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Meanings of aging among older Canadian women of varying physical activity levels

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Abstract

This study examines how older women’s meanings of successful aging differ depending on their attitudes towards old age and current leisure practices. Twenty-one women aged 75-92 completed in-depth interviews, and were divided into three groups (inactive, moderately active, or highly active). Comparisons were made across groups to determine how meanings of “old” and “successful aging” differed. Findings were interpreted using biographical, biomedical, and psychosocial approaches to successful aging, and theories of leisure as a site for women’s resistance and empowerment. This study contributes to knowledge about the role of physical activity in shaping the meanings of aging among older women.

Keywords: biographical aging, empowerment; qualitative research; resistance; successful aging.
Meanings of aging among older Canadian women of varying physical activity levels

Much more attention needs to be paid to how women negotiate the conflicting discourses of aging when describing their understandings and experiences of later life, and the value women place on physical activity in that process (Dupuis, 2006). Older Western women have grown up during a period when exercise was not considered appropriate for females unless it was passive or therapeutic in nature (Dionigi, in press; Vertinsky, 1995). Dominant discourses of femininity in the past have defined women as relatively weak, passive, and incompetent (Young, 1990). Older women now live in a cultural period where maintaining high levels of physical, mental, and social activity, including regular exercise, is promoted as a key ingredient of successful aging (Chodzko-Zajko, Schwingel, & Park, 2009). Learning from women’s stories of what it means to age successfully and the role of exercise in their lives may provide some ideas on how older women of varying physical activity levels (from sedentary to highly active) experience, know and ‘perform’ aging differently. In particular, this qualitative study examines the meanings of “old” and “successful aging” among Canadian women who vary in their physical activity levels. It aims to show how understandings of successful aging may differ depending on participants’ attitude towards old age and their current physically active leisure practices.

Alternate Discourses on Aging

There are both positive and negative socio-cultural and personal understandings of aging and old age in Canada and other Western nations. The medicalized view of aging as biological decline tends to position older people as frail, weak, lonely, and dependant on others, and is embedded in society (Blaikie, 1999; 2006; McPherson, 2004; Wearing, 1995). A more positive aging discourse which aims to promote and celebrate the health and well-being of older people has emerged in recent years (Dionigi, 2008; Dupuis, 2002, 2006; Featherstone & Hepworth,
In this discourse, older people are encouraged to undertake regular physical activity to maintain health and independence, delay biological decline, prevent disease and disability, and improve overall quality of life (Dionigi, 2010a; Gillear & Higgs, 2000; 2002; Grant, 2002). Nevertheless, both discourses (i.e., positive aging, and aging as decline), and the opposing images they project (e.g., an affluent, active group of people, versus frail and dependent members of society), have the potential to reinforce ageism by positioning old age as undesirable and neglecting the wide range of meanings tied to the aging experience (Dionigi, 2006; Dupuis, 2006; Lund & Engelsrud, 2008).

In particular, the term successful aging (SA; also called positive aging, active aging, and productive aging) has been criticized for its limited view of what constitutes success in later life (Strawbridge, Wallhagen, & Cohen, 2002). The literature on successful aging highlights that there is no unified definition of this term and that its meaning typically depends on the academic discipline of the researcher or the perspective of the older person (Bowling, 2007; Depp & Jeste, 2006; Nimrod, 2007). Thus, below we briefly explain and critique the biomedical and psychosocial models of SA so as to reveal the role physical activity and leisure play in these discourses, and to introduce an alternative model of aging (the biographical approach).

**Biomedical Model of Successful Aging**

Rowe and Kahn’s (1987; 1998) biomedical model of successful aging emphasizes the importance of physical and mental functioning (including physical activity) to aging. Rowe and Kahn argue that to age successfully, individuals must be devoid of disease and disease-related disability, display the potential for high cognitive and physical function, and also have an active, productive engagement with life (e.g., by maintaining close relationships and involvement in personally meaningful activities, such as leisure). A recent population-based study by Baker, Meisner, Logan, Kungl and Weir (2009) on the relationship between physical
activity levels and successful aging in older Canadian men and women found that respondents who were regularly involved in physical activity (i.e., “active leisure ranging from gardening and yard work to jogging and running,” p. 226) were more than twice as likely to be defined as aging successfully according to Rowe and Kahn’s (1987) criteria. Weir (2010) reviewed several longitudinal studies on the role physical activity plays in successful aging (e.g., Menec, 2003; Peel, McClure, & Bartlett, 2005), and found that regular activity can be positively associated with many aspects of successful aging (such as happiness, life satisfaction, and improved physical function).

It is, however, unrealistic for most people to be disease-free and highly active in older age (Strawbridge et al., 2002). In fact, research shows that many older people understand themselves as aging successfully despite living with chronic disease and some disability, and conversely, not all healthy and active older people age successfully (Montross et al., 2006; Sarkisian, Hays, & Mangione, 2002; Strawbridge et al., 2002; Tate, Leedine, & Cuddy, 2003; von Faber et al., 2001). Baltes and Baltes (1990) suggest that the term “successful” is problematic because it reflects a value judgement. These findings highlight the need to better understand variations in the ways older people believe they can age successfully and the perceived role physical activity plays in this process.

