

Aging and exercise: perceptions of the lived body

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Abstract

Exploring older people's evocation of their positive experiences of ageing has been proposed as a counterweight to the Western stereotype of ageing as a process of decline. The aim of this paper is to explore how ageing women, who participate regularly in group exercise classes, perceive their own bodies and the bodies of others.

This article reports on the findings from interviews with sixteen women between the age of 70 and 85. We analyzed the data using qualitative content analysis.

Two overarching and interrelated themes concerning body-perception emerged from the interviews: "The aging body and appearance" and "The body as subject and object". The binary discourse of old age, as either a decline or a success appears in our findings. The training contributes to a sense of well-being experienced through perceived increased physical abilities, self- image and self-esteem. Physical ability was perceived as being more important than appearance by the participants in this study, considering their preconception of an association between declining health, abilities and older age.

Involvement in physical activity appears to play a significant role in the perception of the women's own ageing. Although physical attractiveness is a desirable outcome, the most important positive impact of the group exercise was related to increased social belonging and well-being, physical abilities, and capabilities. Thus implications for practice suggest that an intensive group training contributes to the opinion that an aging body is not necessarily a barrier to positive and successful aging.

Key words: Aging, body perception, group exercise classes, older women

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INTRODUCTION

There are now more people aged in their 70s and 80s, and with increased life expectancy, than ever before. Increasing social expectations and concerns about the policy implications of the aging population have led to interest in improving older people's health, independence, activity, social and economic opportunities and participation, and thereby their active contribution to society (Bowling, 2007; WHO, 2015). Physical activity is now globally recognized as a positive health asset across all ages (WHO, 2010). Old age, however, is stuck in a binary discourse as either a decline or a success (Dionigi, 2015; Hay, Conelly and Kinsella, 2016; Martinson and Berridge, 2015; Sandberg, 2013). These two opposing views permeate the socio-cultural and personal understandings of aging and old age in Western nations.

Common societal perceptions in Western societies are usually negative stereotypes that leads to a subjective, biased image of elderly persons being useless, weak or dependent. However Thanakwang and Isaramalai (2013) see a recent change on such perceptions; older adults are becoming more recognized for their values and potential to contribute to social and national development. Furthermore, the authors suggested that the extent to which elderly persons are active or productive in their communities is a central interest in societies with an aging population, and the need for knowledge on how to age productively is a challenge to all countries (Thanakwang and Isaramalai, 2013).

This trend in attitudes towards aging reflects a shift in recent years to rethink the construct of aging and to frame it in a more favorable manner. In the course of achieving this vision the World Health Organization (WHO, 2002) has adopted the term 'active aging'. The rationale behind the concept is to emphasize that 'active aging' is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2002:12). The concept of active aging includes paying attention to the

individual's well-being by focusing on the inextricable connection between physical, mental and social factors. Several studies have demonstrated the interplay between these factors, which confirm the importance of physical exercise for promoting physical, social and mental well-being and prevent diseases (Stathi et al., 2002; Steptoe et al., 2015; Windle, 2014;).

Active aging is in this sense part of a new paradigm of aging which aims to dislodge the old 'decline and loss paradigm' (Holstein and Minkler, 2007).

According to Stenner and colleagues (2010) the relationship between health opportunities and quality of life expressed in this definition is clear. Policies which foster activities and environments associated with health are encouraged in the name of increasing quality and quantity of life years, enhancing autonomy and independence, and reducing health and care system costs. Nevertheless, active aging is not without critics. Holstein and Minkler (2007:16), for example, are concerned that a certain idealization of active and successful aging might be counterproductive and even oppressive. They state that efforts to eliminate ageism by 'focusing on the positive features of old age' risk ignoring the 'real bodies of old people' and unwittingly impose unrealistic and 'oppressive standards' which can negatively affect *identity* and self-worth. Notions of 'successful healthy or active aging', they suggest, carry 'implicit normative standards' which ultimately devalue 'those who do not live up to these ideals'.

The search for optimal preventive care and public health interventions that promote physical and cognitive health among aging populations is thus crucial for city planners, healthcare professionals, and stakeholders. According to Walker and Maltby (2012) one key principle for a strategy on active aging is that 'activity' should comprise all meaningful pursuits that contribute to the well-being of the individual concerned. Another key principle concerns how important maintaining and regaining mental capacity, are t as physical activity. Furthermore, it should primarily be a preventive concept. This means involving all age groups in the

process of aging actively across the entirety of the life course. Because of the importance of this life-course dimension, active aging should encompass all elderly people, as well as younger age groups even those who are, to some extent, frail and dependent. Any strategy for active aging should be equally participative and empowering.

