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It's Personal and it's Professional: The meanings women Baby-boomers attribute to their ageing and 'working-out' with a Personal Trainer

A thesis

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Abstract

Greater numbers of older populations is the emerging norm for all countries, and something that triggered the World Health Organization to revise its 2002 global ageing strategy. In the 2015 document, greater emphasis is given to the concept of active ageing, a lifestyle all individuals are encouraged to embrace as a way to facilitate ‘ageing well’. Such an ideal is in part fostered by the Baby-boomer heading into their ‘old’ age where there is a high probability many will live to eighty years and beyond. Physical activity is one component of active ageing but translating the unequivocal evidence into practice is a daunting task at a population and individual level. There is no shortage of research on physical activity and ageing, but little attention has been given to trying to understand the experience from the point-of-view of the ‘older’ person. This study was in part inspired by an increasing number of Baby-boomer women who were not only conscious about their own ageing, but endeavouring to prepare for a long life well-lived.

This study, which is situated in the theoretical framework of social constructionism, set out to unravel the active ageing experiences from a life course perspective and what actually transpires when 18 women Baby-boomers employ the services of a Personal Trainer. The numerous semi-structured interviews and verbatim transcriptions were subjected to on-going analysis, during which I recognised that in spite of the ‘richness’ of data, not all the subtleties could be captured. This, however, did not detract from the analysis where three dominant themes emerged. Supporting the need for a ‘life-course’ approach to fully understand physical activity at a personal level, the meanings of the experiences fluctuate and are negotiated, and there is a ‘resistance’ to the ageing discourse.

This study broadens and shares alternative insights about women’s active-ageing and challenges the commonly held assumptions about how women position their ageing in the context of being physically active in varying ways. These Baby-boomers have ‘grown-up’ with the fitness industry, an industry whereby Personal Trainers are well placed to assist Boomers in their active-ageing ambitions. This study has particular relevance to, as well as advice for, those working in health promotion and the fitness industry. A future more active ‘older’ population is possible, but according to the Boomers who participated in this study any level of substantive change will not happen by chance.

Acknowledgements

A thesis begins as a few ideas floating around and I'm sure, like me, no new doctoral student has any idea of the path ahead. But what I've discovered is that to successfully navigate the numerous 'un-knowns' on this path, you need access to people who not only understand the journey, but who can offer sage advice, rational discussion and practical guidance to help mitigate the speed bumps along the way. I have two people to thank for being there for me. They are of course my supervisors – Emeritus Professor Bevan Grant and Associate Professor Clive Pope.

I knew Professor Grant from my under-graduate days and back then, I never envisaged how his own research into ageing studies, would resonate so well with me, at this stage of my life. His expertise in this area has enabled him to offer extensive insight with the numerous iterations of my doctoral thesis. As my studies have been part-time, this has gone on for a few years. I cannot thank him enough for his expertise and of course, his patience as my understanding slowly emerged. You can retire now Bevan! Associate Professor Pope has also been integral to this doctoral project of mine. Over many conversations, he has challenged me to extend my thinking and understanding in so many areas to do with the practicalities of 'doing' the research and the subsequent writing. I again, thank them both for introducing me to the world of social constructionism.

When I decided that this would be a 'qualitative study', I had no idea about where and if, I would find women who wanted to talk about their ageing experiences with me. But I did find these women and what wonderful stories they told! I cannot thank them enough as without them being so generous of their time and talk, I would not have a study.

In undertaking this research study, I was also the recipient of a New Zealand scholarship from the New Zealand Federation of Graduate Women. Their support and acknowledgement of the importance of this study was integral to not only my ability to get interviews conducted, but also to my motivation.

As many doctoral students find, there is no easy way to add the workload into a family life, especially when you are a mother and wife. There have been too many weekends to count, where I have ‘clocked-out’ and headed into my study, whilst the family have gone off on their various weekend adventures without me. They have been patient, supportive and encouraging throughout the years, and continue to provide the perfect balance to my life. Rob, Georgia and Matt – thank you.

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Chapter 1

A personal perspective

I am a Baby-boomer with a back-ground in traditional sports, something that laid the foundations for my own 'physical literacy'. It was however, the experience of my first exercise-to-music classes in the 1980's called 'New Body' that opened my eyes to the possibilities of the influence that exercise might have on my emerging body ideals as a young 20-something woman.

Feeding off a growing rise in the Californian 'Muscle Beach' interests in body-building as well as the growing success of Jane Fonda, Les Mills World of Fitness approached the 1980's by expanding, not only their product range to include exercise-to-music classes, but also the number of facilities. Through the release of their newly developed exercise-to-music programs, women throughout New Zealand were targeted to participate in these classes in fitness facilities that were traditionally the bastion of male body-builders. From this point on, women played an important role in expanding the fitness movement in America (Stern, 2008) and New Zealand was no different. The 1980's saw the emergence of new ways for 'keeping fit', thus advancing negotiations of the 'body' into the commitments and priorities of daily life. Not only did I witness the evolution of the rise of the feminist movement (Steinem, 2015), but also new ideologies featuring fitness industry and media-driven body ideals saw women, just like me, joining gyms as well as competing in more physically demanding activities such as triathlons and other sporting activities. With names of exercise classes such as 'New Body' (step-class with hand-weights) and 'Bums and Tums' coined in the late-1980's, I along, with thousands of other women, explored and validated these fun and more social exercise formats, enabling the New Zealand fitness industry to not only lose its 'fad' status, but become firmly established in the business of commercial leisure.

Immersing myself in the culture of the rapidly developing fitness industry in New Zealand in the early 1980's, I became an instructor myself and this inspired me towards getting more involved. From this, my role in pioneering personal training services in New Zealand evolved. The move towards health-club members paying for the expertise and guidance of a Personal Trainer for a prescribed but personalised programme of exercise was unprecedented. Personal training services are now an integral consumer-commodity in many fitness and health clubs throughout the western world (Dale, Godinet, Kearse, & Field, 2009; Registration of Exercise Professionals, 2017; Skills Active Aotearoa, 2017; Smith Maguire, 2008b; Sweet, 2008) which has also driven the demand for specific educational qualifications for Personal Trainers (Skills Active Aotearoa, 2017).

Discovering that 'late' women Baby-boomers are a growing market for Personal Trainers in many western countries (Fitness Australia, 2012; Club Industry, 2011), and a desire to advance my own knowledge and understanding about this from the perspective of this market segment, my curiosity was piqued. This is because, despite the meteoric rise in Baby-boomers joining gyms and engaging Personal Trainers over the past two decades, in western countries including New Zealand, paradoxically, this growth has been paralleled with an increasing number of late Baby-boomer women not being active enough to transcend their declining health (Ministry of Health, 2008, 2015). As motivators and moderators of healthy lifestyle practices, Personal Trainers have a unique ability to support Baby-boomers into more positive behaviours that align with healthy-ageing or 'successful-ageing' ideals. Their job is to facilitate the exercise experience by encouraging and supporting clients to 'engage' with a meaningful, personalised programme so they are most likely to make it habitual (Crawford, 2006; Kretchmar, 2001; Madeson, Hultquist, Church, & Fisher 2010; Rose, 2008; Sassatelli, 2010; Sweet, 2008). Because of this, Personal Trainers may provide part of a behavioural solution to the growing problem of inactivity and possibly apathy, in an ageing population. An increasing number of articles to date have focused on explaining the reasons why people do or do not remain in an activity programme (e.g. Kahn et al. 2002; Kelly et al. 2016). However, although this explanatory information is of significant value in developing initial understanding of (in)activity behaviour in an ageing population, it now must translate into

specific knowledge for those who support and promote lifestyle-change behaviours in clients. This includes health and exercise practitioners. In health-behaviour research, it is increasingly recognised that individual psychological processes influence an individual's values, attitudes and decisions relating to the initiation and maintenance of 'healthy' behaviours such as being physically active. Based on the phenomenal growth in numbers of Baby-boomers predicted to join gyms in many western countries over the next few years, (Neilson Company & Boomagers, 2012), I believe that understanding the subjective experiences of Baby-boomer women in the domain of fitness and personal training, warrants attention. Albeit fitness pursuits are just one small component of the physical activity and leisure culture for Baby-boomers, in many ways, I was motivated to explore this, because of Segar's (2015) view that, "We need to understand our beliefs about our behaviour, what it symbolises to us, and especially, how it contributes to the outcomes we want from it, within the greater system of our self, our personality and our life" (p. 10).

With the view to seeking greater insight and increasing my knowledge about the phenomenon of Baby-boomer women and their active-ageing experiences, I resonate with the interpretive paradigm. This type of research allows for close contact with research participants (Denzin & Lincoln, 2008; Freeman, de Marrais, Preissle, Roulston & St Pierre, 2007), and supports my personal, epistemological view that there are 'multiple realities' in our ways of knowing and 'being' in the world about us. Thus, in undertaking this study and positioning it within social constructionism, my intention is to remain alive to and expand my gaze of 'new understandings and perspectives' shared by the women in telling their tale. In the words of Wolcott (1990), "I do not go about trying to discover a ready-made world; rather I seek to understand a social world we are continuously in the process of constructing" (p. 147).

Setting the scene

This study builds on some theories of ageing, specifically those relating to active ageing and the lifestyle choices of Baby-boomer women. The Baby-boomer women in this study are not alone as they muse about their transitioning into the next phase of the life course - 'old age'. But this particular group of women were

not only anticipating a long life with good health but they had all made the choice to be guided in their physical activity regime by a Personal Trainer. For the moment at least, they were intent on making a trouble-free future their reality. By making this lifestyle choice it could be argued they went ‘against the grain’, because with the passing of years there is a tendency for people of their age to withdraw from, rather than adopt, such a physically active lifestyle (Grant & Kluge, 2012; Kohl et al. 2012; Sport New Zealand, 2015; World Health Organisation, 2015). At an international level, physical inactivity is considered a pandemic, something that is difficult to rationalize given that health benefits accrued from a physically active lifestyle are often described as one of the *best and cheapest medicines*.

Currently there is a plethora of information about the benefits of being physically active as well as why people of all ages tend to avoid an active lifestyle. However, it is evident from reviewing and critiquing the literature that a broader narrative is required in order to better understand some facets of the active ageing phenomena as it applies to Baby-boomer women. My thoughts about research resonate with this ambition for a broader narrative in ageing research, as well as the opinion of Poole and Feldman (1999), who were adamant of the need to look at what contributes to healthy ageing as a process “endlessly open to construction and reconstruction” (p. 99). Beyond this I have also been encouraged by numerous writings (many of which are cited in the document), including those of Kohl et al. (2012) who suggest that one way forward to learn more about and to potentially increase participation in physical activity worldwide, is “to build global capacity based on the present foundations, a systems approach that focuses on populations and the complex interactions among the correlates of physical inactivity, rather than solely a behavioural science approach focusing on individuals” (p. 294). Consequently, my narrative embodies the beliefs and experiences of the Baby-boomer women who participated in the study and their views are situated within the social, cultural, political and historical context of their everyday lives.

Why Baby-boomers?

So why baby-boomers - those people born between 1946 and 1964? A recent International Population Report estimated that by 2025 almost one billion (12 percent of the world population) will be over 65 years (He, Goodkind & Kowal, 2016). This will result in a raft of changes at the national, community and personal level. After all, “the endeavours of Baby boomers have redefined every life stage they have passed through so why shouldn’t this continue past 65?” (Ministry of Social Development 2011, p. 1). Not only are the social and cultural norms changing, but it is likely that Baby-boomers will enter the ‘older’ stage of life with bodies, minds and behaviours that differ to those of previous generations.

The general consensus is that Baby-boomers will, for the most part live longer and healthier lives than the generation that precedes them. However, there is also some substance to the claim that many may not be as well prepared financially and socially as they could be, nor in the best of health as they advance towards later life (Pond, Stephens, & AlPass, 2010; Swan, Friis, & Turner, 2008; Taylor, 2014; Warner, Doble, & Hutchinson, 2012). Furthermore, the sheer numbers of Baby-boomers with their varying lifestyles have become what Australian social commentator, Hugh Mackay (1997) labelled a ‘problem generation’. This may have an element of truth with regards to future demands to a country’s health budget, but it is slightly exaggerated given this cohort initiated actions resulting in changes to many aspects of society (e.g. education, economic, social justice, gender equality). The many changes along with an increasing and diverse array of lifestyle and leisure choices may contribute to the way Baby-boomers approach and possibly live their ‘older’ years.