**Psychosocial Models of Successful Aging**

Psychosocial approaches to understanding successful aging define success in terms of contentment, social interaction, mental health, and personal growth (Bowling & Dieppe, 2005), with less emphasis on the importance of physical activity. For example, Baltes and Carstensen (1996) explain successful aging as doing the best you can with what you have (physically and mentally) given your current circumstances. Research examining older people’s views of successful aging have found that many believe having good physical and
mental health, independent functioning, a positive outlook, life satisfaction and appreciation, social interaction/relationships, the ability to adjust to changes, a sense of contributing to society, and learning new things/personal growth were all important to successful aging (Bowling & Dieppe, 2005; Knight & Ricciardelli, 2003; Kramer & De Jonge, 1998; Phelan, Anderson, LaCroix, & Larson., 2004; Reichstadt, Depp, Palinkas, Folsom, & Jeste 2007; Tate et al., 2003; von Faber et al., 2001). Most of these studies used samples of people aged 60 years and over, and typically concluded that successful aging is multidimensional, and needs to be viewed on a continuum of attainment and adaptation. Reichstadt et al. argued that older adults place more importance on psychosocial factors as essential to successful aging, with less emphasis on biomedical factors, such as function, the absence of disease or disability, genetics, and longevity. This finding has implications for the perceived role of physical activity in successful aging. There is a need to determine what other leisure activities and experiences may play a positive role in aging from the perspective of older people themselves (Dupuis, 2002; 2006).

A criticism of psychosocial models of successful aging, however, is that by focusing too heavily on the responsibility and mindset of the individual, such approaches tend to ignore the socio-cultural and political determinants of health and leisure (Fullager, 2001; Jolanki, 2004; Wearing, 1995). Basset, Bourbonnais and McDowell (2007) critiqued broader socio-cultural issues tied to the notion of successful aging, focusing on people aged 75 and over. They found complex relationships between determinants of living long and aging well, such as personality factors (e.g., motivation, perseverance, positive attitude) and social context (e.g., income, social support systems, an active and busy lifestyle, and relationships with others). What has not been examined is how people’s understandings of successful aging may differ based on current physical activity levels and their beliefs about aging, nor how these
Examining the meanings of aging from the perspectives of older people is essential to determining individual indicators of success (Knight & Ricciardelli, 2003; Richard, Laforest, Dufresne, & Sapinski, 2005). Consequently, several researchers have called for more qualitative research about older people’s understandings of successful aging (Bowling & Dieppe, 2005; Montross et al., 2006; Phelan & Larson, 2002; Phelan et al., 2004; Ryff, 1989; Strawbridge et al., 2002). We also note that none of the studies reviewed above have focused exclusively on women aged 75 years and over.

**Biographical Aging**

Postmodern interpretations of successful aging focus on biographical aging (i.e., an individual’s life story; Phoenix & Sparkes, 2009). From this standpoint, individuals can age successfully despite changes to their health status and socio-cultural and economic resources because transitions can be interpreted as an essential part of one’s life story (Chapman, 2005; Phoenix & Sparkes, 2009). This interpretation goes beyond the psychosocial definition of successful aging presented by Baltes and Carstensen (1996) because the emphasis is not only on accepting one’s circumstances and adapting to or coping with life’s challenges. Rather, it is also about creating alternative meanings of the aging process and negotiating open-ended, multiple understandings of the ‘self’ amid continually changing resources, events, and abilities in later life (Chapman, 2005). So, regardless of one’s level of health or wealth, individuals may still enjoy ongoing contentment and a sense of coping in old age, without needing to follow prescribed criteria or practices implied as necessary in the psychosocial and biomedical interpretations of SA. Therefore, if successful aging is understood primarily as an “ongoing, open-ended process of meaning-making amid later-life events and transitions” (Chapman, 2005, p. 9) then *any* individual’s life story has the potential to demonstrate success
Leisure, Women and Aging Well

In the leisure literature, the notion of *aging well* aligns with the postmodern, biographical perspective on aging (Dupuis, 2002). The concept of aging well is different from biomedical and psychosocial models of successful aging because it not only refers to older people who are able to maintain their physical, mental, and social health over time, but it is relevant to people who experience negative circumstances or have chronic medical conditions (Dupuis, 2006). When aging is viewed in this way, the potential for personal empowerment is present. Wearing’s work (1995; 1998) on women’s leisure and resistance to ageism has contributed to this discourse on aging well by adopting a postmodern feminist approach. Wearing (1995) argued that the contradiction between the liberating aspect of leisure and the stereotypical view of aging provides space for older individuals to resist ageist attitudes and feel empowered. Wearing (1995) argued that leisure’s emphasis on personal choice (albeit within socio-cultural and individual constraints) highlights what an older person “can do rather than what they are no longer physically capable of doing” (p. 272).

While Wearing shows how passive leisure can play a role in ageing well, research by Dionigi (in press; 2010a) on older sportswomen highlights the role high levels of physical activity can play in resistance, empowerment, and managing the aging process. Drawing on Wearing (1995) and Shaw’s (2001; 2006) conceptualization of resistance, Dionigi demonstrated that the potential for personal empowerment was possible when older women used their bodies in sporting activities, won medals in events, maintained friendships through sport, travelled distances to compete, experienced joy and pride in their achievements, adapted to their chronic health conditions, and developed an identity as a sportsperson. At the same time, Dionigi (in
press; 2010a) found that by resisting traditional stereotypes tied to aging and gender, older women who competed in sport were also reinforcing, internalizing, or conforming to other dominant cultural values and ideologies often tied to youthfulness and/or competition.