As health professionals and social scientists, we are keenly aware of how presentations of, and practices related to the aging body can bring about new reflections on the perception on one's own body and bodily-mediated relationships. The way to ascribe meaning to the body is closely linked to hegemonic established norms and values in society. A case in point is that of empirical research on women aged 63-75 years which showed that many women were dissatisfied with their body size, but nevertheless adopted a laissez-faire attitude towards trying to change it (Tunaley, Walsh, and Nicolson, 1999). This may imply that norms for the "ideal body" are becoming narrower and thus more difficult to achieve in old age. Similarly, Jankowski et al. (2016) indicate that despite the changes reflecting attitudes towards aging processes, individuals experience them within a culture that highly values and emphasizes the importance of youthful appearance. Hence, older adults often experience sociocultural pressures to conform to these ideals.

Negative stereotypes of older people in Western cultures, are often related to changes in the body that may be considered as unattractive (e.g. wrinkled, grey-haired) or incompetent (e.g. weak, feeble, disable, dependent, ill) (Chrysler, Rossini, and Newton, 2015). Consequently, going through the process of aging, especially in a woman's body, can be disempowering (Chrysler, Rossini, and Newton, 2015). Nevertheless, research indicates that older women may also see their body as a potential source of empowerment when it is properly maintained through physical activity. Empowered older women have greater confidence in their physical abilities and interact more with other people (Denmark and Klara, 2007). Furthermore, people with fit bodies are often presented as successful agers, while those with less fit bodies are

portrayed simply as the aged, consigned to loss and dependency (Mendoza-Ruvalcaba, and Arias-Merino, 2015).

The term “body image” has several implications and definitions which shows the magnitude and the varying opinions of the concept (Neagu, 2015). A common interpretation of body image is the perception a person has of his or hers physical self. The subjective picture or mental image of one's own body usually includes body size estimation and evaluation which has an impact on the level of body satisfaction and dissatisfaction (Grogan, 2006; Muth and Cash, 1997; Neagu, 2015). Whereas most of the literature on body image pertains to young and middle-aged women (Baker and Gringart, 2009; Hurd, 2000; Marshall, Lengyel and Menec, 2014), there is scarce research on how older women experience their bodies in terms of physical attractiveness and body functioning (Bennett et al, 2017; Hurd, 2000;; Jankowski et al, 2016; Rudman, 2015).

In line with the active aging trend emphasizing the interrelation between the physical, emotional and social aspects, a renewed sense of the aging body is required. This implies a focus on the lived body, your own body as experienced by yourself, as yourself (Featherstone and Wernick, 1995b; Grant, 2001). Moving beyond the objective body, experienced as physical objects (Grant, 2001:282) and paying attention to what is going on inside you, one can experience one’s own sensations about having and using the body. According to Reed (2013:44), this picture also has an impact on how you perceive others bodies, creating self-other correspondences for body perception. We want to focus on experiences regarding the importance of staying active in old age. Based on this, the aim of this paper is to explore how aging women, who regularly attend exercise classes, perceive their bodies and the bodies of others.

METHODS

The method used in this qualitative study is the interpretative tradition of hermeneutics and phenomenology (Landridge, 2007; Wilson & Hutchinson, 1991). One purpose of the study is to gain insight in the subjective experiences of the research participants concerning physical activity in a moderately intense workout program. We want to explore the matter at hand.

Understanding is reached through cooperation between the participant and the researcher in making sense of those issues that have been articulated during the interview (Debesay, Nåden, and Slettebø 2008; Gadamer, 2004).

Participants

The participants in this study are 16 women ranging from 70 to 85 years old, the average age being 74.8 years. They regularly attend group exercise classes at an established small workout center for women. The center offers classes for senior women twice a week. There are usually about 15 participants in each of the two classes, and some attend both classes.

At the request of one of the authors with knowledge of the senior class, the training center staff informed the two classes about the study and recruited participants. Sixteen informants consented to participate (Table 1).

Table 1. Demographic information of the participants

	Age (years)	Level of education	Living alone	Disease/type of problems
1	72	12 years or less	No	None
2	85	More than 12 years	Yes	Osteoarthritis knees, hands and shoulder
3	76	More than 12 years	Yes	Osteoporosis
4	70	More than 12 years	No	Increased level of cholesterol

5	70	12 years or less	No	High blood pressure
6	74	More than 12 years	Yes	Informant
7	81	12 years or less	Yes	High blood pressure
8	75	12 years or less	No	None
9	72	More than 12 years	Yes	Knees osteoarthritis/ High blood-pressure
10	81	More than 12 years	Yes	High blood pressure
11	70	12 years or less	No	None
12	71	12 years or less		Osteoarthritis
13	72	More than 12 years	Yes	Glaucoma
14	78	More than 12 years	Yes	Knees osteoarthritis/ chronic lymphocytic, leukemia/ Former breast cancer
15	73	More than 12 years	Yes	Knees osteoarthritis/ Shoulder prosthesis
16	77	More than 12 years	Yes	Ulcerative colitis/ hypothyroidism/ incontinence

