'. The idea of fitness as a strategy in this sense is explored in this study.

Social constructionist/phenomenological dimensions of lived embodiment

Turner (1992) asserted that Foucault's work over-emphasised cultural discourses. Individual experiences of ageing, which often focus on failings of the body, cannot be reduced to 'discourse' or 'talk'. Cartesian dualism, which sees a separation of mind and body, needs to be challenged. Individual experiences of the ageing body are real with a material dimension of flesh, blood and bones. Turner (1992) reached beyond the limitations of the naturalistic and social constructionist approaches to the body with the concept of 'lived embodiment'. He saw the body as both a biological organism and an experiential entity, explored how the body contributes towards social relations, and analysed the body as a

system of representation. So, for example, left-handedness has different connotations in different societies, just as ageing bodies have different connotations in different institutional contexts. Philosophical anthropology has the potential to demonstrate how the body is filled with social meaning according to the environment, as expressed in ideas of contamination and taboo. Human embodiment is an unfinished state, with an inherent drive to develop, which forces humans to act on themselves, others and the world around them (Douglas 1984; Turner 1996).

Bourdieu (1984) also offered a convincing argument for combining the social constructionist and phenomenological discourses. He defined the body in terms of 'physical capital', a commodification of the body, and described the social values given to the sizes, shapes and appearances of bodies. His concept of 'habitus' referred to socially instilled bodily dispositions. Thus, an individual's bodily disposition is a direct reflection of their social class, and is portrayed by their embodied taste and style. Social stratification thus occurs through classification of the body; and cultural intermediaries are important in transmitting bodily dispositions.

To replicate Turner's (1992) definition of 'lived embodiment', the present comparative study of two different 'cultures' of fitness has combined social constructionist ideas of culture and discourse with phenomenological ideas. In so doing, it acknowledges the importance of both discourse and physicality, namely ways of talking about the experience of ageing and ways of living within an ageing body in a particular context. The key argument is that different 'cultures' of fitness mould the subjective experiences of ageing in different ways through the use of various body-maintenance techniques. Fitness-instructors can thus be seen as cultural intermediaries who construct social reality for certain groups of older people, challenging them to remain active even if they are suffering from health problems. The research literature provides useful accounts of social constructionist and phenomenological theories that are combined in this study. Comparative ethnographic techniques and qualitative interviewing are used to explore how two different contexts of fitness shape the experiences of ageing in markedly different ways.

Methodology

A novel combination of qualitative methods was employed. Open ethnographic observations and notes were combined with semi-structured interviews and thematic analysis of the two fitness-training curricula in the two settings, a 'fitness exercise' class for older people and a 'dance exercise' class for older people. The use of open ethnography arose directly

from the issues raised in the theory section, *i.e.* the need to combine discourse and physicality. It was vital to be able to capture naturally occurring experiences of ageing in terms of ‘body talk’ and ‘body materiality’. The ethnographic notes and semi-structured interviews recorded the specific cultural discourses of fitness in the two training curricula, the ‘body talk’ and the behaviour of both the fitness-instructors and the class members. This combination of qualitative methods revealed the ways in which contradictory cultural discourses of fitness interacted with individual ways of talking about ageing and living with an ageing body. The approach can demonstrate how contradictory cultural discourses of fitness become embodied, and can provide examples of resistance to such discourses.

Ethical approval was gained to observe fitness classes with verbal consent from participants, fitness instructors and the chief executive of the sports’ centre, and with signed consent to record semi-structured interviews, take photographs and video. Pseudonyms have been used throughout to protect identity. The main findings from the ‘fitness exercise’ group and the ‘dance exercise’ group were presented on *Powerpoint* to each relevant class, to invite feedback and check the validity of the findings.

The author attended both classes as a paying member for a year, fully participating in all the exercises, and introducing herself as a researcher at the start of classes. This provided excellent opportunities for observing how older people experienced the problems of ageing as they endeavoured to exercise. Many naturally occurring members’ stories arose. Ethnographic notes were recorded immediately after the classes: some notes were taken concurrently, such as to record the fitness instructors’ commands to their classes. Over 200 pages of ethnographic notes were compiled and analysed using ‘open coding’ followed by categorisation of the main themes (Emerson, Fretz and Shaw 1995).