What has not been studied is a direct comparison of meanings assigned to aging across groups of women who range in activity levels from sedentary leisure pursuits to highly active exercise. If women perceive themselves to be aging successfully, regardless of their activity levels, what does this tell us about the impact of current health promotion messages that encourage physical activity in later life? An understanding of the relationship between perceptions of aging and physical activity practices is important given that encouraging older adults to remain active is currently a key preventive health strategy (Horton, Baker, Côté, & Deakin, 2008).

The purpose of this study was to examine the meanings of “old” and “successful aging” among older Canadian women who vary in their physical activity levels. These two phrases were specifically chosen so that we could determine how meanings of SA may differ depending on participants’ attitude towards old age (or being considered old or a “senior”) and their current physically active leisure practices, as well as examine how these personal meanings intersected with cultural stereotypes and discourses of aging and physical activity.

Methods

Research Design

This study adopts a qualitative research design and uses in-depth interviews. In a broad sense, an interpretive paradigm recognizes the subjectivity of human lived experience and argues that it is the meanings that individuals attach to their experiences that constitute their reality (Hemingway, 1995; Prus, 1996). From this perspective, Prus (1996, p. 9) argued that, “the study of human behavior is the study of human lived experiences and that human experience is rooted
in people’s meanings, interpretations, activities, and interactions.” Within a qualitative approach, the focus is on illuminating and representing the multiple viewpoints of participants, and then making sense of their experiences through the application of theory (Denzin & Lincoln, 2003; Giddens, 1976).

**Data Collection**

Data presented here were collected as part of a larger study that examined ideas about successful aging. For this paper, we analysed interviews with 21 women ranging from 75 to 92 years of age ($M=83.3$). The participants were theoretically (or purposively) sampled (see Denzin & Lincoln, 2000; Patton, 2002) based on age (75 years and over), gender (women) and language (ability to speak English). Participants who varied in activity levels were recruited from a seniors’ centre and a retirement community, and each was compensated $10CAD for their involvement. All participants were retired, Caucasian and resided in south-western Ontario (refer to Table 1 for demographic details).

*Insert Table 1 about here*

Each participant was interviewed in a location that was convenient for them, such as their residences, a community’s senior centre, or in a retirement community. Each interview lasted 40-60 minutes. Institutional ethics approval and participant consent were obtained prior to conducting interviews, and interviews followed Patton’s (2002) approach which involved the development of a number of topics about health, leisure, exercise, and aging. The analysis focused on questions about each person’s interpretations of old and successful aging and the perceived importance of physical activity in later life. Some sample questions included: Do you have any hobbies or regular activities that you enjoy? Please describe. What does successful aging mean to you? What does the term old mean to you? Please describe your current health status.
Data Analysis

Each of the 21 interviews was transcribed verbatim for manual coding and analysis. The first stage of analysis involved grouping interviewees into one of three groups based on their reported physical activity per week: highly active (7 women aged 75-91, $M=82$), moderately active (6 women aged 75-88, $M=83$), or inactive (8 women aged 76-92, $M=84.6$). Women in the highly active group exercised with a moderate-to-high intensity at least three days per week for a minimum of thirty minutes each bout, thus meeting or exceeding current Canadian government recommendations for weekly exercise involvement (i.e., 30-60 minutes of moderate physical activity throughout the day; Canada’s physical activity guide for healthy active living for older adults, http://www.csep.ca/english/view.asp?x=723). Women in the moderately active group engaged in some regular physical activity such as walking, but did not meet the criteria for inclusion in the highly active group. Women in the inactive group reported engaging in little or no exercise, but most of them undertook activities of daily living such as walking around their building, light cleaning, and shopping.

The second stage of analysis involved examining the themes within each physical activity group. An inductive analysis approach (Côté, Salmela, Baria, & Russell, 1993; Côté, Salmela, & Russell, 1995) was used to construct themes from the data. Within group data were analysed with respect to ideas about being old, successful aging and perceived value of exercise. Next, themes were generated across the physical activity groups so that differences in meanings of successful aging according to physical activity levels and perceptions of being old could be compared. A broad theme (meanings of aging) and two sub-themes (perceptions of old, and definitions of successful aging) were established and agreed upon among the authors. Quotes and excerpts taken from the interviews were identified as “meaning units” within each sub-theme. Common features from meaning units were identified, compared, and
organized into categories (Côté et al., 1993; Tesch, 1990). For example, within the
‘perceptions of old’ sub-theme, there were categories called: acceptance of being old; positive
view of old, and; negative view of old. We identified relationships among these categories,
and across the categories in other sub-themes, in an attempt to discover how these categories
differentiated within and between the stories told by the women in different groups. Smith and
Sparkes (2005) refer to this process as narrative content analysis. They claim that this
approach to analysis is not only “valuable for examining the thematic similarities and
differences between narratives provided by a number of people” (p. 230), but it can also
illuminate the kinds of cultural resources to which the storyteller might have access.

The final stage of analysis involved interpreting the older women’s stories of aging in
the context of biomedical, psychosocial, and biographical approaches to successful aging, as
well as cultural stereotypes associated with old age and women (see Table 2). Ongoing
discussions between the three authors enabled critical reflection on the emergent themes and
facilitated consensus and verification on the representativeness and interpretation of findings.