Despite the many societal changes during the Baby-boomers’ lifetime, there are no guarantees they will enjoy a long and healthy life however. Changing patterns of modern ailments such as obesity and cardiovascular related diseases have intersected with declining physical activity, suggesting any real health gains from the many health promotion initiatives played out as the Baby-boomers grew up, may well have been erased, (Beard et al. 2016); Buckley, 2008; Ministry of Health, 2015; Menichetti, Cipresso, Bussolin & Graffigna, 2016; Olshansky, Passaro, Hershov, Layden & Carnes, 2005; Serrao, 2015; Smith, Orleans &

Jenkins, 2004). Thus, population ageing, coupled with the possibility of a higher prevalence of inactivity and conditions relating to diseases of older-age, is a concern in waiting (Rose, 2016).

By way of contrast, and although a common endeavour for many people in their latter years, as I write this introduction, thousands of Masters athletes are competing in the World Masters' Games in Auckland New Zealand, suggesting "becoming and being old is not what it used to be" (Tulle & Phoenix, 2015, p. 7). Although this rather 'serious' but 'playful' manner of engaging in life, along with numerous other ways of what could rightly be considered 'healthy' ways of ageing, the lifestyle choices of many Baby-boomers across the world remains a source of some concern. This has primarily evolved from the rise in research over the past decade or so into the potential extent of the ageing phenomenon (Aberdeen & Bye, 2013; Gluckman, 2013; He et al. 2016; Ministry of Social Development, 2001, 2011; Powell, 2010; WHO, 2015). A common outcome identifies the dilemma of how the needs of an ageing population might be better serviced. In its recent World Report on Ageing and Health, the WHO (2015) sums it up thus; "For the first time in history, most people can expect to live into their 60s and beyond. The consequences for health, health systems, their workforce and budgets are profound." (p. vii).

It is no surprise that a changing demographic is attracting increasing attention from many political, private and public organizations as well as individuals who are in their mid and later phase of life. What's more, no topic is devoid of the research lens, something evidenced by the rapidly increasing number of scholars contributing to the expansive knowledge base of gerontology. Some of the diverse themes include; Baby-boomer lifestyle trends, health and retirement decisions, challenges for advancing physical activity, notions and negotiations of 'successful' ageing, anti-ageing ideologies and practices, policy and positive ageing, the ageing body, women, exercise and consumerism. Within an ever-growing array of literature, a strong case is made for promoting and engaging 'older' adults in purposeful behaviours that are deemed to benefit one's health and well-being and an enjoyable 'old age'.

Physical Activity and the Active Ageing Agenda

Studies are replete with findings that confirm the many psychological, social and physical benefits that individuals accrue when physical activity is adopted and maintained as a lifestyle choice. Hence, as the western world turns grey, not only is physical activity engagement (primarily for health), attracting the interest of policy-makers, but so too is the notion of individual responsibility and self-reliance for 'healthy ageing' as emphasised in the New Zealand Positive Ageing Strategy (Ministry of Social Development, 2001, 2015). Subsequently, terms like 'successful', 'healthy' and 'active' ageing now frame a multi-faceted theme in the global strategy for the management of ageing populations (Beard, 2010; Bulow & Soderqvist, 2014; Department of Labour, 2006; Ministry of Social Development, 2001, 2011; Rowe & Kahn, 1997; Sport New Zealand, 2015; Stenner, McFarquhar & Bowling, 2011; World Health Organisation, 2015).

An ageing population along with the imperatives and 'new' norms through which Baby-boomer women are ageing, especially through leisure and physical culture, is thus, worthy of study. One reason for this is that in New Zealand as in other parts of the Asia-Pacific region, the number of women entering older age in forthcoming years is predicted to outnumber men (Ministry of Social Development, 2011; Serrao, 2015; WHO, 2009). Furthermore, the World Health Organisation Report on Women and Health, suggests women entering their later years should be viewed as a potential resource for society rather than being a social or economic burden (WHO, 2009). The WHO report also suggests their already many contributions to society in numerous roles, both as consumers and providers, will continue to rise in importance. But as many Baby-boomer women remain sitting on the periphery of older-age, it is important to learn more about what they do and think about with regards to their own physical, mental and social wellbeing. Subsequently, in the context of this study, attention is given to exploring the participants' perspectives about "what constitutes legitimate physical capital as we get older" (Tulle & Dorrer, 2011, p.1)

There is no denying that the ageing process itself is a biological one and this is why, traditionally, ageing bodies have been constructed as constituting the decline and disease ontology of ageing. But my own experience as an 'older'

Baby-boomer suggests however, there are also women in their mid-life years and older, re-storying their ageing. In the recreation and fitness facilities that I have frequented over many years, I see women who embody staying active as they age. However, I also know that this is a reality far removed from the norm even despite the evidence suggesting that activity in the physical form should take on greater, rather than a lesser significance, with age (Brown, Kristiann, Heesch & Miller, 2009; Codina, Pestana & Armadans, 2013; Hallal et al. 2012; Sport New Zealand, 2015). An increasing priority item on the research agenda therefore, is not only trying to better understand why the overwhelming trend of engagement rates in physical activity at levels of intensity deemed optimal for 'good' health declines as people age (Brawley, Rejeski & King, 2003; DiPietro, 2007, 2012; Roberts, 2006; WHO, 2015), but also how to interest more people in taking greater personal responsibility for managing their health and well-being as they age (Menichetti, et al. 2016).

In New Zealand national surveys consistently report approximately two thirds of older adults are insufficiently active to attain optimal health benefits and alarmingly, rates of inactivity remain higher for older women than men (SPARC, 2009; Sport New Zealand, 2015). Although the reasons for this remain unclear, most gerontology researchers support the notion that understanding the influences on the uptake and on-going engagement in physical activity as people age is a multi-dimensional phenomenon (Adams & White, 2005; Diogini, Horton & Baker, 2012; Dupuis & Alzheimer, 2008; Fernandez-Ballesteros, 2008; Grant & Kluge, 2012; Kennedy & Markula, 2011; Pond, Stephens, & Alpass, 2010; Strachan, Brawley, Spink & Glazebrook, 2010). There's no doubt that active-ageing involves a complex mix of different behaviours throughout the life course and it is possible that staying active may also be irrevocably connected to an ability to capitalise on the 'moving-self' throughout the life-course, that is, one's 'physical literacy' (Whitehead, 2010). According to Kretchmar (2001), this is "how one experiences and gives meaning to their physical activity participation that serves as a valuable ally in adherence" (p. 318). This however, still takes time, self-discipline, self-control and will-power (Crawford, 2006; Tulle & Dorrer, 2011).

Fit for ‘Old’ Age: Boomers on the Radar

Growing up in a time of incredible social and economic change, including increasing media scrutiny and representation of how they might be expected to “relate to, reflect and act upon their bodies” (Neville & Gorman, 2016, p. 148), means that moving into later life is not what it used to be for today’s women Baby-boomers. As young women in the 1970’s and early 1980’s, the last of the Baby-boomer generation were increasingly exposed to numerous messages, many from government agencies, about the health benefits of physical activity. These messages were further, but inadvertently, endorsed through new forms of media and television body ideals, such as those promoted by ‘*feel the burn*’ fitness pioneer, Jane Fonda. This generation were the first to be exposed to these ‘resist a sedentary lifestyle’ and ‘get active’ messages. A slightly more sophisticated approach involved the promotion of ‘fitness-cultivated body ideals’ that was supposedly a pursuable and idealised venture for women.

During the 70s and 80s when the fitness industry was emerging, exercise was framed just like other health related commodities and so ensuring good health ‘through fitness’ became a part of the mantra being embedded in a consumer-culture, which has also primarily targeting white ‘middle class’ women (Brabazon, 2006; Gilleard & Higgs, 2013; Hentges, 2014; Sassatelli, 2010; Waring, 2008). With refinement over time this has seen the fitness industry become what Smith-Maguire (2008a) describes as,

not so much a field for the promotion of healthy habitual social practice as it is a commodity forum for producing bodies that are fit for consumption – bodies that are ‘fit to consume’ and ‘fit to be consumed’ by others (p. 190).

More recently, Neville and Gorman (2016) have expanded the discussion and describe the fitness industry as a business that has “latched onto, transformed and stands today as an activity-identity-experience infrastructure.” (p. 148).

Over the past two decades an increasing number of socio-cultural women researchers have explored ‘older’ women’s experiences of physical activity participation (e.g., Codina, et.al., 2013; de Medeiros, 2005; Diogini, Horton & Baker, 2012; Griffin & Phoenix, 2016; Kennedy & Markula, 2011; Kirkby & Kluge, 2013; Kluge, 2002; Phoenix & Orr, 2014; Tulle & Phoenix, 2015; Vertinsky, 2002; Wheaton, 2016). Many of these studies suggest that there are multiple levels of influence on physical activity, especially for older women over 65 years. Identity and meaning are very much to the fore and invariably these are articulated as dimensions ranging from personal fulfilment and improved health, to the reflection on ethical decisions to act on their selves. But despite the richness of these studies and the role they have played in broadening knowledge about women’s active-ageing, many of them have been conducted on women already in ‘older age’ who are in a different cohort of Baby-boomers (i.e. over 65 years). Less is known about the subjective meanings that the Baby-boomer women, who are currently between 50 and 65 years, give to their physical activity experiences, especially within the domain of the fitness industry (Brabazon, 2006; Crossley, 2006; Dionigi & Lyons, 2010; Kennedy & Markula, 2011; Neville & Gorman, 2016; Phoenix & Grant, 2009; Tulle & Dorrer, 2011).

The Baby-boomer cohort is seen as an important market to ‘tap into’ by the fitness industry (Dale, Godinet, Kears, & Field, 2009; Ezy pay, 2015; Skills Active Aotearoa, 2016; Sperazza & Banerjee, 2010). This is something validated in the United States, whereby women over 50 years constitute the nation’s single fastest-growing group of exercisers (Club Industry, 2011; Milner, 2005). A not too dissimilar growth has also occurred in the Australian fitness industry. A few years ago the fitness industry sector organisation, Fitness Australia, reported that fitness activities and gym workouts are now the second most popular physical recreational activity after walking. Forty two percent of the users are younger females (25-34 years) but the biggest increase in users was those in the 45-55 year age group (Fitness Australia, 2012).

Exercising for fitness not only has cultural resonances but is also directly linked to consumption (Frew & McGillivray, 2005; Smith-Maguire, 2008a; Sassatelli, 2010). Hence, with the growth in numbers of Personal Trainers, those working

within the industry are increasingly being encouraged to target Baby-boomers with whom they will help to endorse their aspirations in working-out in a way that will (hopefully) lead to a healthy 'ageing' (Register of Exercise Professionals, 2017). This supports the scope within the exercise environment to have an influence on 'active' engagement in life (Rose, 2008), a viewpoint endorsed by a report on the 'Future of Fitness' (Dale, Godinet, Kears, & Field, 2009). Funded by the New Zealand based global fitness business, Les Mills World of Fitness, one of the key messages emerging from the report was that, "for most women, exercise is a means to other goals – health, longevity, beauty, spirituality and sociability chief among them" (p. 4). What this report over-looks however, is the paradigmatic perspective that complexities of ageing, as well as engaging in physical activity on a regular basis, are both a negotiated process. Hence, with limited information specific to the active-ageing experiences for Baby-boomer women in the domain of 'fitness', this became the *raison-d'être* for this study.

Inviting the Baby-boomer Women to Share their Stories

At the moment our understanding of the older (in)active body is couched mostly in the language of science, measurement and observation. Meanwhile, the subjective and less tangible knowledge about the 'older' persons' everyday experiences is mostly missing from the tale. Many 'truths' about ageing and physical activity experiences are, therefore, yet to be heard and, not surprisingly, there is an increasing emphasis in active-ageing research to expand the way meanings and values attached to physical activity experiences in which older people engage are considered (e.g. Brawley, et.al., 2003; Carr & Manning, 2010; Dionigi, 2006; Dionigi et.al., 2012; Grant & Kluge, 2007; Kluge & Orr, 2014; Markula, Grant & Denison, 2001; Menichetti, et. al., 2015; Phoenix & Grant, 2009; Tulle & Phoenix, 2015). Viewing 'older' people's experiences through an alternative paradigmatic lens could, according to Grant and Kluge (2012), enable a more personal perspective to be uncovered about the relationship between ageing, physical activity, and well-being.

Because the current images of later life tend to favour biological determinism as the prime way to view the ageing process, it is only natural that expectations for public health active-ageing interventions are typically defined by

policy makers and service planners taking evidence primarily from the biomedical paradigm (American Heart Association, 2013; Brown & Fry, 2011; Buman, Yasova, & Giacobbi Jr 2010; Grodesky, Kosma & Solmon, 2006; WHO, 2015). But this view is somewhat problematic because as Stenner, McFarquhar and Bowling (2011) argue, “these [policies] may diverge from the modes of thought of older people themselves” (p. 469). In the context of health-related behaviour change, Strachan et.al, (2010), have suggested more research should give some credence to the way people view themselves along with the meanings they attribute to their experiences.