Both fitness instructors were interviewed at the start of the study as the ‘gatekeepers’ of expert information, and copies of their respective training curricula were obtained. Towards the end of the study, ten semi-structured interviews with members of the ‘fitness exercise’ group and eight semi-structured interviews with the members of the ‘dance exercise’ group were recorded. These interviews provided both a check on the information recorded in the ethnographic notes and more depth on personal histories. Each of these interviews lasted about one hour. Photographs were taken of both classes towards the end of the study. The video of a public performance by the ‘dance exercise’ group was obtained. As with the ethnographic notes, these photographs/video, interviews and training curricula were analysed using open and thematic coding.

Silverman (1993) advocated triangulation as a way of checking the validity of ethnographic data. Themes were triangulated as between the training curricula, the observations recorded in ethnographic notes and the interviews. The social constructionist dimension acknowledges how individual subjective experience is deeply embedded in both the immediate social context and personal history. The experiences and behaviour of these older people were partly dependent upon the behaviour and instructions of the fitness instructors, besides their own personal history of living with an ageing body.

The backgrounds of the group members

Both fitness classes comprised older people with diverse abilities and health problems. The 'fitness exercise' group, advertised 'For the Fifties Plus', attracted approximately 25 men and women aged between 50 and 92 years. Most were from middle-class professional backgrounds but not all attended the classes regularly. Some attended as an element of a cardiac rehabilitation or falls-prevention programme, and many came in response to a crisis with their ageing bodies, such as diabetes, arthritis or a difficulty with an activity of daily living such as getting out of a chair. There were others who had been physically active all their lives, so attendance was routine as with other activities such as aerobics or tango-dancing, working-out on exercise machines, swimming or cycling. For some, therefore, the class was part of an active lifestyle rather than 'time-out' from a sedentary lifestyle. Most members wore jogging suits and trainers.

The 'dance exercise' group, which was also advertised 'For the Fifties Plus', attracted 15 women aged between 60 and 89 years, and one man in his sixties. All members attended regularly and were from various middle-class and working-class backgrounds, such as teaching or shop-work. The fitness-instructor ascribed the social mix to the venue, a local church hall and sports' centre in the middle of a council (public housing) estate in the centre of town, thus reaching out to people from all backgrounds. Members of the group expressed diverse reactions to their ageing, from complete denial to acute awareness. They suffered from various health problems, including discomfort from arthritis and joint injuries, asthma and memory difficulties. They shared a commitment to exercise regularly, though to a variable extent. For some, the fitness class was their main form of exercise whilst for others it was one among many activities, such as swimming, cycling and rambling. As in the 'fitness exercise' group, fitness levels were variable. Most members dressed in leotards, tights and ballet shoes or wore leggings and t-shirts with their feet bare.

The roles of the fitness-instructors

The 'fitness exercise' instructor was in his forties and younger than the class members. He encouraged individual older people to work harder, and modified equipment so that individuals could perform to the best of their ability. Much of the lesson he spent 'spotting', namely running around to help individuals who were struggling or not working hard enough. As an expert in fitness, he followed the guidelines in the training curriculum very closely. Health and safety was his prime concern: he recommended good sturdy foot-wear, such as trainers, to prevent injuries, particularly broken toes, and loose clothing, such as jogging trousers, as there were elements of aerobic training in the form of step-work, riding a bicycle and exercises on a trampoline. Sometimes he 'broke the rules' of the training curriculum to challenge an older person to remain active, as with tolerating jumping on the trampoline. He made an initial verbal assessment of any new class members' health. He explained the purpose and benefits of different exercises and answered health queries, and clearly recognised the importance of 'making exercise fun' by facilitating social interactions during the warm-up and circuit training.

The 'dance exercise' instructor was aged 65 years, retired and younger than most of the class members. She demonstrated exercises constantly through teaching at the mirror in front of the class, and used technical language unique to this group for parts of the body. The dance-instructor was an expert in fitness, very concerned to promote health and safety, insisted on loose dress for flexibility and the importance of a long 20 minutes warm-up, and emphasised the advice to rest if in pain. There were no specific recommendations for older people within the 'dance exercise' training curriculum, so she adapted it for older people, with rules such as no running, no jumping and no bending low during the warm-up. The movement was 'balletic', so she recommended bare feet or soft shoes: the footwork involved much ankle movement, alternating between heels and toes. Her use of the social space, sense of humour, and encouragement of public performances and social events all facilitated a strong sense of 'togetherness' in the group.