Results: Meanings of Aging

The “meanings of aging” theme has two sub-themes: perceptions of being old, and
definitions of successful aging. Differences in the women’s understandings of old were
reflected in how they defined successful aging and the amount of physical activity undertaken
(i.e., inactive, moderately active or highly active).

Perceptions of Old

Many women from the inactive group gave positive and optimistic responses to the
term ‘old.’ In particular, many stated their acceptance and celebration of old age: “I think it’s
great to live this long,” said Sally. Marilyn understood ‘old’ in terms of adaptation:

We’re just in a different stage where we are going a little slower, and not able to
do some things that we used to be able to do without even thinking about it. But we keep going…we might have a decline in what we can do, but we can always find something we can do...

Rhonda explained, “That’s what I am, honey [i.e., old]…I have no qualms about being old. We don’t have any choice, anyway.” On the other hand, Edna said, “When you’re old, like me, you can’t do anything, right? And it’s like I say, when you’re 80 years old, you should have a button. And if you’re not well, you should be able to press that button to get out of this world.” The majority of women in the inactive group said they were old, but there were mixed feelings about this within the group. Joan believed that feeling ‘old’ depends on your attitude and level of independence:

Old age is what you make it yourself. You can either enjoy old age or lose your independence. I hope to keep my independence as long as I can, and I never ask somebody to do something for me that I can do myself.

So, on the one hand, some women felt that old age was primarily self-determined (Joan and Marilyn), while others (Rhonda and Edna) claimed that old age was out of their personal control. These findings show that women viewed loss of independence in later life as something that is simultaneously inevitable and an outcome of the choices one makes. This finding became more apparent among the moderately active group who spoke a lot about self-responsibly for health in older age.

Unlike most women in the inactive group, the majority of women in the moderately active group did not perceive themselves as old. For example, Catherine believed that ‘old’ was a state of mind, “[Old means] nothing to me! No, it means only how old you are in your mind...If you think I’m old, I’m not.” Helen said, “I think [old is] just a number...if I sat in a chair and didn’t do anything, I’d probably get older faster.” A common sentiment among the
moderately active group was that keeping active would delay old age: “Growing old doesn’t make me feel bad. I know everyone does grow old...you keep yourself in good shape and you just live longer” (Donna). At the same time, however, the term ‘old’ was typically understood in more negative terms (such as being idle, decreased mental capacity) when compared to how it was defined by many women in the inactive group. Caroline explained:

[Old is] not very appealing to me...I never joined the senior’s centre until last year...I think it’s just because I never really felt that I was old enough (laughs) ...But old? It’s not a golden age. Especially when you lose your husband of 58, almost 59 years...

Women in the highly active group expressed the most disdain towards the term old. Betty stated, “My life has pretty well gone by. And it’s no fun getting old, so don’t get old. Because it’s not fun.” Heidi explained, “Old...means getting weaker...maybe not being allowed to drive...getting old to me is someone who doesn’t want to go out, who is just going to sit on the couch and watch TV and doesn’t want to do anything.” Similar to many women in the moderately active group, the majority of highly active women commented that they do not feel old or are not old as they understand it. As Maria said:

I never think about myself as old…I’ve met people who were in their 70s who seem much older than me in some ways...While I’m walking and doing all of these things, somebody else is sitting with their eyes closed, complaining about their aches and pains, well that’s what I see as old. Somebody who has lost their spark, lost their zest for life. I haven’t reached that point yet.

Notably, when the highly active women defined ‘old’ they spoke about it in relation to the ‘other,’ not themselves. Alternatively, the women in the inactive group generally self-identified with their description of ‘old’ (and in a much more positive way). The variety in
notions of older age presented by participants was reflected in their definitions of successful aging.

**Definitions of Successful Aging**

Participants gave varied responses to explain what successful aging meant to them. Many (highly and moderately) active women expressed that: “aging successfully means keeping in good health, mentally and physically” (Maria); “being well in mind and body as far as you can be” (Kathleen) and; “Staying active” (Betty). Jan, a highly active woman, described a variety of factors that help one to age successfully, “Keep in touch with your friends, be active, see your doctor…try and eat well…and exercise, of course.” Maria (highly active) explained:

> The thing is, to keep going, keep moving, keep your mind going, keep everything working. You know, if you don’t use it you lose it. That’s quite true…I cook for myself and do my day-to-day tasks. The thing is to keep your independence. Hang onto your independence. The best help is self-help I tell myself.

Donata agreed: “I think that the main thing is keep up and out. Don’t sit and rock.” Donata described how she is always doing something (e.g., gardening, going out with friends, knitting, attending an exercise class). “If I sat around for six months, I wouldn’t be able to do what I do. I think it’s important to keep moving,” she explained. Women in the highly active group commonly defined successful aging in terms of health (physical, mental, social and functional/independence) and keeping busy and engaged in life through mental, physical, and/or social stimulation. They viewed exercise and regular physical activity as important components of SA, among many other key factors.

Some active women believed that personal growth, in terms of continuing towards a goal, was a key ingredient to successful aging. Maggie, a highly active woman said:

> Overcoming something [mental or physical]…not give up and try to do what they can
do...roll with the punches. I feel that when people roll with the punches all their life and they still see something ahead of them that they want to achieve, that’s successful aging.