The content of the group exercise classes

The majority of those participating in the exercise classes are adults between 45 and 65 years, although the center also has training facilities for women aged 70 years and older, of whom the oldest participant is 93 years old. A female instructor who explains, demonstrates and performs exercises leads the class supporting the participants individually and collectively. The aim is to provide functional training, to increase body awareness and to emphasize the pleasure to be found in agility training. Agility is the ability to change the direction of the body in an efficient and effective manner requiring a combination of balance, speed, strength and coordination (Davis et al, 2004). The key to supporting and inspiring performance and to enjoying movement is the use of music, including different genres such as jazz, classical

music, ethnic and soul, pop and tango. Segments of music are tailored to various components of the training session, matching with tempo of the performed exercises and the intensity throughout the session. The activities are performed at a moderately intense level for 60 minutes. The program consists of weight bearing resistance, balance and stretching exercises incorporating dancing steps and movements. Exercise equipment includes barre, providing support during various types of exercises and external loads including light hand weights, resistance bands or cuffs.

The participants are informed by their instructors about recommended guidelines for moderate intensity: “your breathing quickens, but you’re not out of breath. You develop a light sweat after about 10 minutes of activity. You can carry on a conversation, but you can’t sing”.

Based on these cues the participants are encouraged to adjust the intensity to their preferred level without exerting at the expense of their comfort zone. However, according to the instructors, the participants refer to the class as a high intensity program even though the training programs consist of exercises defined by moderate level intensity among participants, according to their instructors, the training sessions are referred to as a high intensive program. The instructors explain the phenomenon by pointing to the music as a core element. The replication forms of bodily rhythms and movement acquired through music require steady work and strong focus to provide a sense of flow, conditions associated with high intensity workout.

Interviews

Individual interviews were conducted in the office of two of the authors (MF and AB). The authors each interviewed one half of the participants of the study. We developed a semi-structured interview guide for this study which included themes concerning the participants’ experiences of physical training while attending the program as well as the importance of the program for their active aging (Appendix 1). We focused on their experience of aging and

exercise as well as their perceptions on and belief of body appearance and well-being. Based on what Kvale and Brinkmann (2009) describe as short story narratives, we started with the initial question: So, can you tell me about your experience with participating in high intensity group exercise? We asked about their own experiences and views on the influence that the training has had on their possibility for active aging in their everyday lives, whether they experienced positive or negative experiences with the exercise and how they perceived themselves and others engaging in the training. The semi-structured guide gave us the opportunity to formulate individual follow-up questions; for instance to encourage the supervisors to verify earlier statements. To ensure consistency with the study purpose and common approach to interviews, the framework of the interviews was thoroughly discussed by researchers (Graneheim and Lundheim, 2004). Within this broad framework, the informants were encouraged to speak as freely as possible to ensure their perspective came forth (Kvale and Brinkman, 2009; Vaismoradi et al, 2013). The interviews were recorded and subsequently transcribed verbatim.

Analyses

The interviews were analyzed using the qualitative content analysis method (Graneheim and Lundman, 2004; Hsieh Shannon, 2005). We used an inductive and conventional content analysis approach, i.e. we derived categories from the data (Hsieh and Shannon, 2005). The process of developing data-driven codes, or “meaningful labels” (Elo and Kyngås, 2008), was a circular process of going from raw data to code development to coding (De Cuir Gunby et al, 2011). We were continuously shifting between individual work and discussions in the author group. The inductive process in this study included four steps, a strategy for qualitative analysis inspired by Malterud’s (2012) systematic text condensation method (Table 2). The inductive approach enables researchers to identify key themes in the

area of interest by reducing the material to a set of themes or categories (Graneheim and Lundman, 2004). The intention was to provide a compact yet general description of the phenomenon under investigation. The themes emerged from the raw data by repeated examination and comparison. Using an analytic process, we experienced an increased understanding of the material describing the participants' experiences during the group exercise program. The four authors read the transcripts independently several times. Following Kvale and Brinkmann (2015), the reading of transcripts was performed with an open mind, so as to grasp the participants' own views on the subject. Additional analysis was performed using the following procedures: 1) the transcripts were read to gain a contextualized impression of the text and previous preconceptions were highlighted. 2) Units of meaning were identified and coded. Although the collaborative data analysis brought a diversity of perspectives to the analysis (Cornish et al, 2013), especially with regard to the various disciplines represented among the collaborators, the inter-coder agreement was high. 3) The meaning in the coded groups was then condensed. 4) The descriptions reflecting the participants' experiences were generalized into categories, consensus about the categories of statements and emerging themes was reached by discussion between all four authors (Table 2).