The subjective experiences of ageing and exercise in the 'fitness exercise' group

Members of the 'fitness exercise' group talked about the experiences of ageing and exercise facilitated by their particular class in very individualistic terms that were dominated by cultural discourses of health and physiology.

Individual older people performed the warm-up exercises with attention to the constraints of their own bodies. Pain or difficulty balancing might mean doing the stretching exercises with less vigour, and utilising a wall or a chair for support, as in the following example from the ethnographic notes:

Ellen was struggling to lift the weights on a long pole above her shoulders due to arthritis. ‘Is that hurting you?’ asked the fitness-instructor. ‘Yes’, she replied. So the fitness-instructor demonstrated how to lift the weights just to shoulder height and then lower them in front of her stomach. ... Ellen, a 59 year old woman, had severe arthritis which made her conscious that she struggled with her ageing body more than anyone else in the ‘fitness exercise’ group.’

Several older people spoke of how the fitness-instructor pushed them to work harder, encouraging the belief that fitness levels can be improved even if you are growing older. Veronica, 70 years of age, commented during an interview, ‘He always “spots” when I’m being a bit lazy ... and he says, “Come on, you can do it a bit harder”’. The photographs capture the fitness-instructor encouraging individual older people, such as Veronica, to improve their technique. The ‘fitness exercise’ instructor liked to challenge older people with mobility problems, as shown in this extract from the ethnographic notes of the behaviour of Gregory, a gentleman in his seventies:

The fitness-instructor said, ‘Will you do me a favour and work with this gentleman from my “falls” class? He usually walks with a stick. I want to challenge him to be as independent as possible’. I had to physically put my hand on Gregory’s arm and steer him past the pillars in the studio, as he seemed to crash into them (he had visual problems). He moved stiffly and awkwardly when doing the exercises. Sometimes he stopped and watched, seeming to be at a loss to know how to move his body.

There were also examples of older people deliberately pushing themselves, even when in discomfort or pain, as in Felicity’s case:

I worked through the circuit with Felicity, 92 years of age. She worked in a slow and serious manner and told me of the steps where we start the circuit, ‘Exercise is like life, it hurts you. As long as it hurts, it’s okay. It’s fun to have music. I’m working to full capacity you know.’ She sits whenever possible but there is the sense that this lady is pushing herself. For example, she added arm movements when sitting on the chair squeezing the soft ball with the hole in it between her knees.

The daily impact of ‘fitness exercise’ on the experience of growing older

The individual participants tried to incorporate the fitness exercises that they learnt in the ‘fitness exercise’ group into their daily lives. Bill, a man

in his sixties, had suffered a heart attack, and his wife (who came along as his ‘helper’) spoke during the interviews of trying to walk in a more upright position, with a 50-pence coin plugged between the ‘cheeks of the bum’ – just as the fitness-instructor had taught them. Bill and his wife spoke of being able to walk further as a result of attending the class. Ellen said that she had learnt to modify her daily activities so that she could still manage them, one example being that she had had cupboard handles moved to within easy reach to avoid the arthritic pain when she raised her arms above her head. Other older people bought elastic bands and weights to practise exercises at home. Veronica commented during an interview:

Well I got the elastic band to do at home, the one that you pull forward and back, because I could tell that my arm strength was getting less and that was really helping and it was helping with the computer, stiffness in the arms and shoulders, so I got one to do at home. ... I think the weights are useful but that again is the arms. I’ve got some weights at home. You know, on a good day I might do it for half-an-hour, on a bad day I just do it for five minutes. If I have a particular ache I try to do it.

The few members of the ‘fitness exercise’ group who met for coffee after the session tended to reflect on how exercise had changed their own lives and raised their awareness of both their health and their bodies. For example, the ethnographic notes describe a 55-year-old woman who used a heart-rate monitor:

She was wearing a heart-rate wrist-watch as we sat in the bar drinking tea and coffee. She explained how to calculate the optimal heart rate for your age: ‘The magic number is 230 minus your age, then take 85 per cent of the answer. This calculation will give you the maximum heart-rate you should achieve whilst exercising.