Likewise, Catherine, from the moderately active group, said, “You have to have a goal. Even when you get older, right? So my grandmother lived to be 86. My mother lived to be 89. So I tell myself I need to live at least into my 90s (laughs).” Catherine also believed that a positive attitude and engagement with others were important to successful aging:

I think it’s just your outlook on the world…If you’re surrounded by young people, you stay younger automatically…Having company and then you never really feel lonely…You just need to have a positive outlook on life.

In addition to highlighting the importance of a positive attitude, women in the moderately active group generally focused on keeping busy. They spoke a lot about keeping active, but not necessarily via exercise. For example, a typical week for Catherine involves shopping, going to the Casino, volunteering for Meals on Wheels, dinner with her children, taking her grandchild to swimming, going to the Raceway, bingo, reading, housework, gardening, and attending church. She reported frequent travel, including going to Germany once or twice a year. Clearly, these women had the means, access, ability, and desire to lead a highly engaged and leisured lifestyle. Many others in this group were also very socially active and engaged in the community, their neighborhood and/or with family and friends. Helen described successful aging as “Being active and taking part in a lot of things. And doing for others. And trying to keep as healthy as possible...not being sick...if you can remain active, you’re aging successfully.” A typical week for Helen included being active (via house and yard maintenance, shopping and a “very light” exercise class) and busy (via socialising with family and friends, shuffleboard, cards, computer, reading, church group). Similarly, Caroline explained:

I try to keep busy, that’s what it’s about… I knit and that sort of thing. And I spend
time, when I feel like it, at the piano. Music is a great interest to me. Reading. I don’t know what I’d do without the phone (laughs), because I think so many of my friends, including myself, we have the odd physical problem, so I think we do more visiting on the phone than we ever did before, you know.

Like other study participants, Caroline believed that it is important to try to make the most of what you have. Therefore, Caroline said that aging successfully means:

Realizing how fortunate you are…just deal with each thing as it comes…and be happy about it. And if you’re a person who is a social butterfly then you’ve got to get out amongst people. But if you’re content to do your own things at home, there’s nothing wrong with it either way.

Although the women in the moderately active group did not stress the importance of regular exercise per se, they demonstrated the value they placed on keeping active via other means.

In stark contrast, none of the women in the inactive group mentioned staying physically active or exercising as key to successful aging; they focused primarily on being happy and satisfied with life, helping others, and having an alert mind. For example, Rhonda placed importance on doing as much as you can with what you have, “Keep an alert mind and try doing your best…to get out and socialize” she said. Marilyn stressed optimism, “You’re happy you’re there. And you’re still able to help others. And you know that you’ll have a good future.” Joan emphasized independence, “being able to keep up your own home, being able to travel independent, and be dependent on yourself for your health and your welfare.” Edna said that aging successfully meant, “being happy and being around people.” Rebecca highlighted the importance of ongoing adaptation and acceptance in old age when she said that successful aging was “Being able to accept the point at which you are now with grace.” It appears that among these women being helpful to others, maintaining a positive attitude,
allowing for continued stimulation and adapting to changes overrides the perceived need for regular exercise and physically active leisure pursuits to age well.

**Discussion**

This study examined meanings of aging among older Canadian women and the role of physical activity in aging. We aimed to show how understandings of successful aging can differ depending on a woman’s attitude towards old age and her current physically active leisure practices. The findings particularly highlighted the multiple ways women make sense of their own aging and the extent to which their stories resist and reproduce cultural discourses of aging and gender. Women’s talk can be interpreted within a framework of biographical, psychosocial, and biomedical approaches to aging. By drawing comparisons between the women’s understandings of successful aging and these three approaches to successful aging, it appears that the more active the women, the more their definitions reflected key concepts in the biomedical model. On the other hand, less active women tended to provide alternative understandings of aging that focussed less on the aging body and more on the potential that later life holds. Below, we discuss how (a) leisure can be a site of resistance, conformity, and empowerment for older women, and (b) the interplay of resistance, conformity, and empowerment varies according to the women’s physical activity levels and perceptions of aging. Table 2 provides a summary of these interpretations.

*Insert Table 2 about here*

**Biographical Aging and an Embodied Sense of Empowerment**

To consider the relationship between successful aging and physical activity from a postmodern perspective, the findings will initially be discussed within a framework of biographical approaches to aging well (Chapman, 2005; Dupuis, 2006). This approach moves beyond blaming the victim, which is often the case in psychological and biomedical
approaches to successful aging (Jolanki, 2004) and provides insight into socio-cultural factors which affect leisure opportunities and people’s ability to age well (Dupuis, 2002). From a postmodern standpoint, although older women are influenced by socio-cultural norms and practices, they are also active agents who engage in the construction and reconstruction of their identities and social worlds (Shaw, 2001; Wearing, 1995). Therefore, from this perspective personal and cultural practices and understandings of aging and leisure are linked to power relations; through leisure older people can resist, negotiate, and perpetuate stereotypes of aging and gender. Shaw (2001, 2006) has conceptualized resistance as individual and/or collective, intentional or unintentional, and having the potential for personal empowerment and/or collective social change. Moreover, according to Morell (2003), “empowerment results when the experiences of those who have been marginalized [i.e., older women] are valued and affirmed and they have the opportunity to tell their own stories,” (p.72).