The perspectives outlined above hold some relevance to those who provide recreation and physical activity programs for the ageing market, including service providers in the fitness industry, such as Personal Trainers. It seems as Cochran, Stoll, Goc-Karp and Beller (2008) contend, in the provision of physical activity programs for older people, greater participation in these programmes might occur, “when the views and perspectives of our participants are considered as the focal point of leisure programs and services” (p. 81). It is also possible that a broader perspective of physical activity and ageing well for Baby-boomers and older adults might need to be embodied in documents such as the Guidelines on Physical Activity for Older People (MoH, 2013). Although not suggesting such action will result in a change in participation rates, Bulow and Soderqvist (2014) argue that by providing alternative messages to the bio-medical emphasis on older age, a broader understanding about the way future active ageing may ensue.

Active-ageing is imbued with life-long personal, social and cultural meanings and inextricably connected to a sense of ‘self’ and identity (Dillaway & Byrnes, 2009; Seefeldt, Malina, & Clark, 2002; Strachan et al. 2010; Whitehead, 2010). This view supports the distant opinion of Blumer (1969) that “human beings act towards things on the basis of the meanings that the things have for them” (p. 2). In this case, a group of Baby-boomer women had all decided to engage a Personal Trainer so while their endeavours should be applauded, so too should their actions be captured and shared because they fall outside the mainstream of similarly aged women in the general population (Dontje, Krijnen, de Greef, Peeters, Stolk, van der Schans & Brown, 2016; Sport New Zealand,

2015). Hence, the research quest of this study is situated in the everyday experiences of women Baby-boomers and the meanings they give to the phenomenon of using a Personal Trainer.

The Study

This study is built around an acknowledgement that meaning is derived from life experiences and has the exploration of construction of ‘self’ at its core. A sense of self is ageless, contends Kaufman, (1986) because it connotes “an identity that maintains continuity despite the physical and social changes that come with older age” (p. 7). This inspired me as a novice researcher to grapple with the experiences in physical activity participation that people have over their lifetime, and as Reismann (2008), so aptly explains, “experience is the stories people live. People live stories and in the telling of them, reaffirm them, modify them and create new ones” (p. 155).

The over-riding aim of this study has been to explore, examine and provide insight into the active-ageing experiences of the participants. In choosing to be physically active and utilise the services of a Personal Trainer, the Baby-boomer women in the study have constructed and apportioned meaning to this everyday ‘reality’. At the core of the role of Personal Trainers’ are their client’s attitudes, goals, motivations and adherence for they believe one of their main roles is a mediator and motivator between the world of ‘fitness’ and ordinary everyday life (Sassatelli, 2010; Sweet, 2008). My premise for this study is that, as many western countries approach the ‘tipping point’ of a global cultural shift in recognizing the importance of exercise to the healthy ageing of Baby-boomers, although exercise behaviour interventions such as those advocated by Personal Trainers offer much promise, they are rarely studied.

Stepping away from the current, dominant, bio-medicalisation theme of ageing, this study draws on the tradition that socio-cultural and historical processes play an important role in how we experience and understand our lives, including the stories we tell, (Burr, 2003; Denzin & Lincoln, 2008; Gergen, 1985, 2009; Maines, Pierce & Laslett, 2008; Reismann, 2008; Smith & Sparkes, 2009; Willig & Stainton-Rogers, 2008). Hence, social constructionism offers the

epistemological basis for this study. Linked to Weber's philosophy on 'verstehen' or understanding, social constructionism is concerned with identifying the various ways that cultures construct social reality (Phillipson, Leach, Money & Biggs, 2008; Willig, 2008). It is a research approach that sits within the interpretive research paradigm, because it allows for the exploration and theorising of the ways in which particular beliefs and interpretations of the social life world have been shaped and situated by social, historical and political forces within society (Crotty, 1998).

The study offers a comprehensive insight of and understanding about how the world (using the services of a Personal Trainer) appears to a group of women Baby-boomers and what Willig (2008) suggests is "how they perceive and experience the world from their own perspectives" (p. 68). Consequently, the participants' voices are central to the findings for "it is all too easy to adopt a posture that treats the older person as an object of our studies rather than a human participant in the human journey" (Carlsen, 1996, p. ix). With all the above in mind, the prime purpose of the study is twofold;

- (i) to explore the meanings Baby-boomer women attribute to their ageing and to the role of physical activity in their lives
- (ii) to gain insights into their experiences of ageing actively through and with a Personal Trainer.

Structure for Thesis

Chapter Two follows with the literature review. It offers insight and critical analysis from a wide variety of authors on recent debates in related gerontology research. It also describes how active-ageing came to be positioned within ageing research and this paves the way for the study that follows. The chapter also presents a unique insight into Baby-boomer women and how they have become positioned within leisure and physical culture.

Chapter Three provides the theoretical foundations for the social constructionist research framework that guides this study. Theory plays an important role in positioning the study and extending its significance and my inquiry into sources of meaning in older age is shaped by social constructionism.

As Wolcott (1990a) suggests, “every social researcher needs structure or a conceptual framework through which to view, record and interpret social action” (p. 9). My adoption of a qualitative approach to achieve the central research aim is not without criticism and I rationalise my adoption of this approach here.

Chapter Four presents the research methods I utilised to gather, analyse and better understand the stories I listened to from each of the 18 women participants. No research can proceed without paying attention to ethical matters, concerns and the limitations that researching people poses. I discuss these here. I also present a brief, self-described ‘snap-shot’ of each study participant. Finally, I present my three themes which form the basis of my findings chapters.

In *Chapters Five to Seven* the study findings are presented. Each chapter represents one of the themes that emerged from the analysis process. The views and experiences of the participants are incorporated into my own interpretations of the women’s experiences as I sought to go beyond their spoken words, revealing ‘hard-to-find’ meanings not obvious during the initial analytical process.

Chapter Eight is presented as a discussion of the study findings and my location of these in the context of social constructionism. Meanings emerge not only from the individual perspective, but from the play of broader historical, social and cultural forces on these perspectives. So, in this study, for sources of meaning to assume conceptual reality in the present, past events have to be represented and interpreted, for them to become salient.

Chapter Nine is the conclusion. This chapter is titled, *A tale of (middle)-age reform and ‘love for fitness’*. In this chapter I integrate and interpret the study’s findings with the current ageing literature. But because my role as the researcher in this type of study is to capture the shared assumptions and therefore, the *essence* of physical activity in the lives of the Baby-boomer women, it is my ‘re-interpreted tale’ about their lives and experiences.

Chapter Ten offers my personal reflection about the relevance of this study to me and the wider context of Baby-boomers ageing and engaging in the domain of ‘fitness’. Here, I reflect in brief, on the ‘*so what*’ dimension that

primarily serves as justification for my study. As such, this chapter is titled, *Final Thoughts - Reflections from a Baby-boomer*.

Chapter 2

Literature Review

Introduction

Every day, the world grows older. Recently it was reported that globally, one in eight people was aged 60 or over with all countries expected to experience a steady increase over the next twenty years (United Nations, 2015). Even though the change is mainly due to an increase in life expectancy, different countries will experience these changes due to the effect of the masses of Baby-boomers (those born between 1946 and 1964) moving through mid-life into their ‘latter’ phase of life and lower rates of fertility. As a consequence, every country is witnessing a changing demographic and the emergence of an ‘ageing’ society. Because of this ageing phenomenon, what this means at a national, community and personal level may therefore, require some rethinking, for there will be an array of social, economic, political and science/medical implications that emerge (Beard et al., 2016; Christensen, Doblhammer, Rau, & Vaupel, 2009; Kohl et al., 2012; Kowal et al., 2012; World Health Organisation, [WHO], 2011). One factor influencing this re-thinking, is the Baby-boomers and although they might be pioneering long-living, as Beard et al., (2016) suggest, “longer life is an incredibly valuable resource. Yet the extent of the opportunities that arise from these extra years of life, will be heavily dependent on one key factor: health.” (p. 2145).

Although growing old is an inevitable but natural process, new challenges related to the growth of an older population have been surfacing for some time although many aspects of what this change may mean remains “unexplored territory” (Christensen et al., 2009; Gibson & Singleton, 2012, p. 6). There is also some uncertainty whether or not a perceived ‘tidal wave’ of non-communicable diseases (NCD’s) in the ageing Boomers may send government health budgets into turmoil (Aked, Marks & Cordon, 2008; Bloom, Boersch-Supan, McGee & Seike, 2011; Christensen et al., 2009; WHO, 2015). Meanwhile there is a concerted effort directed at finding ways to enhance behaviours that positively impact quality of life whilst minimising the not-so-good effects of health-related complications. One factor that has a role to play in this regard, is physical activity,

something recognised as positively influencing chronic disease prevention and improving health and wellbeing in older people (Beard et al., 2016; Franco, Tong, Howard, Sherrington, Ferreira, Pinto & Ferreira, 2015; Seefeldt et al., 2002). In fact, the evidence is unequivocal that physical activity has so many benefits for the health in older populations that physical *inactivity* is now classified as a major health risk (WHO, 2015).

It is important to remain healthy throughout one's life and as the Baby-boomers are the next older generation, there is increasing attention being directed at them to become and/or remain physically active on a regular basis (Menichetti et al., 2016; National Institute on Aging, 2015). In so doing, this ideal has fostered the need to explore and understand more broadly a whole range of matters about the 'ageing well' paradigm, (e.g., Aberdeen & Bye, 2011; Dionigi & Son, 2017; Heath, et al. 2012; Fernandez-Ballesteros, 2008; Franco et al. 2014; Gluckman, 2013; Hudson, Day & Oliver, 2015; MacNeil & Gould, 2010, Phoenix & Griffen, 2015; Grant & Kluge, 2007; Paulson, 2005; Seefeldt, et al., 2002).

Similar to other countries, there are a number of matters arising that warrant attention from New Zealand's ageing population. This includes the premise that dealing with long-term health conditions in an ageing population is a particular challenge in the New Zealand context (Ministry of Health, 2016). Hence, in recent years, the biomedical view of ageing has expanded to ensure more kudos is given to the importance of lifestyle choices and the potential for older people to continue living independent active lifestyles. In New Zealand, this was endorsed by the government's science advisor, Sir Peter Gluckman (2013), who suggested there was a need for greater emphasis on 'ageing-well' research. In effect, he recognised that there are biological, psychological and social components to ageing well into the advanced years and our knowledge would benefit from the adoption of a more integrated and diverse research strategy. This is encouraging, because for many years, ageing has predominantly been positioned as a deficit model and subsequently viewed through the lens of biomedical decline (Kaufman, Shim & Russ, 2004). Hence, much less attention has been given to alternative perspectives on the way people experience ageing and the meanings they attach to the everyday experiences of being an 'older'

person. This requires grappling with subjective knowledge and in the case of this study, with particular regard to the place of physical activity in one's lifestyle. It is within this context, that I present a review of the literature pertinent to this study.

The growing 'angst' about global ageing

It is somewhat ironic that perhaps one of the greatest achievements in global health is suggested as contributing to impending social and economic chaos for many western societies in the decades to come. According to the World Health Organisation's [WHO] Global Health and Aging Report (2011), the increase in average life expectancy during the 20th century is ranked as the most significant achievement in humanity, but herein lies the problem. Better living standards, immunisations, improved public health and medical care, more nutritious diets and improved education on healthful living practices have all contributed to people living significantly longer lives than in previous decades (Bloom et al., 2011; Powell, 2010; WHO, 2015). Hence this achievement, coupled with declining fertility rates (the world's total fertility rate fell from 5.0 children per woman in 1950 to around 2.5 today and is projected to drop even further to 2.2 by 2050, [WHO, 2011]), and the ageing of the Baby-boom generations (large cohorts of children born after World War 2 in several countries), has resulted in a formidable and new global phenomenon - unprecedented population ageing (Bloom et al. 2011; Kowal et al. 2015; Pond et al. 2009; World Health Organisation, 2011). At the global level, the United Nations (2015), estimate that the number of people over the age of sixty years will double by 2050 to a staggering 2 billion, many of whom will reside in less-developed nations (WHO, 2015).

Whilst Stephenson and Scobie (2002) contend that the effects of population ageing are not straightforward to predict, the over-arching problem states Fry (2009) is that "increasing cohorts of older people are feared as having the potential to bankrupt nations faster than military conflicts." (p. 510). Although this has not been immediately visible, the World Health Organisation (2015) concur, stating that "For the first time in history, most people can expect to live into their 60s and beyond. These extra years of life and demographic shifts have profound implications for each of us, including the societies we live in" (WHO,

2015, p. 3). Furthermore, in some countries, the sheer number of people entering older ages will challenge national infrastructures, particularly health systems. The salient point here, is that research on the health status of mid-life Boomer's in many countries, including New Zealand, (MoH, 2012) is not entirely a heartening read.