Bill and another man in his sixties, James, who attended the ‘fitness-exercise’ group as part of a cardiac rehabilitation programme, were acutely aware of their cardiac function during exercise. They spoke of how suffering a heart attack had made them re-conceptualise the meaning of the term ‘exercise’. Previously they had believed that activities such as gardening gave them enough exercise, but now they appreciated the benefit of all-over exercises, such as those practised during the circuit training that utilised every muscle in the body. Bill and James appreciated that they could improve their individual fitness levels, even if they were growing older and worried about their raised heart-rates during particular aerobic exercises, an anxiety shared by the 55-year-old lady described above. So experiences of ageing within the ‘fitness exercise’ group were socially-constructed according to individual health needs.

The subjective experiences of ageing and exercise in the ‘dance exercise’ group

In sharp contrast, members of the ‘dance exercise’ group behaved and talked about the subjective experience of ageing and exercise predominantly in terms of the psycho-social benefits of belonging to the class. The ethnographic notes include many examples of how the group members constructed ‘togetherness’, by changing together in the corridor, a public space, and by comparing clothes and make-up and sharing jokes with the male chief executive of the sports’ centre about ‘stripping off in public yet again’. There was no shyness about displaying wrinkled flesh or feet webbed with varicose veins. The physical ‘togetherness’ of undressing in close proximity was echoed by the psychological ‘togetherness’ of rehearsing the ‘dance exercise’. The discipline of the group in obeying their instructor’s every command, and the way in which each group member had their particular space in front of the full-length mirrors, facilitated this feeling of ‘togetherness’. The ethnographic notes record that the members even communicated using a group-specific technical language. They learnt and rehearsed an ‘item’ for public performances and talked about ‘circling arms in a windmill fashion’, ‘opening and closing arms across the body’, ‘lunging up with one arm up in the air’, ‘pointing toes’ and ‘crossing feet in grapevine steps’.

The commitment to exercise was shown in their serious facial expressions – relieved by laughter when the sequences of steps got too complex. The ethnographic notes describe the group members positioning themselves carefully in front of the mirrors, and the photographs show how they assumed serious expressions as they performed. Sometimes the group members were concentrating so hard that they missed their instructor’s jokes, as in the following example:

When the instructor gets the steps wrong, she laughs loudly and calls out ‘Spot the deliberate mistake’. Nobody responds. It seems as though the group is struggling to copy the sequences of steps and swirling arm movements of the instructor. This is the disciplined body – disciplined to perform exercises in a certain way and in unison. There is no touch during this ‘balletic’ style of dance. The only time that members of the group touch each other is during the breaks in the music, when people chat in pairs.

Humour was very important, in spite of the members’ serious expressions when rehearsing the exercises. The instructor’s use of humour was especially important for facilitating the feeling of ‘togetherness’, as in this example:

The instructor made jokes sometimes when there were breaks in the music. Often these jokes had bawdy overtones. ‘What have you got between your legs,

Charlotte?’ asked the instructor. There were howls of laughter from the rest of the class.

The discipline meant that the group members exercised despite back pains, feeling the cold, or their difficulty in remembering the steps. There were numerous instances of these problems of ageing intruding into the ‘dance exercise’. Violet, 74 years of age, often whispered, and her characteristic comments included, ‘I don’t know if this exercise is doing me any good’, ‘I’m in so much pain from my back’ and ‘I take painkillers before coming to class’. Iris, 88 years of age, suffered from memory problems and repeatedly said, ‘I can’t remember the steps’, even though she had been attending the class for over 20 years. She positioned herself on the front row, her brow wrinkled with concentration as she followed the movements of the instructor very closely. These two examples show that the psycho-social benefits of belonging to the group were very powerful. Violet and Iris, for example, would join in the movement even when they were struggling to co-ordinate their ageing bodies because of pain and memory problems. The group members frequently watched the others when they were in too much pain to exercise themselves, as shown in the following extract from the ethnographic notes:

At one break in the music, the instructor jokes with the class in a loud voice: ‘We have someone at the back who can write down the instructions for you’. Lucy, a lady in her eighties, who is sitting on a chair, declared, ‘I’m deaf. I can’t hear the instructions’ ... Lucy told me she had given up doing the ‘dance exercise’ six years ago.