Table 2. Overview of analysis from units of meaning to themes

<u>Units of meaning</u>	<u>Codes</u>	<u>Categories</u>	<u>Themes</u>
<u>I notice the change. When I look at myself in the mirror, then I see a very old ..., sad face with lots of wrinkles and less muscle mass. Of course, it is possible to do</u>	<u>The body's functioning/changes in body shape</u> <u>Desirability of being slim/acceptance of diversity</u>	<u>Visible signs of aging</u> <u>Body-acceptance</u>	<u>The Aging Body and Appearance</u>

<p><u>something about it; however, I have no plans to do so.</u></p> <p><u>I'm very satisfied with my body. I find my body quite nice-looking ... and I have experience how exercise contributes to that.</u></p> <p><u>Family members and friends have positive expectations about my stamina and energy.</u></p>	<p><u>Others expectations and reactions</u></p> <p><u>Mental and social well-being</u></p> <p><u>Social visibility</u></p> <p><u>Autonomy and control</u></p> <p><u>Personal identity</u></p>	<p><u>Body-image motives</u></p> <p><u>The body as a communication tool</u></p>	
<p><u>It is possible to listen and talk to one's body, sort of coaxing the body. Or shall I say regarding the body as a friend, not just a sympathizer, but also one who understand?</u></p> <p><u>I feel more confident with myself...I feel stronger, more coordinated. I just feel more centered in myself.</u></p> <p><u>I know my own body, and must be much more aware of what goes on in my body– as well as around me.</u></p>	<p><u>Interactive relationship</u></p> <p><u>Eagerness to explore, get access to their body</u></p> <p><u>Active listening to their body</u></p> <p><u>Mastering thoughts and emotions</u></p> <p><u>Sense of power</u></p> <p><u>Conscious of the body</u></p> <p><u>Attentiveness to the body signs</u></p>	<p><u>The body as a collaborative partner</u></p> <p><u>Coping strategies</u></p> <p><u>Body awareness</u></p>	<p><u>The body as subject and object.</u></p>

Ethics

This study is approved by the Data Protection Official Research at the Norwegian Social Science Data Services, reference number 41165. All the participants received written information on the purpose and methods of the study and were informed of their rights to refuse to participate at any stage in the study. We obtained consent to publish from all the participants to participate at any stage in the study. We obtained consent to publish from all the participants. The authors report no conflicts of interest.

FINDINGS

The findings illustrate that the women talked extensively about how they experienced and perceived their body appearance, health and well-being. Through the process of analysis, 'the active body' was found to be essential to the women's engagement in physical activity as a factor initiating and maintaining activity. Two overarching and interrelated themes relating to exploring 'the active body' emerged from the interviews: 1) The aging body and appearance and 2) The body as subject and object.

The aging body and appearance

'Appearance' was a recurrent topic in the interviews with the majority of the participants in this study. They described appearance as a powerful *communication tool of personal identity*. The women appeared especially preoccupied by the body's outward appearance, *the visible signs of the aging* of the body, not only externally displayed, but also the experiences of *the body's functioning*. Investing in appearance was regarded as helpful in showing others that you were functioning well both socially and mentally. The women looked on the "fruits" of their body investments as a signal conveying *autonomy and control* in the social interaction in which they engaged. Gaining *social visibility* experienced through support and recognition from others appears to be essential for their self-confidence and self-perception, aspects associated with *mental and social well-being*. The women talked about and became aware of their appearance and their bodies in different ways. Some of them focused on the body as a sign of abilities or visual esthetic. Others associated exercises with *changes in body shape* and initiated physical activity with *body-image motives*, referring to how they perceive their bodies. They addressed the beauty as well as the ability to enhance their physical body, as expressed in this excerpt:

I'm very satisfied with my body. I find my body quite nice-looking ... and I have realized how exercise contributes to that. Family members and friends have *positive expectations* about my stamina and energy. If you are exercising, as I do, you will experience positive feedback about your own capability and being in physical shape from friends, family and society in general.

Although the women sought to maintain their physical appearance through exercise, they also expressed *acceptance* of the outward body due to aging. They talked about changes they had noticed in reduced muscle strength, endurance, and body shape, loss of skin elasticity and loss of overall attractiveness.

I notice the change. When I look at myself in the mirror, then I see a very old ..., sad face with lots of wrinkles and less muscle mass. Of course, it is possible to do something about it; however, I have no plans to do so. The body is changing. I weigh the same as when I was young, and I am well. The challenge is not to give up, it is somehow important not to die slowly day by day.

Body shape and weight were topics most of the participants mentioned during the interviews. Their standards for beauty appear to go along with the *desirability of being thin*. Being slim was the shape image that was accepted by most of the women as the ideal. Consequently, women attending the exercise were predominantly slim. However, although the informants noticed that some women were heavier, they seemed *to accept a degree of diversity* in the old training body as well as in the old naked body:

If there are any Sylphs, it is me, and maybe two others. Then there are a few that are large, and I think: Gee, imagine that you're able to take part in all this with those kilos,

maybe 30 or more... Yes, that is impressive, because everything becomes heavier I imagine.