The women in the inactive group of our study highlighted the potential that postmodern understandings of successful aging hold in explaining older people’s meanings and experiences of aging and leisure. In particular, these women did not focus on the importance of keeping physically active. These women recognized that exercise and regular physical activity are good for them, but they did not believe that exercise was an essential ingredient of successful aging. Instead, they accepted and celebrated old age and focussed on optimism and adaptation amid late-life changes in ability and resources. Their voices (e.g., “That’s what I am [i.e., old]”; “it’s great to live this long”; “you know that you’ll have a good future”) demonstrate a resistance to the negative discourse of aging and a resistance to the ageist sub-text implied in the positive aging discourse. Dionigi (2006), Dupuis (2006) and Lund and Engelsrud (2008) have argued that both the positive and negative discourses on
aging have the potential to uphold ageism by positioning old age as undesirable. Women in the inactive group, though, were embracing, not attempting to avoid, old age. Their meanings go beyond psychosocial definitions of successful aging presented by Baltes and Carstensen (1996) because the emphasis is not only on accepting one’s circumstances and adapting to or coping with life’s challenges. Nor is it about attempting to reach self-integration in later life. Rather, it is also about creating alternative meanings of the aging process and negotiating open-ended, multiple understandings of the self (not a fixed sense of self) in later life (Chapman, 2005).

This postmodern approach to aging aligns with an “embodied” or “age-sensitive model of empowerment,” which “subverts the individualistic ethic of ‘successful aging’ with its implied hostility toward aging bodies” (Morell, 2003, p. 69). This approach to aging well recognizes “the interplay of power and vulnerability,” (Morell, 2003, p. 69) and focuses “instead on the need for accommodation and changes in the social world” (Morell, 2003, p. 83). Morell argues that within an age-conscious definition of empowerment, weakness, “disability and death lose their stigma and become acceptable and respectable human experiences” (p. 69). That is, aging is limitation and possibility, and “advanced age brings new potentials and vulnerabilities as well,” (Morell, 2003, p. 82). Like the women in Morell’s study, the women in our study expressed “energy, potential, self-definition and competence” (p. 83), but many of them equally experienced disability and weakness, particularly the women in the least active group. Empowerment requires acknowledgement and acceptance of this completeness of being (Morell, 2003).

The women in our moderately active group also demonstrated a resistance to the negative stereotypes of old age, and focussed on the importance of doing what makes one happy in later life (e.g., reading, dancing, listening to music, being with friends, gardening).
The women in the inactive group emphasized mind over matter and the necessity at times to ignore the body and focus on cognitive abilities, attitudes, and coping mechanisms to maintain a sense of autonomy and independence (see similar results in Bassett et al., 2007, and Reichstadt et al., 2007). These women de-emphasized negative notions commonly tied to the aging body and (re)defined aging in terms of their abilities and activities, like the women in Morell’s (2003) study. All of these women emphasized that life’s journey continues with new challenges, discoveries and experiences and one’s capacities expand as life’s circumstances change. However, the notion of acceptance of old age or the aging body was not emphasized by women in the highly active group, who demonstrated resistance to the aging body.

**Biomedical Model of Aging and Women’s Resistance and Conformity**

In our study, the more active the participant, the more their understanding seemed to reflect Rowe and Kahn’s (1998) definition of SA. These women have adopted socio-cultural messages which reflect key concepts in this model, such as the importance of an active and productive engagement in later life to maintain functional independence and delay the onset of disability and disease. The highly active women said they were not old; often they perceived “old” as someone who is “weak” or “lonely.” Although their voices reflected the negative discourse of aging by associating old age with biological decline, disengagement, and inactivity, they simultaneously demonstrated resistance by describing themselves as physically, mentally, and socially active through their regular involvement in exercise, travel, and social outings. They spoke about successful aging in terms of ‘use it or lose it’ and expressed a ‘keep moving’ mentality, which is also strongly communicated through Rowe and Kahn’s successful aging model (Dionigi, 2010b). The words and practices of active older women work to break down stereotypical notions of older women as frail and disengaged, which has the potential for personal empowerment (Dionigi, in press; Wearing, 1995). But,
by adopting the assumptions embedded in the biomedical model of successful aging, the active older women in the current study were (unwittingly) perpetuating the personal and cultural fears tied to the potential health risks of aging (Chapman, 2005; Gilleard & Higgs, 2000). Therefore, having negative perceptions of old age and fearing (or trying to avoid) the potential losses that these women associated with old age (such as loss in physical and mental ability, a lost sense of connection with others, and the loss of independence) particularly coincided with high levels of physical activity. These findings are consistent with research done on highly active older people (e.g., Dionigi, in press; 2010a, b; Dionigi, Horton & Baker, 2010).

The active women in the current study expressed a desire to remain physically active and keep mentally and socially busy; this desire was primarily driven by their negative perceptions of old age. A reason for this could be that highly active individuals tend to identify themselves through the effective use of their body – that is, they value bodily competence and physical independence (Dionigi, 2008, 2010a,b). For example, research by Dionigi and colleagues (cited above) found that older people participating in Masters sport were attempting to fight, avoid, or delay losing their physical ability, health, independence, and sense of self. The sense of empowerment older people experienced through their participation in sport was predominantly driven by a fear of its opposites - a loss of power, loss of ability, loss of health, and loss of self-hood (Dionigi, 2010a). If old age is primarily understood as a loss of these abilities, then many older people do not like the thought of becoming old and/or say they do not feel old because they are currently enjoying a highly active and independent later life (Dionigi, 2008). Similarly, the active women in the current study said that they were not old.