Compared to their predecessors, it appears that the last of the Baby-boomers to head into older age, (those between 50 – 63 years) living in the United States, Australia, United Kingdom and New Zealand are more likely to be obese and suffer from mental illness (Buckley, 2008; Dontje et al., 2016; Rice, Lang, Henley & Melzer, 2011; WHO, 2011; Ministry of Health, 2007). Despite Frank Shaw's (2002) contention that people over the age of 65 years are self-reporting as 'healthy', Robotham (2011) argues that obesity, physical inactivity, depression and Type 2 diabetes is on the rise in the mid-life age group. Furthermore, there does not appear to be any great improvement in the health status of the current mid-life Boomers in comparison with previous cohorts, except in the area of cardiovascular health. This is acknowledged by research from the World Health Organisation's (2006, 2011) Multi-country Survey on Global Ageing and Adult Health (SAGE), which reports similar trends in patterns of risk associated with poorer health as people age. Labelled as the most comprehensive multi-country study into the health of future older populations, SAGE involves nationally representative cohorts of respondents aged 50 years and over in six countries (China, Ghana, India, Mexico, Russia, and South Africa), who will be followed as they age. The first wave of SAGE data collection (2007-2010) has been completed, with future waves planned for 2012 and 2014. The data show that the percentage of people with at least three of six health risk factors (physical inactivity, current tobacco use, heavy alcohol consumption, a high-risk waist-hip ratio, hypertension, or obesity) rises with age, but the patterns and the percentages vary by country with South Africa being most at risk (National Institute on Aging, 2012). This first release of data supports the economic expectation by many developed and developing countries, including New Zealand, (Stephenson & Scobie, 2002) that although increased life expectancy is one of the celebrations of modern medicine, it may well be, as forecasted, that whereby the next generation of older people may live longer, many are currently ageing in a poorer state of

health. It is this harsh reality that is hastening the need for evidence-based health promotion interventions and messages to be targeted more meaningfully towards the last of the Baby-boomers to reach older age (Neilson & Boomagers, 2012).

The three drivers of population ageing in New Zealand are the same as the causes of population ageing communicated in the World Health Organisation report – an increase in life expectancy, lower fertility rates and the ageing of the Baby-boom generation (Cornwall & Davey, 2004; Davey, 2003; Ministry of Social Development, 2011; Statistics New Zealand, 2013; Stephenson & Scobie, 2002; Waldegrave & Koopman-Boydman, 2010). Most babies born in 1900 did not live past fifty, but continuing improvements in disease prevention, medical care and public health over the last century means that the progressive survival of subsequent generations has added years to the length of the human life span. Over a decade ago the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) predicted that due to improvements in health care over the last century, successive cohorts reaching old age may experience much better levels of health and longevity than previous generations (Rice et al., 2011; UNESCAP, 1998).

Between 2011 and 2021, Statistics New Zealand suggest that the population aged 65 and over is expected to grow by 215,000 as the Baby-boomers enter this age group, then between 2021 and 2031, by a further 250,000. By 2051, the Ministry of Social Development predict that there may well be 1.18 million people aged 65 and over living in New Zealand, making up 26% of the population of all New Zealanders (Ministry of Social Development, 2006; Ministry of Health, 2007; Statistics New Zealand, 2013). With the general view that “old age is associated with increasing chronic and acute ill-health and the onset of disability” (Davey, 2003, p. 4), one concern from politicians lies with the provision of health and social services (Cornwall & Davey, 2004; Ministry of Health, 2012; Pond et al., 2010). Justifiably then, many challenges may confront political, social, health and economic strategy as there is a transition into previously uncharted demographic waters (Bloom et al., 2011; WHO, 2015).

Why now?

Despite the fact that reaching a ‘good’ older age is not a modern phenomenon, the question must be asked, why is it considered to be such a potential problem now? The answer to this partially lies with the rapid rise of chronic non-communicable diseases (heart disease, stroke, cancer and diabetes) in adults from mid-life (Bloom et al., 2011; Ministry of Health, 2008; Rice et al., 2011; WHO, 2011), as well as increasing senile dementia and depression (Rice et al., 2011; Robotham, 2011; WHO, 2011). Although, it is often assumed that increasing longevity is accompanied by an extended period of good health, the evidence that Baby-boomers are experiencing better health than their parents is less encouraging. These concerns, coupled with families who are no longer able to care for their elderly members, extends the assumption that ageing Baby-boomers in poorer health may impact on countries, such as New Zealand, causing these countries to “grow old before they grow rich.” (WHO, 2011, p.5). In which case, it is not old age *per se* that may result in increasing health costs and demands, but the increased survival of people with poor health into old age (Bloom et al., 2011; Robotham, 2011; WHO, 2011). Today, this is what frames the fiscal and social concerns associated with ageing societies, but it is not the only view.

Despite much political uncertainty and anxiety surrounding the sheer volume of people heading into older age globally over the next few decades, not all researchers agree with the rhetoric of old age as often associated with ill health, long-term disability and financial burden (The Australian Centre for Social Innovation, 2016; Bloom et al., 2011; Dillaway & Byrnes, 2009; Gillon, 2004; Gergen & Gergen, 2000; Gilleard & Higgs, 2007, 2015; Grant & Kluge, 2007; Laslett, 1989; Mullan, 2002; Powell, 2010; Ministry of Social Development, 2006, 2011; Ministry of Health, 2010; Rowe & Kahn, 1997; Shaw, 2002; Stephenson & Scobie, 2002; van der Pas & Koopman-Boyden, 2010; WHO, 2015). According to Gilleard and Higgs (2007), it’s a generational difference and, “understanding the role of the sixties’ cultural revolution offers a broader conceptual understanding of the transformation of later life, than that provided by the restrictive framework of a baby-boom cohort” (p. 13). Hence, the population ageing story may only be just the beginning.

Is 70 really the new 60? The turn towards ‘successful ageing’

Ageing is not an illness. The elderly are becoming healthier generation by generation as a result of both their early life experiences and medical advances. We are not just living longer, but staying healthier. (Shaw, 2002, p. 10)

Today, a growing number of gerontology researchers agree that demography is not necessarily destiny, especially for the Baby-boomers who are now entering ‘older age’, i.e. over 65 years (Bloom et al., 2011; Buckley, 2008; Gilleard & Higgs, 2007; Grant, 2009; Mellor & Rehr, 2005; Overall, 2003; Phoenix & Griffin, 2015; Rikli, 2005; Robotham, 2011; Shaw, 2002; The Australian Centre for Social Innovation, 2016; WHO, 2015). A great deal of research has already explored what it means to ‘age well’ (Rowe & Kahn, 1997; WHO, 2015) and according to Gilleard and Higgs (2007), Peter Laslett’s (1989) book, *A Fresh Map of Life*, was seminal in identifying the ‘third age’ as a key development in the transformation of later life in contemporary society, giving some resonance to the ‘successful ageing’ paradigm, developed by Rowe and Kahn (1987). These views and others, have subsequently resulted in the view that because individual’s experiences and lifestyles are so diverse and because people are shaped by socio-economic factors and lifestyle choices, ‘new’ ways of ageing for the last of the Baby-boomers are possible. A recent Baby-boomer research report conducted by the Australian Centre for Social Innovation (2016), supports this perspective when stating:

the old adage ‘you’re only as old as you feel’ has some truth to it. Age is not just a matter of how many years you’ve lived, or of how young or old you feel. It is as much about who you are, who your ancestors are (those people who provided your genetics!) and where and how you live your life. (p. 8)

Whilst Laslett’s book may have popularised the idea that a new stage of older age was possible, perhaps the genesis of these views began as far back as

1974, when renowned gerontologist, Bernice Neugarten drew a distinction between the ‘old-old’ and the ‘young-old’ based on the rapidly changing age distributions in industrialised societies (Gibson & Singleton, 2012). Her work, along with Laslett’s, led to the development of a promising set of studies on ‘productive’ ageing in America by Gerontology pioneer Robert Butler, founder of the National Institute of Ageing in 1975 (Dillaway & Byrnes, 2009; Katz, 2002). In summarizing the findings reported by Butler, gerontologists, Rowe and Kahn, (1997) advanced this work and put forward a model of ‘successful ageing’. Their intentions were to provide scientifically grounded parameters for understanding ‘good’ health and wellbeing across the life course and goals for constructing a framework for interventions. Since this time, the term ‘successful ageing’ has been used in varying ways in gerontology. Although the term built on Butler’s earlier ‘productive ageing’ definition (avoidance of diseases or disease susceptibility, high cognitive capacity and active engagement with life), ‘successful ageing’ was put forward by Rowe and Kahn (1997) as a new multi-dimensional paradigm which encompassed three components of what was believed to be ways for ageing ‘successfully’. These components included: low probability of disease and disease-related disability, high cognitive and physical functional capacity and active engagement with life. Within each component were sub-components, such as the low probability of disease risk factors, the potential for activity, interpersonal relationships and productive activity. In putting forward this model, Rowe and Kahn established the catalyst for future intervention studies to “identify effective strategies that enhance the proportion of our older population to age successfully” (p. 439). So evolved, a key aspect in the celebration of longevity - the maintenance of ‘good’ health through a number of dimensions, of which staying physically active became one of the mainstays for ageing ‘successfully’ (Kirkwood, 2001).

For many years, the model of successful ageing positioned older people as minimising disability and leading disease-free lives. In a sense, this means being able to ‘compress their morbidity’ into the last years of life. There is however, a danger in such a construction, for it reinforces ageing primarily as a biomedical matter to be treated accordingly. Twenty years on, the ‘successful ageing’ model is not without its critics, (Bulow & Soderqvist, 2014; Katz & Calasanti, 2015;

Mendes, 2013; Timonen, 2015; Warner, Doble, & Hutchinson, (2012), even though, it was fundamental in leading a shift away from a negative paradigm of old age, towards a positive view of old age as “a natural component of the life span” (Bowling & Dieppe, 2005, p. 2). In so doing, the ‘successful ageing’ model highlighted a need for the development of “policies and interventions which encourage more healthy lifestyles and discourage a reliance on advanced medical technologies to ameliorate potentially avoidable chronic and disabling conditions” (Buckley, 2008, p. 75). As such, a more critical eye was given to the perspective that many of the social and economic concerns of older age may stem from the type of society that we live in (Bengtson et al., 2009; Fry, 2009; Gilleard & Higgs, 2007; 2013), including, “how we continue to use our bodies as we become older” (Tulle & Phoenix, 2015; p. 8). Most pragmatically though, it was also imagined that if the Baby-boomers might retain their health and if they live in environments that encourage and support them to remain physically and socially active, the trade-off may well be a number of positive economic spin-offs (Beard, 2010; WHO, 2007).

To this day, the notion of ‘successful ageing’ permeates society (Bulow & Soderqvist, 2014) and is now synonymous with a variety of terms including ‘active ageing’, ‘positive ageing’, ‘ageing well’, ‘healthy ageing’ and ‘balanced ageing’. As well, ever since the WHO emphasised the concept of active ageing in 2002, defining it as a process in which autonomy and independence are maintained and quality of life and better health is enhanced (WHO, 2002), research into ageing ‘successfully’, including active ageing, has gathered momentum. But not everyone has been supportive of a growing and generalised ‘successful ageing’ rhetoric. With many of the terms which allude to ‘successful ageing’, being used in a variety of contexts – social, political, cultural and commercial, critics from a number of quarters have challenged Rowe and Kahn’s (1997) model, not only for paying insufficient attention to the voices of older people themselves but for the widespread promotion of anti-aging culture. For example, Dillaway and Byrnes (2009) contend that Kahn and Rowe controversially popularised the conceptualisation of the term ‘successful aging’ based on their political and business motivations of the day by arguing that

primarily, this was to mobilise older people into more healthful activity pursuits thus mitigating the economic ramifications of an ageing society.

There is considerable agreement that the term ‘successful ageing’ needs to be countered against “other perspectives, structures and social locations that older adults occupy” (Dillaway & Byrnes, 2009, p. 717). Much of this opinion resides with the criticism that the discourse of successful ageing not only marginalises those who are already in poor health, but is problematic with respect to its quantifiable aspects which takes precedent over the subjective experiences of older people (e.g., Dillaway & Byrnes, 2009; Dionigi & Son, 2017; Franco et al., 2015; Fry, 2009; Grant & Kluge, 2007; Katz & Calasanti, 2015; Liang & Luo, 2012; Phillipson et al., 2008; Phoenix & Grant, 2009; Phoenix & Sparkes, 2008; Pruchno & Carr, 2017; Scanlon-Mogel & Roberto, 2004; Timonen, 2016). This becomes especially so, contends Grant and Kluge (2007), when “today’s older [over 70 years] population were not socialised into or expected to...conform to a health regime defined by a scientific discourse.” (p. 403). More recently, others offer critiques with a different perspective. For example, Butler et al., (2010) and Liang and Luo (2012) and Timonen (2016) argue that with the development of the ‘successful’ ageing paradigm emerging from primarily Western influences, there is also a lack of cross-cultural emphasis. Furthermore, other authors suggest that the ‘successful ageing’ paradigm has led to growing emphasis being placed on vitality, activity and body transformation ideals in a consumer driven anti-ageing society (Cardona, 2008; Frew & McGillivray, 2005), which, as Tulle and Phoenix (2015) contend, “raises inflated hopes about the potential of physical activity to alleviate the bodily changes associated with physiological ageing” (Tulle & Phoenix, 2015, p. 8).