There is certainly no one hiding behind anything, there are all shapes. Moreover, there is one who is so terribly thin, she looks as though she has anorexia, which I believe she actually does, because I know her a little. Others are slightly plump, and I think that is completely unproblematic.

The women appear to take an outside observer's perspective of their bodies, and thus treating their own bodies as objects to be looked at and evaluated. However, in class they did not comment on each other's bodies except when they could focus on positive values such as a well-tanned body.

Yes, I certainly do, I do see how different we are. And it's a nice thing, though we do not comment on each other's bodies, other than when we are brown. Some are so wonderfully tan, it comes from the summer sunshine.

The way they observed each other's appearance and performance can be interpreted as admiration as well as expressing the opposite, for example by talking about sign of disability or poor coordination. These women had a lot of training experience and seemed to be mindful movers.

One who occasionally stands next to me is 80, and I notice her body as she's just so smooth. She is able to do the splits bent forward with her stomach touching her thighs,

but she has bad hips, so I don't know how it will be in a few years' time. I must only hope that I'm as lucky, and that I do the sensible things.

The women appear to perceive their own body and those of others as a "temple" of outward age-related changes, but also of strength and embodied beauty. Their experiences revealed the *desirability of a slim body* while at the same time they *accepted* those who were 'bigger and those who had undergone changes due to illness or medical interventions.

The women's experiences provide direction for the choices in dealing with their own bodies, signifying that they are reconciled with the aging body.

The body as subject and object

The participants in this study made several statements about how they understand and manage their aging bodies. These statements reflect their experiences of the *interactive relationship* between the sense of self and the *body as a collaborative partner*. This relationship is also evident in the assessment of their own bodies. The women felt positively connected to their bodies in their everyday lives and said that they were quite satisfied with their bodies. In response to a follow-up question on how an informant related to her body, she replied:

My relationship with my body? Yes I am very happy with my body. I think actually it is quite delightful, I must say. I started training at 12 years old, right. No aches now but I am lucky, it could have been different.

The saliency of this subject becomes even more evident in the next quote, which reflects how this woman takes an *active listening* attitude to her body. This *attentiveness to the body's*

signs reflects an awareness of the interaction between the perception of her body and her *self-identity*, in addition to the potential benefits of her coping strategy:

Yeah, exercise is my investment and it contributes towards my having good contact with my body ... in *mastering thoughts and emotions* I am mastering this issue better now. ...because I am *conscious of my body*. Actually, I had not thought about that before, but gradually...that I am my body... the body is not just an object. Doing exercises contributes to the feeling that I can do what I want to do and connect to other people. It gives me a *feeling of power*. I feel strong and confident because I can do it. You realize what you can do. I feel more confident with myself...I feel stronger, more coordinated. I just feel more centred in myself.

An increased *body awareness* appears to increase the informants' perceived value and eagerness to *explore* unknown aspects of her own body. Closeness between the informants and their own bodily experiences seems to lead to a greater desire to *explore and facilitate access* to knowledge about their own body to their own benefit:

I know my own body, and must be much more aware of what goes on in my body— as well as in my surroundings. I am getting into closer contact with my body, and more acquainted with my own fluctuations in mood, whether I am sad or happy. It is quite remarkable at the age of 74 to still be able to detect small parts of the body that you have not known about before. I can see so well that those who have just started, have no idea about their bodies. The body does not stop surprising me. I have made my body a priority.

Another refers to the empowering message from the exercising body

My body tells me that training gives me a *sense of power* and enables me to take action and when I am physically active... I know I am doing something that's good for me. Mentally you know it was the right thing to have done and you're pleased that you have done the right thing. When you experience doing something defined as "good" for the body you keep on doing it. For me it is part of *my identity*- I feel better physically and mentally in terms of being "more energised, less tired, more relaxed and feeling good mentally, all of which experiences have been central to continuing...

Similarly, along the lines of exploring the relationship with the body, movement and dance where mentioned as helpful tools for *body awareness*, giving a joyful sensation of flow:

Then, once you have mastered it pretty well, you feel a flow in your body. That it is pleasurable, being able to take long strides and put a lot in each step when you've got it. You can put your soul into it, it's not like lifting weights. You have greater opportunities for individual expression while dancing. Yes, and the music is important, and the trainers are clever at choosing the music.

One of the women relates to her body as if it were a close acquaintance, and one she likes to communicate with, not only in the mind:

I believe that I have a rather close relationship with my body, and the gym course has sharpened me in a way. Is it possible to listen to and talk to one's own body, sort of coaxing the body, or shall I say regarding the body as a friend, not just a sympathizer, but also one who understands? i.e. "How are you today, should we stretch a bit?" Gladly put it into words, and then it will be fulfilled in a way.