The daily impact of ‘dance exercise’ on the experience of growing older

There were definite physical benefits from belonging to the ‘dance exercise’ group, but these tended to be expressed in psycho-social terms. Group members talked during the class and in other contexts about the physical benefits of the movement: they used psychological phrases that expressed how important it is to age gracefully and to exert ‘mind over the ageing body’ to keep the mind active. Iris said, ‘You’ll grow old gracefully’. Lucinda, a 70-year-old whose body was so badly crooked with arthritis that she could not rest her left foot on the floor, said, ‘If you don’t use it, you’ll lose it’. She took aspirin before coming to the class. Violet, 74 years of age, took painkillers before the class and remarked, ‘It’s about grey matter, mind over body – getting to learn the steps besides exercise. As a result, I practise ankle and hand exercises at home in front of the television’. And Charlotte, 84 years of age, who complained about her

round stomach said, 'It's part of feeling "lubricated" – though not with alcoholic drink'.

The psycho-social cohesion of this 'dance exercise' group continued outside the class. Many group members attended the social events organised by the instructor, such as coffee meetings, theatre trips and public performances of their 'item' at regional rallies. The members' naturally occurring stories of these social events confirmed the importance that they attached to belonging to the 'dance exercise' group. Sometimes membership of this group simply offered 'time-out' from difficult lives. For example, Iris frequently told her life story at the coffee meeting after class. She lived in a council house and never had enough money to buy a coffee – she would sit there sipping a glass of water or lime juice. On leaving the Royal Air Force after World War Two, her husband had run off with another woman, meaning Iris was left as a single mother. She had been coming to the 'dance exercise' group for 20 years and repeatedly said, 'I mustn't miss my keep-fit'. Attending the 'dance exercise' group was a positive thing in her life.

The group offered therapeutic time-out from difficult lives for other members besides Iris. Many of the older women in this group were widows, some having been recently bereaved. Yet the commitment to the group enabled members to cope with such traumas in an active way. One older woman told me that she had only missed one public performance, in the year that her husband died, but now she was back performing with them again. There was a sense of pride in how good were their public performances at the regional rallies by comparison with those of rival groups. As Lucinda said, 'We're technically the best because of our instructor'. The public performances also provided an excuse to get together at each other's houses to practise 'the item'. So the experiences of ageing in the 'dance exercise' group were socially constructed through movement in relation to others.

The training curricula as social constructions of the experiences of ageing and fitness

Katz (1996) and Green (1993) showed the importance of written texts and spoken language in constructing the social reality of ageing. The precise use of language in each training curriculum reflects particular cultural discourses, so the physical reality of the ageing body becomes socially constructed in different ways according to the different training styles. Such cultural discourses appear to be contradictory. While an individual's physical problems with the ageing body persist, these are interpreted in different ways according to the different styles of exercise. The two

different training curricula explain the contrasting behaviour and language of the 'fitness exercise' and the 'dance exercise' groups. The contrasting personalities of the fitness-instructors influenced how they interpreted their particular training curriculum.

Discourses of health and physiology in the 'fitness exercise' curriculum

The predominant cultural discourses in the 'fitness exercise' curriculum for older people were those of health and physiology, as indicated by its in-depth appreciation of the physiology of the ageing body. The 'fitness exercise' curriculum had been researched and designed specifically for older people, and it emphasised the importance of individual fitness levels and of adaptations to the needs of individuals. So this cultural discourse of physiology partly shaped how the older people who attended this group experienced 'lived embodiment'. The functional ability of the ageing body in physiological terms required movements to be simple to enhance both effectiveness and safety. As it says in the 'fitness exercise' curriculum, 'Lack of strength and slower reaction times will inhibit the quality of mobility in exercises performed at speed. Also, as range is often reduced in older joints, there is a greater risk of insufficient preparation, possible injury and less effective improvement of joint mobility' (Young Men's Christian Association (YMCA) 1995).

According to the 'fitness exercise' curriculum, exercises for muscular strength and endurance should be alternated with aerobic activities, focusing on balance and co-ordination and utilising bone-loading for wrists, spine and hips. Circuit training should be designed to alternate different style of exercise. Support should be available in the form of chairs, and adaptations, in order to cope with a range of abilities. The 'fitness exercise' instructor should actively 'spot' and consequently assist older individuals who were struggling with the exercises. The social construction of the older person was as an individual who exercised to their own potential in the company of their peers.