In whatever way ageing in the future is considered, the last of the Baby boomers are now approaching their 60’s and entering a later life characterised by sophisticated technologies and lifestyle choices that can extend as well as, enhance life. Furthermore, many live in communities where greater attention has been, and continues to be, paid to health promotion initiatives (Fernandez-Ballesteros, 2008; Gilleard & Higgs, 2013; Menichetti et al., 2016). The interest in the Boomers’ capacity to ‘age well’ and enhance their quality of life, therefore,

has, not surprisingly, been gathering momentum. Particularly when, as a number of researchers suggest, one's state of well-being in later life is paradoxically seen as both naturally determined and a matter of personal choice, although recognising that this differs at an individual level (Dionigi et al., 2012; Dupuis & Alzheimer, 2008; Grant & Kluge, 2007; Pond et al., 2010; WHO, 2015).

Health promotion for all: Physical activity gets a prompt

The Baby-boom generation have been described in many ways including as an “independent, politically active, campaigning generation” (Robotham, 2011, p. 135), but most importantly, they are also tomorrow's seniors'. How one ages is the key theme of Kirkwood's (2001) bio-medical defence that “we are programmed for survival rather than death” (p. 3). In publishing his book, *The end of age: Why everything about ageing is changing* (2001), he has challenged researchers who have an interest in understanding ageing to take this perspective. This included embracing the scientific perspective on the enhancement of longevity through the management of exercise and nutrition, a notion that has inspired wide-ranging debate on not only how we age, but how we might survive. Subsequently, in recent times, there has been an emergence of a more inter-disciplinary perspective of ageing, especially with regard to the capacity of the next cohort of older individuals, the mid-life Baby-boomers, to *age well* (Beard et al., 2016; Blaikie, 1999; Buckley, 2008; Cornwall & Davey, 2004; Cruickshank, 2003; Dillaway & Byrnes, 2009; Gilleard & Higgs, 2015; Grant, 2001, 2008a; Katz, 2002; Kirkwood, 2001; Rice et al., 2010; Robotham, 2011; Rudman, 2006; Tulle, 2008; WHO, 2015).

A plethora of research now supports involvement in leisure activities of the physical kind as mitigating against risk factors for a number of the current lifestyle diseases, (Baxter, Johnson, Payne, Buckley-Woods, Blank, Hock, et al., 2016; Beard et al., 2016; Chodzko-Zajko, Proctor, Fiatarone, Minson, Nigg, Salem, & Skinner, 2009; Dupuis & Alzheimer, 2008; Earnest, Johannsen, Swift, Lavie, Blair, & Church, 2013; Hallal et al., 2012; Heath, Parra, Sarmiento, Andersen, Owen, Goenka, Montes & Brownson, 2012; MoH, 2013; Pond et al., 2010; United States Department of Health & Human Services, 1999; WHO, 2015). Thus, it is no surprise that many Boomers are being encouraged to adopt

physically active lifestyles, giving emphasis to activities that are both long-lasting, contribute to one's health as they age and enhance self-reliance. However, the emphasis on physical activity participation may be somewhat erroneous for this generation of Boomers. This is because, growing up in the 1960's to 1980's, knowledge about the importance of undertaking physical activity for 'good health' was widely promoted, so in reality, should come as no surprise.

Although national 'fitness' campaigns first emerged across Britain, New Zealand, Australia and Canada in response to the need for physically fit individuals for World War 2 efforts (McDonald, 2011), the advent of activity and exercise recommendations dedicated to the promotion of physical and cardiovascular health to advance population health (Gilson, 2003), were gaining traction during the 1970's. Expert panels and committees from a variety of health and fitness oriented organisations in most western countries began to recommend physical activity programmes for improving personal physical performance. Not only was medical technology advancing in cardiovascular medicine, but studies were emerging in the field of cardiovascular disease describing lifestyle factors which helped to mitigate the risks of communicable diseases (Dawber, Meadors & Moore, Jr., 1951). Subsequently, by 1978, promotion of ways to improve health through physical activity was given much more credence following the release of 'The American College of Sports Medicine (ACSM) Guidelines for Developing and Maintaining Fitness in Healthy Adults' (American College of Sports Medicine, 1978; United States Department of Health & Human Services, [USDHHS], 1999).

Growing up between the late 1950's and 1970's, the Boomers who are now in their 50's and 60's, have been well versed on the need to engage in more healthful lifestyle behaviours, including physical activity (Buckley, 2008; McKay, 1997; Neilson Company & Boomagers, 2012; Phillipson et al., 2007; WHO, 2002). As Crawford (2006) notes, it was a period of time whereby the term 'health' became "something about which one had to become informed" (p. 408). Aspirations to "live more healthfully" or to "get in shape" (p. 408) were not simply the result of an ideology promoted from government agencies (ACSM, 1978; American Heart Association, 1972). This idea was also popularised by

medical experts such as Dr Kenneth Cooper (Cooper, 1970; Russo, 1978), providing what Crawford (2006) contends, was a “moral compass for people who came to believe that working on the self by working on the body was not only regenerative, but a way to get one’s life together.” (p. 408). Throughout the 1970’s and 1980’s the pursuit of a ‘healthy lifestyle’ primarily meant engaging in physical activity in the pursuit of ‘fitness’. Of pertinence to this study, is Crawford’s (2006) view, that the 70’s and 80’s were an important catalyst for women’s health and fitness, as messages to improve fitness appealed to women breaking out of traditional domestic roles and embarking on professional careers. Many others, contends Crawford (2006), were also attracted to a post-sixties puritanism, seeing the pursuit of health and fitness as a way to lose weight, look good and feel better. In these ways, says Crawford, “personal responsibility for health became hegemonic” (p. 409). This fostered additional exercise studies conducted with middle-aged and older persons, demonstrating that people in these cohorts could also achieve improved cardio-respiratory performance and health benefits simply by engaging in moderate levels of physical activity (Bouchard, Shephard, & Stephens, 1994; USDHHS, 1999).

In subsequent years, there has been extensive research linking physical activity and exercise to health benefits. In the United States this led to a strategy emerging in 1991, wanting to prevent disease through partaking in regular exercise. Known as the ‘Healthy People 2000’ report (USDHHS, 1999), it promoted a new ‘prescriptive’ approach to physical activity, i.e., sustained aerobic activities performed for 30 minutes or more on three to five days per week. By 1996, such was the extent of expert opinion linking cardiovascular disease to inactivity and poor dietary habits, that the Office of the United States Surgeon General released a landmark document entitled ‘Physical Activity and Health: a report of the Surgeon General’, (USDHHS, 1996). In an unprecedented effort, the report represented the most comprehensive analysis of research available at the time linking physical activity with positive bio-medical and psychological health outcomes. Three of their conclusions were:

- People who are inactive can improve their health and well-being by becoming even moderately active on a regular basis.
- Physical activity need not be strenuous to achieve health benefits.

- People who are already physically active will benefit even more by increasing the amount (duration, frequency, or intensity) of physical activity. (USDHHS, 1999, p. XX)

As well as increasing dialogue from expert panels and committees linking physical inactivity with modern lifestyles, the focus on national campaigns and other promotional events aimed at *getting people moving* was unprecedented. At the time, even President Jimmy Carter urged the population towards becoming physically active, saying, “Regular physical activity enhances both personal health and the vitality of our society. Establishing such activity as a habit for all our citizens must be a national priority” (USDHHS, 1999, p. xvii). It is however, worth keeping in mind the majority of data available at the time was drawn primarily from ‘younger’ adults and that was assumed to extrapolate to ‘older adults’.

Trying to get a diverse population to embrace scientifically defined prescriptive activity inevitably proved problematic however, and for those in their mid-life years, this continues to this day (Kelly, Martin, Kuhn, Cowan, Brayne & LaFortune, 2016; Menichetti et al., 2016). A plethora of health behaviour studies emerging throughout the past two decades inform us that the reality for many people is that there is no easy or obvious solution to making regular physical activity an attractive lifestyle choice, especially as individuals age (e.g. Biddle & Mutrie, 2008; Buckworth & Dishman, 2002; Eyster, Brownson, Donatelle, King, Brown, & Sallis, 1999; Marcus & Forsyth, 2003; Heath et al., 2012; Kahn, Ramsey, Brownson, Heath, Howze, Powell, Stone, Rajab & Corso, 2002; Menichetti et al., 2016; Raglin & Wallace, 2005; Wing & Jakovic, 2000; Wing & Jeffrey, 1999). So, although physical activity takes on greater, rather than a lesser significance with age (Chodzko et al., 2009; DiPietro, 2007; Grant, 2008; Grant, James, McLean & O’Neill, 2007; Seefeldt et al., 2002), the overwhelming trend of engagement rates in physical activity at levels of intensity deemed optimal for ‘good’ health have been declining (American Heart Association [AHA], 2007; Kohl et al, 2012). This is confirmed by nationwide surveys of physical activity levels of adults, both here and abroad (Hallal, Anderson, Bull, Guthold, Haskell & Ekelund, 2012; Seefeldt, Malina & Clark, 2002; Sport & Recreation New Zealand, 2008; Sport New Zealand, 2015). For example, results from the

2013/2014 Active New Zealand Survey indicate that older adults, particularly women (50 years and over), participate in physical activity and recreation less than other segments of the population with less than half (48.2 percent, i.e. women, 44%; men, 52%) of adults achieving New Zealand's national physical activity guideline, that is, they participated in at least 30 minutes of moderate intensity physical activity on five or more days of the week. Whilst ethnic differences in physical activity patterns were present, inactivity levels were most high among Asian adults (Sport and Recreation New Zealand, 2008).

Despite increased efforts by governments to encourage habitual physical activity there is a tendency for people to reduce their physical activity as they move through adulthood into older age (Bauman, Reis, Sallis, Wells, Loos, & Martin, 2012; Dishman, Washburn & Heath, 2004; Grant et al., 2007; Grodesky, 2006; Roberts, 2006; Sport New Zealand, 2015). Similarly, the Australian Longitudinal Study on Women's Health suggests that the downhill trend in physical activity for women, begins from the early 50's onwards and when early lifestyle disease is present, physical activity participation declines further (Church, Martin, Thompson, Earnest, Mikus, Blair, & Sorensen, 2009; Dontje, Krijnen, de Greef, Peeters, Stolk, van der Schans and Brown, 2016). This continues to support the claim, by Kelly (1993) over two decades ago, that "no type of leisure activity is more likely to be abandoned or avoided by the old as regular physical exercise" (p. 123).

Support for Boomers: Challenges for turning 'knowing' into (in)action

With greater promotion of physical activity emerging as a priority for public health agencies globally since the 1970's, interest in exercise adherence research has become a significant field of enquiry since the early 1980's. With this type of research consistently claiming that over half of new exercisers revert to their previous less physically active lifestyle within the first six months (Bauman, Reis, Sallis, Wells, Loos & Martin, 2012; Biddle & Mutrie, 2008; Buckworth & Dishman, 2002; Dishman, 1994; Menichetti et al., 2016; Weinberg & Gould, 2003), a large number of studies exploring demographic, psycho-social, behavioural, social and environmental correlates and determinants of physical activity behaviour now underpin community physical activity intervention

strategies. In comprehensive reviews of the exercise adherence literature over a decade apart, (Seefeldt et al., 2002; Menichetti et al., 2016), it is noted that a number of social, biological and environmental variables operate as consistent determinants of physical activity behaviour in adults.

Acknowledging that there are many factors influencing long-term engagement in physical activity, reporting of the determinants and correlates of physical activity behaviour have been useful in health-behaviour research. Mostly, the integration of these determinants and correlates have led to the development of several theories which assist in providing a theoretical framework for the design and initiation of public health physical activity intervention strategies, (Bauman et al., 2012; Biddle & Mutrie, 2008; Menichetti et al., 2016; Seefeldt et al., 2002). Although Bauman et al., (2012) challenge that the interpretation of exercise adherence evidence has not been consistent as many studies only assess “statistical association, rather than providing evidence of a causal relationship between factors and physical activity” (p. 258), on the whole, the authors’ claim knowledge about all types of influence on physical activity behaviour “can inform development of multi-level interventions to offer the best chance of success.” (p. 258).