The impact of having a close and trusting relationship with the body was also mentioned by one of the informants as the manner in which she becomes self-empowered. She recounted:

When straightening myself up, and stretching the arms and cheek upwards, I get a feeling of accomplishment and strength –“come on!” somehow. I also become more receptive, which does not mean that I believe that we should convey something completely different outwardly, compared to how we feel inside. I still believe in adopting a positive and upward posture instead of a slumped posture. It affects you as a human being. I believe that the exercise training gives energy that tells me that I am not to worry. Thoughts and beliefs that I may have had before the training sessions change, I have experienced sadness disappearing and I can make it disappear. I get a feeling of accomplishment and strength and over time I can also sense changes in my emotional state.

A perception of the body as one you can listen to and trust, and the way this body perceptiveness affects self-confidence, was something the women attributed to a strong and well-trained body.

Discussion

The binary discourse of older age, as either a decline or a success (Sandberg, 2013) is made apparent in our findings when the women are talking about the body as if it was a sign of abilities or visual esthetic. The discourse also seems materialized in the way the women talk about *changes* they have noticed in, e.g. reduced muscle strength, endurance, body shape and loss of skin elasticity. Our informants' statements about their experiences correspond with Dionigi's (2015) who suggests that the process of aging is a highly individualized and

complex process; yet it continues to be stereotyped and is found to influence how older adults see themselves.

Our findings suggest that *body image* is important to older adults encompassing different motives. For some of the participants, appearance is even regarded as a *communication tool* in acquiring respect and sense of belonging and social well-being. The perceived importance of looking good to *others*, which we have found among the women we interviewed, is consistent with the findings in another study where participants strongly desired to be physically and socially more *visible* (Hurd Clarke and Griffin, 2008). Other people's positive attention to their appearance seems to promote a feeling of attractiveness, confirming the women's sense of mattering to other people and sustaining a sense of self-worth.

Furthermore, the women in our study perceived that their physical functionality gave them an advantage in interaction with others. This is expressed through their experiences of interactions with others who show a positive attitude to the women's "investment" in their body and maintain physical function and capability to participate. The signals communicated through a well-shaped body, reflect psychological characteristics and resources, including perceived *autonomy and control*, which are signals that do not define them as "ordinary" old women. Studies (Lassen, 2015; Lassen and Jespersen, 2015; Lulle and King, 2016; Towson et al, 2006) do show however that women's inherent motivation to convey an image of functionality and participation, appears to be driven by the two opposing assumptions of success and decline in older age. When our informants talk about their family members and friends having *positive expectations* concerning their stamina and energy, and at the same time say that they are afraid of becoming frail, it shows that they actually draw on both assumptions in their desire for success and fear of decline.

Active aging requires a fundamental change in the the population's expectations of their old age (Katz, 2000, Katz and Marshall, 2003, WHO 2002). Being subject to implicit or explicit standards for successful aging may involve challenges in regard to acting in a manner consistent with these standards. *Reactions from the environment* may indicate whether or not women perceive their aging process as successful or not. Hence, gaining the respect of others, which provides a sense of self-respect, can be a fragile and conflicted matter with regard to the underlying negative expectations associated with *visible signs of aging* and successful active aging. Although our informants talk about exercise as an investment in their physical capabilities to improve appearance and functionality, they are also mindful in enhancing their *mastering of thoughts and emotions*, which we believe makes them less vulnerable to stereotypical assumptions about age as decline.

Coping with the aging process by continuing with activities to keep their diseases away can be seen as an ambiguous health strategy (Lassen, 2015). Likewise, similar responses can be related to research addressing aging migrants reconciling themselves to the aging process (Lulle and King, 2016). For these women "active aging" can be perceived as a double-edged sword if the life style is experienced as an individual duty and responsibility of a woman to achieve her aging successfully – without any regards to the collective structures in the migrant community influencing her choices (Lulle and King, 2016:2). It is likely that the same mechanism may apply to women in general. Therefore, investing and maintaining of an "active aging" image might be more demanding for elderly people than what is envisioned by, e.g. the World Health Organization (WHO, 2002). Accordingly, Dillaway and Byrnes (2009) suggest that we must ask ourselves whether it is appropriate to utilize the successful aging paradigm if it cannot speak to a wide range of elderly adults' experiences and/or our own worldviews on aging, or if its underlying ideology helps facilitate reductions in a welfare

state. The women participating in our study might represent women whom at an early stage of their life have established good habits, i.e. “started training at 12 years old”, as they stated. In addition, 64 % had more than 12 years of education (Table 1). Therefore, we would expect that the achievement of active or successful aging would be easier for them than those with less formal education. In accordance with previous research (Shaw and Spokane, 2009), their engagement in regular physical activity can be attributed to the relationship between education and knowledge about its benefits, a stronger sense of control and self-efficacy and implications for physical activity. Furthermore, high educated women with a possibility for higher retirement income have a choice to live alone and independently, which also applies to women who have lost their spouse or are divorced (Toivianen, 2007).