Discourses of popular activities in the 'fitness exercise' curriculum

The focus on individual health is reflected in the fact that 'popular activities' which can be performed individually, such as walking, should be utilised in a variety of different forms. As it says in the 'fitness exercise' curriculum, 'The General Household Survey of 1990 confirmed the popularity of walking as a way of keeping fit, 19.5 million people in the UK consider walking to be their sport' (YMCA 1995: 27). As a result, the 'fitness exercise' training curriculum defined a 'Progressive Walking Programme for Seniors' that builds on the cultural discourses of health,

physiology and the individual using a variety of walking styles according to their ability. As stated in the curriculum, '50 per cent of maximum heart-rate (MHR) will improve the efficiency of the heart and lungs of previously sedentary individuals, 70 per cent MHR will improve or maintain fitness levels in all but highly trained individuals. This level of activity is adequate for health and should be the aim of all senior programmes'.

So the discourse of a 'popular activity', walking, is utilised to define improved health and physiology in terms of heart rate. The 'fitness exercise' curriculum redefined the exercise possibilities of walking, showing the older person how walking can be valuable exercise in everyday life, such as 'agility walks', 'cha cha walks' and 'shopping bag walks' (YMCA 1995: 28). The social construction of the older person was as an individual who could be taught how to use 'popular activities' such as walking to improve their health.

Discourses of graceful movement in the 'dance exercise' curriculum

The predominant cultural discourse in the 'dance exercise' training curriculum is psycho-social in its emphasis upon the range of movements of the graceful body in relation to others. So this cultural discourse of graceful movement partly shaped how the older people who attended this group experienced 'lived embodiment'. The 'dance exercise' training curriculum did not mention specific adaptations or support that might be required by older people, and the only mention of physiology was a diagram of the spine because of the importance of protecting the spine in movement, because 'Combinations of bending, twisting and stretching will result in changes of body shape. These mechanical actions all involve the spine' (Keep Fit Association (KFA) 1991: 5). The 'dance exercise' curriculum emphasised Rudolf Laban's analysis of movement in terms of awareness of the body, space, dynamics and other people. 'Body awareness' meant using the body in terms of 'shape, parts, space actions and activities'. 'Spatial awareness' meant using the body in terms of 'personal and general space, size of movement, floor and air patterns, levels, directions and dimensions and space actions'. 'Dynamic awareness' meant using the body in terms of 'weight, strong/firm touch, light/fine touch and heaviness or time, quick/sudden and slow/sustained'. 'Awareness of others' meant 'working alone, with a partner or with a group' (KFA 1991: 7).

The dominant cultural discourse in the 'dance exercise' curriculum focused on graceful movement of the body in relation to others. For example, 'The bodies in a group will create a formation which will vary from a random cluster to clearly defined shapes such as circles, lines,

squares, triangles, blocks. ... Actions involve meeting, parting, passing by, passing through, threading, surrounding, leading/following, taking weight of one or more group members, pulling, pushing, lifting' (KFA 1991: 31). The social construction of the older person was as a graceful body involved in movement, so forming patterns with others.

Conclusions

Older people who become involved in 'fitness exercise' or 'dance exercise' groups such as those described in this study, do appear to 'actively resist age'. There were many examples in this study of older people participating in exercise, even when they were struggling with their ageing bodies because of problems with pain, memory or mobility. There are diverse ways of interpreting the ageing body within 'cultures' of fitness. So older people in the 'fitness exercise' group focused on individual fitness levels during the sessions, talked about health in physiological terms and included more popular activities such as walking into their daily lives. The 'fitness exercise' instructor challenged each individual to exercise to full capacity. Some members of this group even bought fitness equipment and practised exercises at home. In contrast, older people in the 'dance exercise' group focused on moving gracefully in relation to each other as they disciplined their minds to control their bodies during the sessions. The 'dance exercise' instructor promoted 'togetherness' through her use of discipline besides her sense of humour. This 'togetherness' continued outside the sessions as group members met in their own homes to rehearse for public performances and participated in social events such as coffee meetings. Both 'fitness exercise' and 'dance exercise' are extremely beneficial for older people in both physical and psychological ways. The challenge for the future is how to increase the number of fitness instructors and older people in 'fitness exercise' and 'dance exercise' groups.

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