Exercise adherence research in the late 1980’s reported that the determinants attributed to successful physical activity interventions targeting adults, consistently included social support, removing barriers and positive self-efficacy for exercise. Today, these determinants remain the same, (Bauman et al., 2012; Menichetti, et al., 2016; Sallis, Cervero, Ascher, Henderson, Kraft & Kerr, 2006). Thus, intervention programmes that focus on these dimensions, should ideally be expected to lead to changes in physical activity behaviour (Bauman et al, 2012), but this is not the case. Baby-boomer health status data (WHO, 2011), suggests that many are not translating knowledge from the scientific discourse about the benefits of physical activity with age into action. Perhaps this can be partly explained by understanding that physical activity interventions that are most successful are noted as those that meet a range of criteria. These include, the tailoring of programmes to meet individual (age and cultural) needs, account for personal levels of fitness, allow for personal control of the activity, provide for

social support as well as take an ecological approach to creating active living communities (Biddle & Mutrie, 2008; Buman et al., 2010; Menichetti, et al., 2016; Sallis et al., 2006; Seefeldt et al., 2002).

Despite a vast array of knowledge underpinning a number of public health physical activity behaviour interventions over the past two decades, there can be no real claims to success (Bauman et al, 2012; Menichetti, et al., 2016). This echoes much of the health and physical activity participation research which indicates that population levels of physical activity are not really any further ahead than they were a decade ago, resulting in a rise in both obesity and Type 2 diabetes levels in many western populations which have reached epidemic proportions (Sport New Zealand, 2015; WHO, 2015). This reflects Grodesky et al., (2006) contention, that there is no single theory or intervention that can “truly capture an individual’s motivations and behavioural patterns” (p. 327), when it comes to being physically active. This is a view shared by Adams and White (2005), who insist that because being physically active is multi-dimensional and a “complex mix of different behaviours” (p. 240), knowing more about how to get people to engage in it requires further exploration. Similarly, when it comes to engaging older people specifically, into health-related lifestyle behaviours such as physical activity, Menchetti et al., (2016) contend, many current interventions only address ‘singular specific components’. Consequently, fitting the many pieces of the ‘activity puzzle’ together is an endeavour fraught with many challenges.

In the case of the Baby-boomers, when it comes to disentangling the complexities of physical activity behaviour irrespective of how one engages or ages, it is not straight-forward (Rose, 2016). With research from both Australia and New Zealand supporting the current rise in obesity and its co-morbidities of Type 2 diabetes, hypertension, chronic sleep apnoea and depression in adults over the age of 50 years (Buckley, 2008; Dontje et al., 2016; MoH, 2010, 2012; WHO, 2016), it would appear that the health status of ageing Boomers is not congruent with their supposed life-time knowledge of the need for regular physical activity for health. Even researchers, who, through an attempt to recognise the value of intermittent activities of daily living, called ‘Active Living’, promote daily

physical activity, concede that this has not been as successful as first contended in raising activity levels of populations (Codina, Pestana, & Armadans, 2013; Bauman et al., 2012; Bauman et al., 2016; Menchetti et al., 2016). Thus, any optimism of Baby-boomers independently pursuing active ‘fit’ lives throughout their life-time, despite knowledge that physical activity is *good for you*, may well be misplaced.

As economic concerns accelerate about the possible long-term health of the last of the Baby-boomers, there is a call from an increasing number of researchers to embrace a more holistic understanding about the complexities of the ageing process. This includes giving greater attention to the subjective experience of people’s engagement in active lifestyles and how this changes with age (Franco, et.al., 2015; Markula et.al., 2001; Menchetti et al., 2016; Phoenix & Griffin, 2015). This focus is crucial, because this Baby-boomer cohort is nearing retirement over the next decade and exploring the subjective experience of this cohort may enhance our understanding about how they might become active actors in their own health and wellbeing (Phoenix & Griffin, 2015). This reiterates Grant and Kluge’s (2007) assessment that current physical activity interventions may be proving inadequate for many older people, because most strategies, “rely solely on the dominant scientific discourse.” (p. 410). This is of limited use by itself to advance increased participation, say Grant and Kluge (2007), because it misses many social, cultural and personal perspectives which are increasingly attributed to *why people become or remain active as they age*.

Encouraging Baby-boomers to take responsibility to increase their physical activity prior to and after retirement is a worthwhile message to continue to promote. With ‘lack of time’ repeatedly noted as one of the main barriers to active lifestyle participation by adults, (Brown et. al., 2009; Codina et.al., 2013; Hawley-Hague, Horne, Campbell, Demack, Skelton & Todd, 2013; Seefeldt et al., 2002; Sport New Zealand, 2015), the transition to retirement, as well as retirement, is being increasingly targeted to mid-life Boomers as an opportune time to promote increased leisure-time physical activity (Hirvensalo & Lintunen, 2011). Although the retirement ‘goal-posts’ are suggested to be shifting for healthy, ageing Boomers, (Coleman, Hladikova, & Savelyeva, 2006; The

Australian Centre for Social Innovation, 2016; Waldegrave & Koopman-Boyden, 2010), impending retirement is recognised as an opportune time for people to (re) examine changes in leisure-time physical activity (Hirvensalo & Lintunen, 2011; Nimrod, 2007). In spite of a changing demographic however, only a few prospective studies have examined the transition to retirement (Hirvensalo & Lintunen, 2011; Laslett, 1989) and changes in leisure-time physical activity (Radtke, Young & van Mens-Verhulst, 2016), is primarily associated with a two hour increase per week in increased leisure-time physical activity (Feng, Croteau, Kolt, & Astell-Burt, 2016; Lahti, Laaksonen, Lahelma & Rahkonen, 2011). Interestingly though, it is not only the impending retirement of Boomers into their ‘third age’ that health promotion experts are conscious of in using as a tool to encourage them into more leisure-time physical activity.

A plethora of more recent Baby-boomer research (e.g., Buckley, 2009; Gillon, 2004; Gilleard & Higgs, 2013; Neilson & Boomagers, 2012; Phillipson et al., 2007), suggests that because this cohort are more highly educated than their predecessors and have unrivalled access to a wider variety of information and technology, this provides a greater awareness of available solutions for embarking on life-style change. This increased knowledge, coupled with the consumer-oriented society, is acknowledged as another catalyst for an increasing number of Boomers to have a greater say in decision-making processes relating to their health (Cornwall & Davey, 2004; Davey, 2003; Robotham, 2011). As such, consumer led marketing has been increasing for the re-invention of growing older (Blaikie, 1999; Gilleard & Higgs, 2013; Phillipson et al., 2008; Issar & Gupta, 2008; Neilson & Boomagers, 2012; Smith-Maguire, 2008). This has been accompanied by ageing-well messages (false or otherwise), which have been accelerated through “powerful rhetorical and marketing practices supporting ideals of timeless living” (Katz, 2001, p. 27). But it is this type of marketing, of course, which tends to sit well with government agencies notions of increasing individual responsibility for ageing more healthily (Cardona, 2008; Crawford, 2006; WHO, 2011).

Promoting self-reliance for healthy ageing is emphasised in the New Zealand Positive Ageing Strategy (Ministry of Social Development, 2001) actualising what Kirkwood (2001) contends, “we are not programmed to die, but survive and there is much we can do to assist this programming” (p.49). Thus, any consumer-driven initiatives marketed today are congruent with past and present political persuasion towards greater self-reliance and self-responsibility for ageing well. This is a perspective which no doubt sits well with the fitness industry, especially when it comes to women. For, although the Baby-boomer generation are the ‘next in line’ to reach older age status, women in this cohort are known in the fitness industry for achieving something else as well. They were the first to join in the ‘fitness’ boom back in the 1980’s (Gilleard & Higgs, 2013; Markula, 1997; Stern, 2008),

Although the baby-boomers were the ones that led the first fitness boom back in the 1980’s, then they burned out or gave up. Now we need to reach out to this group again – to get the message out that fitness is a journey, not a destination...if we don’t do something, we’re going to have tremendous health problems as our population ages. (Craddock, 2002, p. 60)

Women Baby-boomers: Fit for life?

With the importance of ageing more actively becoming a salient issue in global health promotion (King & King, 2010; WHO, 2015), international studies continue to report that women aged 50 years and older are the prime beneficiaries of enhanced physical activity (Beard et al., 2016; Lucke, et al., 2010; Seefeldt et al., 2002; WHO, 2012). Why this is may be primarily linked to the increased cardiovascular risk that women experience as they go through menopause (Katzmarzyk, Gagnon, Leon, Skinner, Wilmore, Rao & Bouchard, 2001; Lachman, Teshale & Agrigoroaei, 2015) but, Kennedy and Markula (2011) argue that it is due to a “stubborn gender difference in participation levels – women exercise less than men” (p. 7). With the release of the New Zealand Health Survey (Ministry of Health, 2012), a number of concerning trends in the changing cardiovascular and obesity status of older women are acknowledged, including even lower rates of physical activity participation compared with previous surveys

for this cohort. In an ageing society, which is predicted to be predominantly female (WHO, 2011), exploring the issues relating to mitigating risk for cardiovascular disease seems a sensible proposition, as does the need to explore the ever-broadening literature on the current influences, perceptions and perspectives of physical activity participation by Baby-boomer women.

Current forecasts from the World Health Organisation's SAGE project are, that in an increasingly ageing world, women will outlive men. The down side to this however, is that as these women transition through mid-life and enter into older age, current health data suggests they are experiencing poorer health (MoH, 2012; WHO, 2011). This is endorsed through emerging results from the SAGE project, whereby women living in the six countries studied, not only show patterns of increasing levels of hypertension as they have aged compared to similarly aged adult males, but are also more obese and experience co-morbidities of osteoporosis and Type 2 diabetes (WHO, 2012). Recent New Zealand data tells a similar tale.

In 2004, Cornwall and Davey offered a perspective on the future health impacts of an ageing population in New Zealand and claimed that "although mortality trends are declining in many western countries, this does not tell us about the relative health of the people who are living longer" (p. 78). Six years on, a more comprehensive picture about the current health status of the Baby-boomers (50-65 year olds) was beginning to emerge. The 2011/2012 New Zealand Health Survey (Ministry of Health, [MoH] 2012), reports that one in six adults was taking medication for high blood pressure at the time of the survey (over 550,000 adults) and of these, women over the age of 50 years not only self-reported higher than men for taking anti-hypertensive medication, but also rated higher than men for prevalence of high cholesterol (hyper-cholesterolemia). The findings also suggested that the increased prevalence of hypertension and hypercholesterolemia is a recent trend. Compared to the 2006/07 health survey, the prevalence of these two health risks in women has increased. Coupled with this is also the comment from the report that, "in the past 15 years, the obesity rate has increased substantially. In 1997, 19% of adults were obese; this has increased to 28% of adults in 2011/12." (MOH, 2012, p. 34). Obesity rates were similar for both

males and females, however, for women, the highest rates of obesity were those aged 65-74 years, with the 55-64 year cohort not far behind. Findings from the large Heritage Family Study acknowledge that increased body fat and poor aerobic fitness are important predictors of *future* coronary heart disease, (Katzmarzyk et al., 2001). So with hypertension, hyper-cholesterolemia and obesity on the rise in mid-life women in New Zealand, visions of a ‘healthy’ older age for many of New Zealand’s Baby-boomer women, may be far from reality.

Adding fuel to the fire for the so-called ‘healthy ageing’ of Baby-boomer women in their future years, is the physical activity data contained in the Ministry of Health survey (MoH, 2012). This survey reports that there has been no change in the percentage of adults (men and women) engaging in moderate physical activity since the 2002/03 national health survey was undertaken. Nearly half of New Zealand adults reported that they were not active enough to meet national guidelines and of these, women, especially Pacific and Asian women are highlighted as the two groups who are *less likely* to meet the recommendations for physical activity compared with women in the total population. (MoH, 2012; Sport New Zealand, 2015).

Whilst the flip-side of this is that approximately half of adult women in New Zealand *are* engaging with the recommended amounts of physical activity, a new conundrum has also emerged. As the dose-response links between ‘physical activity for obesity management’ and ‘physical activity for cardiac health’ differ considerably (American College of Sports Medicine [ACSM], 2011; MoH, 2012; Pettee, Storti, Conroy & Ainsworth, 2008), this has the potential to add yet another dimension to the physical activity debate for mid-life women. Epidemiological evidence has long reported that the intent of the physical activity guidelines is to primarily mitigate against the risk of cardiovascular disease (ACSM, 2011; American Heart Association, 2007). According to the New Zealand Health Survey (MoH, 2012), it is not only cardiovascular disease but increasing body-weight and associated metabolic risks, such as diabetes and osteoporosis, that are perhaps the greatest threat to New Zealand women’s health status as they age. Although genetic links as well as hormonal changes attributed to menopause, smoking and poor nutrition are known contributors to coronary

disease risk, osteoporosis risk and weight gain (Church, Martin, Thompson, Earnest, Mikus, Blair, & Sorensen, 2009; National Institutes of Health, 2002; Pettee et al., 2008), so too is poor cardiorespiratory fitness.