The inherent assumptions in the successful aging ideal is that individuals should be able to overcome personal barriers and work toward successful aging at all times; indeed this is their responsibility (Dillaway and Byrnes, 2009). Through their high level of education and more affluent background, our informants seem to fit the ideal of individual responsibility in aging successfully. For example, they talked about the challenge being not to give up and the importance of not to dye “slowly day by day”

Additional accounts testifying to the WHO’s concept of active aging is our participants’ accounts of having energy, being less tired, more relaxed and feeling good mentally. The women’s focus on the body was not confined to a notion of the body as a visual object, but also as a perceiving body that is both a sensing and an acting subject. They have perceived and evaluated the *changes in their bodies*’ and have gradually shifted their mindset from being concerned about appearance to emphasizing the importance of physical function. In viewing the participants’ perceived *changes in their bodies*, many of their statements are in line with Chrysler et al.’s (2015) main characteristics of changes in the aging body which are considered empowering or disempowering for women, namely changes in (1) beauty or

physical attractiveness (2) physical fitness; and (3) physical health and ability. How the elderly in everyday life relate to, negotiate and transform the new aging ideals can therefore be a demanding practice. Older people might feel proud of being able to take care of their own lives, while confronting fear of being a burden on others (Lassen and Jespersen, 2015). The women's ambiguous attitude towards their changing body points to how these views, empowering and disempowering seem to be more interwoven than being mutual entities.

Most of the women in our study experienced satisfaction with their bodies, saying that they invested in their bodies to improve their personal appearance, their *body image*, as well as to increase their physical capacity. Still, as Jankowski et al. (2016) also have remarked, the participants in our study perceived physical ability to be more important than appearance when they experienced declining health and failing abilities in old age. Yet, our findings also point to how appearance and physical ability are interwoven, in the sense that desire about bodily attractiveness and physical capabilities might be present at the same time, but at different level of intensity depending on the situation. Since physical fitness has increasingly become a form of social asset among older adults (Calasanti and Slevin, 2006), the body gains a crucial value in older age. Furthermore, Baker and Gringart (2009) assume that younger women relate self-esteem to *body image*, while older women relate self-esteem to *body functioning*. This difference seems to fit in well with the experience of participants in our study, as well as the findings of Hurd Clarke and Korotchenko (2011) who suggest that the means by which older women evaluate their bodies chronologically shifts from appearance to physical functioning. The apparent shift also agrees with our finding concerning the women's understanding of exercise as a way of contributing to their bodies as potential sources of empowerment and the means for coping with their everyday activities. Statements such as exercise is my investment in *mastering thoughts and emotions* indicate that efforts are being

made to enhance social and mental functioning. The sense of control achieved can be related to findings referred to by Van Mens-Verhulst and Radke (2013) in their study of women's *identity* and the Third Age showing that the women constructed themselves as agents by adopting an active and *conscious approach* to their aging bodies.

Our informants were keen to compare themselves with other women, including women who appear to be ideals for themselves through their physical attractiveness, and women who weigh too much and have difficulty moving gracefully and easily. The informants emphasized the need for activity and distanced themselves from a passive lifestyle. Townsend (2006) draws on several studies of the lived experience of aging reflecting similar trend, suggesting that older people both incorporate and detach themselves from the negative view of old age.

An increased *awareness* of their bodies can help women maintain a sense of empowerment over their own lives and a sense of self-acceptance, self-efficacy and self-worth. Such notions of empowerment resonates with Liimakka's (2014) assertions that the body has become a central part of the modern person's self-identify, and as such there is an individual project to work on focusing on good health and appearance. The point of view expressed by Liimakka (2011) corresponds well with the statements of the women in our study, where views on health and appearance intertwine in cultural discourses and, consequently, serves as the motivations of individuals to maintain and improve their bodily mediated societal advantages (González et al, 2013; Kwan, 2009).