The above findings highlight the complex issue of older people’s words and practices
simultaneously resisting and reproducing negative understandings of older age, which
reinforces the need for opening up alternative ways of understanding aging, such as the
biographical approach to aging well, mentioned above. Given the realities of physiological
aging, it is unrealistic to expect all older women to maintain high levels of physical, mental,
and social activity well into older age. In other words, unless we die suddenly, we will all
experience disease and disability at some stage. By taking the emphasis off biological aging
and concentrating on the storied body in later life (Phoenix & Sparkes, 2009) we can
celebrate the diversity and potential of aging and the role that all types of leisure (not just
high levels of physical activity) play in this process (Dupuis, 2002).

Our findings showed that although physical activity and exercise are important in
later life, there are many other leisure activities and experiences that play a positive role in
women’s health and aging. For example, the women in the moderately active group typically
believed that healthy aging could be maintained by keeping busy and active through
gardening, travel, socialising, housework, mental stimulation, and inactive leisure such as
reading, watching movies, and listening to music. These findings provide insight into the role
that leisure plays in aging well, in particular, leisure as a site of resistance to gender
stereotypes that have positioned women as passive, homemakers, or caregivers (Wearing,
1995). When leisure is interpreted “… as a situation of choice, control, and self-determination
… women’s participation in activities, especially non-traditional activities, can be seen to
challenge restrictive social roles” (Shaw, 1994, p. 9). The women’s stories in our study are in
line with those presented by Wearing (1995) who found that through leisure, socialising, and
a positive attitude toward life, older women resisted dominant negative discourses of aging
and found immense enjoyment and satisfaction in later life.
Self-Responsibility for Health?

The meanings of aging presented by the women in this study undoubtedly reflected the sense of self-responsibility for one’s health, leisure, and aging that is implied in the biomedical and psychosocial models. For instance, many women, regardless of their age or current physical activity levels, spoke about ways to keep socially, mentally (and for some physically) active to maintain their independence. They also emphasized the importance of setting goals, overcoming obstacles, keeping a positive frame of mind, and adapting to changes. These findings show that many women invested in aspects of the biomedical and psychosocial explanations of SA. On the one hand, taking on responsibility for the way in which they aged was an empowering experience for most of the women in this study. However, this finding needs to be put into context. The women in this study were white and from middle class backgrounds because many of them had the resources to enjoy a leisurely lifestyle (such as travel, communicating on the computer, visiting friends, going to the Casino, etc).

Our findings indicate that while the biomedical and psychosocial models may be useful frameworks for explaining some of the meanings of aging adopted by the more active women in this study, such perspectives on successful aging would not be suitable for people who are dependent on others, become frail or ill, or require health care in old age because these models tend to ignore the social determinants of health and leisure (Fullager, 2001; Jolanki, 2004). This individualism (i.e., a heavy focus on the responsibility and mindset of the individual) has the potential to produce a marginalizing context in which inactivity, inability, decline, and ill-health in old age are seen as representing immorality or laziness (Fullager, 2001; Jolanki, 2004). For example, some of the women in the active and moderately active groups in this study depicted a “busy body” (Katz, 2000) and expressed a sense of moral high-
ground over other older people who they believed *chose* to be “on the couch” (Heidi) “complaining about their aches and pains” (Maria and Kathleen). By uncritically taking up current health and fitness promotion messages and dominant successful aging discourses, these women believed keeping active and busy were means to generate, maintain, and signify health and success. The extent to which such understandings of aging produce feelings of guilt and shame among older people who are unable to access physical activity or leisure or overcome medical conditions due to various societal and individual reasons requires further exploration.

**Future Research Directions**

While it can be empowering for older women to feel that aging well is primarily self-determined, further research needs to examine meanings of aging among women who lack financial resources or education (particularly in regard to health and leisure), or who are from different cultural backgrounds. Such information is useful because the meanings older people attach to aging can ultimately influence their leisure and health-related practices, such as their involvement in physical activity or regular exercise (Horton et al., 2008).

Therefore, conducting narrative or life history research on understandings of aging among older women within a postmodern framework is one way to move forward in this regard. Such research would allow for the examination of how perceptions of aging may vary at different times and across the shifting contexts of people’s lives. For example, comparisons could be made between the experiences of relatively healthy women (as in this study) with older women living with severe physical or cognitive impairments or residing in nursing homes. A greater understanding of what definitions of successful aging older women invest in, and what alterative interpretations could be made available, will allow for more meaningful and contextual old age experiences to be imagined. As argued by Morrel (2003),
longevity opens up the possibility of new standpoints that have theoretical and practical significance with regard to issues of aging.