This term 'fitness' is important. Low aerobic fitness has emerged as a powerful, independent risk factor for premature mortality from coronary heart disease in a number of studies undertaken since the late 1980's (Bouchard, Shephard, & Stephens, 1994; Haskell et al., 2007). For women, aerobic fitness levels typically decline 1-2% per year during the post-menopausal years (Fleg, Morrell, Bos, Brant, Talbot, Wright & Lakatta, 2005) and not surprisingly, positive changes in fitness levels in turn contribute to lowered risk for a variety of lifestyle diseases. This was corroborated through the Melbourne Women's Midlife Health Project as long ago as 1997, and latterly, via the 'Dose-Response to Exercise in Post-menopausal Women' (DREW) Trial (Earnest, Blair & Church, 2010). Undertaken in 2007 and recognised as the largest exercise intervention to date on post-menopausal women, (i.e. the Baby-boomers), an important conclusion from the DREW study was that age as well as volume of training plays a significant role in fitness and reduced blood pressure changes for women. Study outcomes supported national guidelines (American Heart Association, 2007) which advocate the accumulation of at least 30 minutes a day of moderate-intensity physical activity on at least five days per week (150 minutes per week), for these post-menopausal women. The authors also contended that the most striking finding of the DREW study was that even a lower amount of activity (i.e., 72 minutes per week), was associated with a significant improvement in fitness for women in the 55-59 year age group. The DREW study invited more recent research from the Australian Longitudinal Women's Health Study, which also focused on total physical activity across different domains of life (leisure time, occupation, domestic, transportation). The study outcomes indicated an association between decreased risk for developing a variety of cancers, diabetes, obesity and preventing cardiovascular disease with physical activity participation up to 3-5 hours per week, with diminishing returns at higher levels of activity (Kyu, Bachman, Alexander, Mumford, Afshin, Estep et al., 2016).

These studies are important for New Zealand women Baby-boomers. With the New Zealand Health Survey (MoH, 2012), suggesting that obesity, diabetes, heart disease and depression are on the rise in the last of the Baby-boomer women, the research on the dose-response links between overall health and physical activity are relevant (Erllichman, Kerbey & James, 2002). This dose-response research also suggests that the current physical activity guidelines of 30 minutes daily do not induce enough energy expenditure to thwart ever-expanding waist-lines, particularly during menopause. This is an important point for those mid-life women experiencing weight gain and increased cardiac risk from higher levels of intra-abdominal fat, insulin resistance and muscle loss attributable to the hormonal milieu of menopause. The Women's Healthy Lifestyle Project (WHLP) and the Women on the Move through Activity and Nutrition (WOMAN) Study, conducted in the United States, are two examples of large population studies focusing on healthy lifestyle change for women transitioning through menopause. Results from both trials reported that whilst weight gain and cardiac risk was prevalent during these years, both groups were able to prevent further weight gain and in some cases, lose weight and decrease cardiac risk, through increasing physical activity and incorporating low-fat dietary changes (Petee et al., 2008). This substantiates findings from other landmark epidemiological studies on women (e.g., The Iowa Study; Nurse's Health Study; Women's Health Study and the Women's Health Initiative Observational Study) which all in various ways, investigated the association(s) between the amounts and type of physical activity and cardiovascular disease/ weight management in women between the ages of 40 – 65 years (Kay & Fiatorone Singh, 2006; Pettee et al., 2008).

With the number of studies identifying possible dose-response links between the volume (frequency, intensity and duration) of physical activity performed by women and the potential for positive clinical health outcomes, so too have a number of updates been made to the original nationally recommended physical activity guidelines (AHA, 2008). But for Baby-boomers concerned with symptomatic effects of menopause, including increased cardiac risk, insulin resistance and weight gain, and who don't currently participate in physical activity, the current dose-response outcomes are daunting. In a systematic review

of the literature looking at the influence of physical activity on abdominal fat patterns, Kay and Fiatarone Singh (2006) concluded the following:

- Moderate to high intensity exercise is effective for reducing abdominal fat.
- Aerobic exercise is effective, however, resistance exercise may be more suitable as a fat reduction strategy for older obese individuals who have early cardiovascular disease.
- Reductions in visceral (internal) abdominal fat (measured via imaging techniques) are evident in interventions lasting between eight weeks and sixteen months.

The release of the American College of Sports Medicine (ACSM) guidelines as well as the American Heart Association (AHA, 2013) renewed position statements also reflect the above outcomes. Baby-boomer women keen to mitigate their risk for cardiovascular disease and weight gain from menopause are now challenged to undertake between sixty to ninety minutes of moderate physical activity per day (equating to at least 1500-2000 kilocalories of energy expenditure per week) as well as more ‘vigorous’ activity where possible (Woodward, Lu, Levandowski, Kostis & Bachmann, 2015). So, although the justification for increasing physical activity duration and intensity from a bio-medical perspective is well and good, the shift from 30 minutes of physical activity a day for cardiac health to now, 60+ minutes a day for obesity and insulin resistance management during mid-life is essentially a ‘big-ask’ for a population of ageing Baby-boomer women. Especially so, for the nearly half of the female population in New Zealand who *dis-engage* from even the minimum recommended 30 minutes of physical activity (MoH, 2012).

With results from international studies indicating that improvements in the general health status of the female Baby-boom generation may moderate the demand and need for health services as this cohort ages (Cornwall & Davey, 2004; WHO, 2015), the greatest challenge in public health promotion, especially for Baby-boomer women, according to DiPietro, (2012), may well be that “now more than ever, it is time to move science into action” (p. 4). This gives resonance to King and King’s (2010) assertion that “the anticipated increase in chronic conditions associated with aging, as well as their accompanying strain on the healthcare system, presents a strong argument for promoting habitual physical

activity as a primary prevention strategy,” (p. 5). Nevertheless, this may well be meaningless rhetoric, because in order to turn ‘science into action’, the panacea for increasing women’s physical activity participation can no longer rely solely on the dose-response ‘prescription’ of exercise (Kennedy & Markula, 2011; Tulle, 2008).

‘Personal meaning’: A ‘forgotten’ dimension of physical activity participation?

As seventy-six million Baby-boomers in America alone, march into retirement, “a world of leisure activities will present itself” (Sperazza & Banerjee, 2010, p. 196). However, the way they will embrace and engage in the many forms of activity that inform physical culture currently is yet to be known. Even though Baby-boomers in general are described as more intent on feeling young, being healthier and living longer (Gilleard & Higgs, 2013; Sperazza & Banerjee, 2010), there remains numerous gaps in the research. This applies particularly to explaining their varied life experiences, values and expectations that may impact on physical activity habits as they move through their 50’s and into the ‘third age’. Considerations also need to be given to the similarities and differences in needs between men and women.

For over twenty years, feminist researchers have highlighted complex relationships between women, body ideals, well-being and physical activity/exercise participation (e.g. Brabazon, 2006; Diehl, Wahl, Brothers & Miche, 2015; Henderson, Hodges, & Kivel, 2002; Lachman, 2004; Lachman, Teshale, & Agrigoroaei, 2015; Kennedy & Markula, 2011; Markula, 1997, 2001; Marshall, Lengyel & Menec, 2014; Saucier, 2004; Tanner, 2010; Utz, 2011). Although the past decade has seen increased research targeting female Baby-boomers as physical activity participation has emerged in the broadening of the active-ageing agenda, many scholars argue that more studies of a subjective nature are required (e.g. Ballard, Elston & Gabe, 2005; Franco, et.al., 2015; Gergen & Gergen, 2000; Henderson et al., 2002; Kennedy & Markula, 2010; Kluge, 2002; Lachman, 2004; Mansfield, 2011; McCormick, 2008; Paulson, 2005; Phoenix & Griffin, 2015; Sassatelli, 2010; Stenner et al., 2010; Tulle & Phoenix, 2015; Wheaton, 2016; WHO, 2012). This, suggests Phoenix and Grant (2009), is because understanding

the essence of women's physically active (or inactive) lifestyles transcends the biological dimensions of ageing thus "acknowledging that there is more to learn." (p. 365).

One of the few studies that gives any relevance to this perspective in the context of New Zealand women has been SPARC's (now Sport New Zealand) 'Obstacles to Action' report in 2004, (McLean & Teague, 2004). The study identified the differences between those 'older' women partaking in regular health-related physical activity and those labelled as 'not regularly active'. An interesting highlight for the most-active adult group in this study was that their self-motivation to partake in regular activity derived from their past enjoyment and pleasure in a variety of sports and exercise participation over their life-time and then, as they got older, they cared about 'keeping in shape'. Of significance from the findings, may be the terms '*past enjoyment and pleasure*'. This is reflected in the more recent work of Phoenix and Orr (2015), who suggest that 'pleasure' or the diverse emotions that make a person 'feel good', has gone somewhat un-noticed when considering the "possibilities, constraints, new practices and freedoms that later life involvement in sport and physical activity might provide." (p. 102). Similarly, the notion of enjoyment and pleasure in physical activity participation gives credence to Kretchmar's (2001) view, that it is how one experiences and gives meaning to their physical activity participation that "serves as a valuable ally in adherence" (p. 318).

With an ageing population in New Zealand, there are indications that there will be unique health risks associated with the menopause transition (Dontje et al., 2016; Utz, 2011). Hence, exploring and understanding more broadly the challenges, barriers, enablers, perspectives and complexities of physical activity participation by mid-life Baby-boomer women would appear salient. Not only for health promotion agencies, but for practitioners working in the active ageing markets, which includes exercise professionals. Individual participant characteristic and instructor's attitudes and experience are known to influence 'older adult's' attendance and adherence to community exercise classes, (Hawley-Hague et al., 2013; Poole, 2001). This is especially so for women, according to Brown et al., (2009) as life events continue to influence negatively on physical

activity patterns of women at different life stages. Their study, which was part of the Australian Longitudinal Women's Health Study did identify significant associations between age-specific life events such as divorce and changing health in mid-life women and low patterns of physical activity behaviour.

As such, there is a need to seek greater knowledge about the range of factors that influence the lives of women in the New Zealand exercise industry context. One reason for this being that the Skills Active Aoteroa Workforce Scan (2016) reports that the fitness industry has been 'ear-marked' by the government to see strong labour force growth over the next five years, especially in the area of demand for one-on-one instruction from Personal Trainers. Furthermore, the anticipated increased demand has resulted from a stronger emphasis on the role of exercise in public health and as a preventive behaviour to deter ailments more likely to impact well-being in the later years. In addition a number of other factors have spurred a 57% increase in the number of Fitness Instructors over the past decade. But with the desire of an increasing proportion of the ageing population seeking to stay 'fit and well' through exercise, the report also predicts that employment in the fitness industry will see an average growth rate of 3.6% per annum at least until 2020 when it will employ in excess of 8,000 exercise professionals. As such, understanding more broadly, what it means to be an 'older' person, and in regards to this study, understanding women's experiences of exercise across the lifespan, seems a justifiable theme to explore.

Is the fitness industry 'fit' for Boomers?

For more than four decades the fitness industry has evolved in western culture and consciousness (Hengtes, 2014; Stern, 2008) and as such, has followed a similar time-line to the Baby-boomers. Fitness is a term that encompasses a variety of meanings and within academia at least, disciplines such as exercise physiology and exercise psychology have increasingly considered exercise and fitness training as a core area of focus (Markula & Pringle, 2006). Ever since the 1996 Surgeon General's Report (USCDC, 1996) quantified 'quality of health' through the integration of physiology and medicine and placed this into a 'passport' for good health for all Americans, improvements in personal 'health' have been set against standardised dose-response exercise strategies (American Heart

Association, 2007). As such, a generation of exercise professionals have used reps, sets and prescriptions of exercise, as their primary motivation tool for clients pursuing 'fit bodies'. Accordingly, the field of 'fitness', argues Smith Maguire (2008a), has evolved from exercise science manuals which provide much information about the specifics of doing certain exercises and these typically require self-discipline, clear time-tabling, and continual body measurement. Although, fittingly, the fitness industry should be in a prime position to better influence and support the female Baby-boomers into physical activity. But as Tara Brabazon (2006) questions, "Have the fitness industry lost the battle, when the health benefits of raising the heart rate, sweating and increasing cardiovascular fitness are being ignored by the bulk of the American population?" (p. 71). This is not the only concern for women exercisers, for as the fitness industry grew, so too did the attention given to media images of fit, healthy bodies delivered by fitness professionals. In fact, it was Sassatelli (2010), who contended that such messages "provide an objective perspective on the body, with a vocabulary that draws on rationalised, detached forms of knowledge on the body." (p. 116). Furthermore, Kennedy and Markula (2011) suggest, that with the World Health Organisation's (2012) definition of 'health' encompassing physical, social and psychological wellbeing, health-related fitness discourse, when primarily viewed through the aesthetics of the healthy, fit, toned body, "further restricts women's exercise practices" (p. 6).