However, although the participants in our study appear to have incorporated the normative ideas of body, they are more concerned with the possibility of individual choice. Research shows that amid the normative and rigid notions of the body that portray older people as predominantly frail and dependent, women are concerned about maintaining their physical fitness, functional independence, and engagement with life, and thereby aging "successfully"

(Holstein and Minkler, 2003; Hurd Clarke and Griffin, 2008; Martinson and Berridge, 2015; Rowe and Kahn, 1997). The women seem to experience their body both as subject and object in an interesting way. The body is both subject and object, for themselves and for others, simultaneously and *interacting* in “this body's irreducible ambiguity, as stated in the findings “I am my body... the body is not just an object”. Furthermore, appearance, well-being and physical ability are experienced as simultaneously and interwoven entities. Statements such as having ‘close contact with my body’, ‘the body is quite delightful’ indicate this interconnectedness. Likewise, perceiving their *body as a collaborative partner* helping them to *explore and getting access to their body*, illustrate the *interactive relationship* between the body’s subject and object position. From a phenomenological standpoint, Merleau-Ponty (1962), defines the body as a mediator to the world and “our anchor in the world”. He states that “External perception and the perception of one’s own body vary in conjunction because they are the two facets of one and the same act” Merleau-Ponty (1962) is conscious of the ambiguity between inner and outer world, when stating: “The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought up by arbitrary decree. It is enacted at every instant in the movement of existence” (Merleau-Ponty, 1962).

Furthermore, people’s lived experiences with their aging bodies are never neutral; rather they are interpreted within social, cultural, and historical contexts (Twigg, 2006). The current cultural body ideal combines the ‘cult of thinness’ (Hesse-Biber, 2007) with the ‘imperative of health’ (Lupton, 1995), and the mass media makes this ideal ubiquitous (Park, 2005; Hesse-Biber, et al, 2006). Most of these ideals are reflected in our material. Many of the informants were keenly aware of the *desirability of becoming slim* and avoiding gaining extra weight. Moreover, a distinct feature of contemporary discourse about health is that healthy behavior and healthy bodies are a matter of individuals’ responsibility (Crawford, 2006).

Boudiny and Mortelmans (2011) suggested that a critical perspective on active aging is that a prerequisite for active aging is the recognition of the variations that exist amongst older people. They stated that that people from different subgroups (e.g., different ages, ethnicities) are likely to have different needs and priorities and live in different circumstances, the perception of what makes a life active is likely to be different as well. In addition, variations within older age groups should be taken into account (Boudiny and Mortelmans, 2011). The statements in our study about individual efforts to exercise so as to prevent decay and remain physically and socially active, testify to the idea of health issues being viewed as individual matters, possibly downplaying the influence of structural and policy driven changes that affect individual changes. Conversely, a body that deviates from the cultural ideal, being, for example, overweight, brings with it social sanctions, such as prejudice and discrimination (Kwan, 2009; Puhl and Brownwell, 2001). Hurd Clarke and Korotchenko (2011) state that body dissatisfaction has been found to be especially prevalent among older women from a higher social class background, a class affiliation that also applies to the participants in our study. Our findings may be important in shaping health promotion interventions for older people. However, in this context some factors must be taken into consideration. Factors including higher education, independently living alone and regular attendance to exercise training groups for many years are qualities that may be associated with particular “strong and powerful elderly women”. Communicating in different ways that physical activity is recognized as core concerns in relation to growing older, in that way our informants may represent a particular group of women. Their attitude and behavior correspond with a trend referred to by Gergen and Gergen (2000) as the possibility of self-construction in later life. This trend differs from the internalization of aging stereotypes and health related behaviors operationalized through the concept of self-perception of aging, an issue discussed by Emilie et al. (2013). Although our study suggests that benefits from regular physical exercise group

training relate to successful aging and social inclusion, we find that support for participation in sport or physical group training cannot be expected for everyone as we age, due to barriers to access, equity and personal issues (Dionigi, 2016).

This study has limitations regarding generalizability and transferability. First, our sample may not reflect the views of more cultural diverse sample of participants at home. Second, this study was conducted in an urban area and may not be generalizable to settings that are more rural or to other kinds of populations.

Conclusion

The moderate intensive group exercise training (referred to as high intensity program among the users) appears to play an important, and complex role in how the women experience and perceive their body. Exercise contributes positively to their feeling of self-image and *self-esteem*. Some of them seem to internalize the mainstream cultural ideal of beauty as valuable in itself as well as well as a signal of being in good health and being fit. Our finding suggest that older women conceptualize the role of appearance as part of their *identity* that relates to a sense of social belonging and well-being, physical ability and capability, and it is not simply about communicating beauty and attractiveness. Physical ability was perceived as being more important than appearance by the participants in this study, considering their preconception of an association between declining health, abilities and older age. These findings contribute to the opinion that an aging body is not necessarily a barrier to positive successful aging.

Declaration of interest

The authors report no declarations of interest.

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Appendix 1 Interview guide.

Preliminary issues: demographics (age, education level, former occupation, number of years of attendance to exercise classes).

Can you please describe your experiences with the group exercise?

Can you please describe your negative experiences as well as your positive experiences?

Can you please describe what group exercise means to your everyday life?

Can you please describe a typical 1-hour group exercise?

Can you please describe how do you experience yourself and others during the group exercises?

Can you please describe your motivation for participation in the group exercises?

Is there anything else you want to tell me, something you find important?

Follow-up questions: Could you please explain, could you tell me more about . . . ?