Finally, our study showed that the decisions of older women to avoid engaging in regular exercise was not necessarily because they have negative self-perceptions of old age, but because they do not see it as an important component of successful aging. These women have lived through varying and shifting discourses of aging, gender, and what it means to be old, which can influence their attitudes towards aging and ultimately affect their health and leisure practices (Horton et al., 2008; Vertinsky, 1995). Therefore, the importance of exercise and regular physical activity to aging well ultimately depends on who is defining successful aging (the older person, the researcher/academic, the government, or the practitioner) and how SA is being defined (e.g., psychosocially, biomedically, and/or biographically). Given that the relationship between physical activity and general health is well established (Chodzko-Zajko et al., 2009; Warburton, Nicoi, & Bredin, 2006), questions remain related to “what can be better understood about enabling people to make choices about physical activity?” (Henderson & Bialeschki, 2005, p. 363). This question points to the practical importance of understanding individual definitions of SA and their impact on leisure practices and the experience of aging. Recognising the diversity in interpretations and experiences of aging has implications for people working with older adults in public health and the leisure industry.
References


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Tesch, R. (1990). *Qualitative research analysis types and software tools*. New York:


Footnote

1 Ageism can be defined as, “… a set of social relations that discriminate against older people and set them apart as being different by defining and understanding them in an oversimplified, generalised way” (Minichiello, Brown & Kendig, 2000, p. 253).
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Education</th>
<th>Past Profession</th>
<th>Marital status</th>
<th>Exercise Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>85</td>
<td>High School</td>
<td>Accounting</td>
<td>Single/never married</td>
<td>Highly active</td>
</tr>
<tr>
<td>Donata</td>
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<td>Grade 9</td>
<td>Factory Worker</td>
<td>Widow</td>
<td>Highly active</td>
</tr>
<tr>
<td>Heidi</td>
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<td>Grade 9</td>
<td>Secretary</td>
<td>Widow</td>
<td>Highly active</td>
</tr>
<tr>
<td>Maggie</td>
<td>83</td>
<td>High School</td>
<td>Bank Clerk</td>
<td>Widow</td>
<td>Highly active</td>
</tr>
<tr>
<td>Betty</td>
<td>78</td>
<td>High School</td>
<td>Investment Officer</td>
<td>Widow</td>
<td>Highly active</td>
</tr>
<tr>
<td>Kate</td>
<td>75</td>
<td>Some University</td>
<td>Real Estate Agent</td>
<td>Married</td>
<td>Highly active</td>
</tr>
<tr>
<td>Jan</td>
<td>79</td>
<td>Grade 12</td>
<td>Switchboard Operator</td>
<td>Widow</td>
<td>Highly active</td>
</tr>
<tr>
<td>Caroline</td>
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<td>College</td>
<td>Secretary</td>
<td>Widow</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Helen</td>
<td>86</td>
<td>Grade 8</td>
<td>Merchandiser</td>
<td>Widow</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Donna</td>
<td>88</td>
<td>Grade 9</td>
<td>Sales/Office Work</td>
<td>Widow</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Catherine</td>
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<td>Sales Clerk</td>
<td>Married</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Ellie</td>
<td>87</td>
<td>Grade 8</td>
<td>Cashier</td>
<td>Widow</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Kathleen</td>
<td>78</td>
<td>2 Years University</td>
<td>Administration</td>
<td>Widow</td>
<td>Moderately active</td>
</tr>
<tr>
<td>Sally</td>
<td>84</td>
<td>Grade 10</td>
<td>Secretary</td>
<td>Married</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Rhonda</td>
<td>85</td>
<td>Grade 9</td>
<td>Retail</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Edna</td>
<td>88</td>
<td>Grade 12</td>
<td>Nanny</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Rebecca</td>
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<td>University</td>
<td>Teacher</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Lorena</td>
<td>88</td>
<td>Completed High School</td>
<td>Hearing/Vision Testing In Schools</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Joan</td>
<td>76</td>
<td>College</td>
<td>Administration</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Dot</td>
<td>92</td>
<td>College</td>
<td>Office Worker</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
<tr>
<td>Marilyn</td>
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<td>Grade 12</td>
<td>Day-Care Worker</td>
<td>Widow</td>
<td>Inactive/low activity levels</td>
</tr>
</tbody>
</table>
Table 2 – Summary of interpretation of data

<table>
<thead>
<tr>
<th>Physical Activity Level</th>
<th>Perceptions of ‘old’</th>
<th>Models of successful aging (SA) used</th>
<th>Personal and cultural complexities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low/ inactive</td>
<td>Positive view of ‘old’; Acceptance of being ‘old’; Self-identify as ‘old’.</td>
<td>Psychosocial model and postmodern/biographical model of successful aging</td>
<td>Potential for an ‘embodied’ sense of empowerment; less focus on body/biological aging; an acceptance of old age; old age is viewed as inevitable and a matter of choice.</td>
</tr>
<tr>
<td>Moderately active</td>
<td>Predominately negative view of ‘old’; The ‘other’ = old (i.e., they do not see themselves as old and/or they do not feel old)</td>
<td>Psychosocial model (especially their emphasis on happiness) and biomedical model (with regard to their ‘keep busy’ and remain independent for as long as possible mentalities)</td>
<td>Resistance to aging and gender stereotypes; a focus on capabilities and contentment in later life; potential for empowerment; also, a reflection of the multiple, shifting and contradictory views of aging in Western society.</td>
</tr>
<tr>
<td>Highly active</td>
<td>Very negative view of ‘old’; We are not there yet.</td>
<td>Biomedical model of successful aging</td>
<td>Resisting and reproducing dominant positive and negative discourses of aging; has the potential for empowerment; and simultaneously has potential to perpetuate cultural fear of the health risks associated with aging.</td>
</tr>
</tbody>
</table>