As research on women and their choice of activities during leisure time has become increasingly available over the past 20 years (Henderson et al., 2002; Henderson, 2011), more and more studies have suggested that when it comes to older women's physical activity behaviour, numerous social and personal factors influence this compared with contemporary approaches which tend to value bio-medical based dose-response guidelines for activity, (e.g., Dionigi, 2006; Dionigi, Horton, & Bellamy, 2011; Dionigi et al., 2012; Dionigi & Lyons, 2010; Dionigi & Son, 2017; Hardcastle & Hagger, 2011; Hardcastle & Taylor, 2005; Hengtes, 2014; Henderson et al., 2002; Hudson et al., 2015; Kluge, 2007; Partington, Partington, Fishwick & Allin, 2005; Pfister, 2012; Phoenix & Griffin, 2015; Pike, 2011; Poole, 2001; Radtke, Young et al., 2016; Segar, 2015; Segar & Richardson, 2014; Vrazel, Saunders & Wilcox, 2008; Tulle & Phoenix, 2015; Wheaton, 2016).

The significance of this, suggests Plonczynski (2003), is that “only after identifying the intrapersonal characteristics that influence women’s physical activity, can interventions then be developed to meet their unique needs.” (p. 213). In addition, and with specific regard to women, the influence that one’s life-course has on their physical activity participation requires greater attention (Whitehead, 2010). A life-course perspective assumes the view that individuals who are active at an early age, acquire skills and emotional perceptions associated with the activity experience, which enables them physically and psychologically to engage better with physical activity as they get older (Atchley, 1999; Howell & McKenzie, 1987; Liechty & Yarnal, 2010; O’Brien Cousins & Vertinsky, 1995; Scanlon-Mogel & Roberto, 2004; Whitehead, 2005; Whitehead, 2010).

The concept of the life-course perspective brings to the fore, the acquisition of, what Whitehead (2010) terms, ‘physical literacy’. This resonates with similar discussions and as Fry (2009) suggests, we should not lose sight of the notion that as individual’s age, they are shaped by and shape contexts over their life-time and it is in these contexts, that “meaning is found and opportunities seized or lost” (p. 510). The degree to which this is understood in the context of Baby-boomer women engaging in exercise practices remains relatively unknown, which to some extent is surprising, considering the parallel, temporal path that both the fitness industry and Baby-boomers have taken. As well, exercise determinants research consistently states social support for exercise is a positive correlate of physical activity behaviour among women (Vrazel et al., 2008; Hardcastle & Hagger, 2011). Hence, with health promotion guidelines for older people couched primarily in the bio-medical framework, for those working in active-ageing intervention and support roles, such as practitioners’ in the fitness industry, it makes sense that there are benefits in increasing their understanding of women Baby-boomers who engage in fitness activities and the meanings they attach to their intentions and experiences.

This brings to the fore the argument from many researchers that for physical activity to have greater relevance to people moving into their later years, it is crucial that we better understand the meanings and values attached to physical activity experiences in which Baby-boomers engage (Brawley et al., 2003;

Dionigi, 2006; Dionigi et al., 2012; Franco, et.al., 2015; Grant & Kluge, 2007; Grant & O'Brien Cousins, 2001; Gilleard & Higgs, 2013; Grodesky et al., 2006; Phoenix & Grant, 2009; Phoenix & Griffin, 2015; Segar, 2015; Tulle & Dorrer, 2011; Tulle & Phoenix, 2015). Underlying this perspective, is the view that understanding physical activity and other age-related phenomenon could be enhanced “if the humanities play a larger role in shaping our common awareness of late life, and if they can balance biomedicine and social science, new ways of knowing ageing may be possible” (Cruickshank, 2003, p. 205). With Baby-boomers depicted as bringing new lifestyles and attitudes to ageing and retirement (Jones & Higgs, 2010; Higgs, Hyde, Gilleard, Victor, Wiggins & Jones, 2009; Phillipson et al., 2008), this study aims to explore meanings of active ageing and how these meanings have been constructed in the lives of the study participants. The study is situated in not only the context of ‘active-ageing’, but also ‘verstehen’ or ‘understanding’.

‘Meaning’ is an often forgotten dimension of physical activity participation and adherence, argue a number of researchers (e.g. Fry, 2009; Grant, 2001; Grant & Kluge, 2007; Menichetti, et al., 2016; Phoenix & Griffin, 2015; Segar, 2015; Whitehead, 2010). But as Grant (2001) proposed, it is an important dimension to help broaden understanding of physical activity behaviour, for irrespective of people’s age, people are conscious, feeling, thinking, and reflective. They impute meanings to what is happening in their lives. Meanings and values associated with physical activity are “deeply personal and therefore infinitely varied,” contends Crawford, (2006, p. 404), thus when more is discovered about the ‘meaning-making’ self, this leads to better understanding about how individuals self-regulate and continue to engage in regular physical activity behaviour. This is not to detract from the fact that it takes exercisers time, self-discipline, self-control and will-power to acquire feelings of accomplishment from their activity routines, (Crawford, 2006; Tulle & Dorrer, 2011). However, when one gives inherent meaning to their physical activity behaviour, they achieve a sense of feeling ‘at home’ in the activities and with this, suggests Kretchmar (2005), it is difficult to imagine these experiences being absent from their lives.

This study draws on the support of a growing number of researchers who argue that ageing and physical activity research would benefit from being located in the broader socio-cultural contexts of ageing. This would be further enhanced by taking more seriously, the voices of older people. Knowing more about the subtleties of their experiences are critical to helping advance our understanding of their active ageing. Accordingly, I fully concur with Phoenix and Griffin, (2015), supporting their view that until this is achieved, “we cannot fully understand what being active in older age means to different people, nor can we hope to create good practices for healthy ageing.” (p. 2).

Chapter 3

Framing the Study: A Theoretical Perspective

This study set out to explore the meanings Baby-Boomer women give to their ageing, and more particularly, the place of physical activity in their day-to-day lives and decision to engage a Personal Trainer. Within the context of this research it was imperative that the reality reflected the beliefs and experiences of the women participants. This responds to a call from Grant and O'Brien Cousins (2001), who encouraged researchers to look beyond the 'physical self' and consider the 'whole self'. Utilising 'self' as the interpreter of experience ensures those involved in the study are central to helping unravel their complex lives and the society in which they live. Adopting such an approach however, requires the researcher to capture and 'make sense' of, in an explicit way, the habitual as well as cumulative stories from the research participants. Furthermore, this needs to be done in a way that "leaves the person un-finalized" (Sparkes & Smith, 2008, p. 312).

Much knowledge, subjective or otherwise, emerges from the relative truths associated with the day to-day activities and experiences of individuals. Although many of these 'truths' are difficult to identify, it is critical to view *lives as lived* from a range of theoretical positions. This means embracing "the whole gamut of meaningful reality" that exists (Crotty 1998, p. 54). With this in mind when developing the theoretical framework for this study, I endorsed a view by Grant and Kluge (2007), that it is just as important to study what individuals believe they are actually doing and how they benefit, as much as focusing on the scientific outcome of their actions. Consequently, this study was situated in the interpretivist paradigm premised by the belief that 'reality' in the context of this research, is socially constructed. This means, that which is being explored is inherently personal and emerges from the perceptions, opinions and experiences of the participants involved in the study.

Interpretive research: The underlying premise

The philosophical foundations of interpretive research emerged from a "profound concern with 'understanding what other' human beings are doing and

saying” (Schwandt, 2000, p. 200). The underlying theory is that reality is socially constructed through an on-going negotiated process within the social and cultural settings in which we live. The primary focus of interpretive research is to delve into the complexity of human experience and therefore, it draws from broad interdisciplinary fields which encompass a complex array of terms, theories, concepts and assumptions (Denzin & Lincoln, 2008). Although there are differences between the various interpretive research traditions, they generally assume that humans are simultaneously unique and yet connected to the broader culture. As argued by Murphy, Arxer, and Belgrave (2010), humans are better understood when the myriad of considerations that shape and give meaning to behaviour are grasped, along with the context of these elements. Although it can be difficult to fully comprehend another person's motives for or meanings they derive from an action, in spite of the complexity, advancing our understanding of a phenomenon can help members of a cultural or professional group influence a behaviour. It is therefore essential to remain open minded when endeavouring to unpack the meaning and assumptions of others regarding that being studied.

My own world view aligns with the interpretive framework and the notion there are multiple rather than single, realities that help to explain people and their behaviour. Although not wanting to disregard findings from the plethora of positivist research on ageing and physical activity, I resonate with an increasing number of researchers who have called for a more expansive agenda (e.g., Denison, 2016; Dionigi, 2006; Fry, 2009; Gilleard & Higgs, 2013; Grant & Kluge, 2007; Maynes, Pearce & Laslett, 2008; Phoenix & Grant, 2009; Phoenix & Smith, 2011; Rose 2008; Sparkes 2002; Tulle 2008; Tulle & Phoenix, 2015; Whitehead, 2010). Part of this argument is based on the premise that the ineffable and less tangible knowledge about the role and place of physical activity in one’s life as understood by the individual, is rich in detail and should not be over-looked nor disregarded. Thus, translating these ideas to exploring the ‘how’ and ‘why’ Baby-boomer women engage with movement culture means this research is attempting to “texture human science with human faces” (Arnett 2007, p. 34).

The study acknowledges that the Baby-boomer women all have many important and personalised stories to share and as Maynes et al., (2008) suggest,

in the analyses of these stories, the relationship between the individual and the social and cultural dynamics through which they construct themselves becomes important as well. In this regard, I support the views of Grant and Kluge (2012) who contend that the participants' biographical ageing will be as mysterious and intricate as their biological ageing and therefore, just as worthy of study.

Getting 'inside' the 'active ageing' experience

To advance an understanding of the meaning each woman attributed to her ageing and desire to engage the services of a Personal Trainer, it was essential to get 'inside' each of their experiences. This is because the women are all the authentic experts of their lives and have a life-time of experiences to share (Grant & Kluge 2012), thus, they hold the 'key' to what this means. When thinking about how to 'get inside' their active-ageing experiences, I was encouraged by Kluge's (2002) study that considered the place and significance of physical activity in the lives of older women. Through knowledge embedded in the participants' stories, Kluge learned "that what shaped their experiences with physical activity throughout their lives, was the interplay of external influences and persistence of their values and beliefs about the meaning and significance of physical activity" (p.20). In a similar way, Tulle and Phoenix (2015), have also presented a number of studies from a variety of contributors, who have prioritised the voices and experiences of older people who, through their various activity and sporting endeavours, ascribe meaning and value to their experiences. As the authors contend, with this type of research, the message is reinforced, "that there is more to the purpose of physical activity in later life, than a retreat to the body *as* the object of intervention" (Tulle & Phoenix, 2015, p. 6). As such, my study considers the conscious active-ageing behaviour of a group of Baby-boomer women, who by their actions transcended the 'norm' of a relatively inactive lifestyle often associated with this cohort (Dontje, Krijnen, de Greef, et al., 2016; MoH, 2015a; WHO, 2012). Further inspiration for positioning this research within the interpretive paradigm also came from Karla Henderson (2011), who stated in her essay about *doing research* on women and their leisure pursuits;

If behavioural changes, health improvement, elimination of health disparities and an enhanced quality of life are to be

achieved, then researchers must not shy away from determining imaginative and sensitive ways to examine the meanings individuals and groups attach to activities. Once those meanings are interpreted and better understood, then the implications become part of practice (p. 104).

When delving into the complexities of the participants' lives, it is imperative that researchers avoid making generalisations about or predictions of outcomes (Gergen, 2009). But this is not without its challenges for the storied accounts are many and varied. Furthermore, such stories are socially shaped and embodied, because as Phoenix, Smith and Sparkes (2010) argue, "storytelling is linked to identity because it 'is one way in which our identity may be accomplished or performed'" (p. 220). The self draws meaning from the past, interpreting and recreating it as a resource for being in the present, suggests Kaufman (1986). Therefore, by accessing and listening to the stories people tell about themselves and their bodies, we come to better understand how people affect their own experiences on a day-to-day basis and make sense of their actions. With these accounts also embedded in a social world it is also possible "one may get a different sense of reality than that usually found in the extant research literature on ageing and exercise" (Grant & O'Brien Cousins, 2001, p. 237).

Exploring the experiences of people's lives in an interpretive research context is both partial and complex and there are a couple of good reasons why. First, getting 'inside' participant experience means positioning descriptions within a wider social, cultural, historical and even political context. Doing so helps to provide a critical and conceptual commentary upon the participants' sense-making activities (Fontana & Frey, 2000; Smith & Osborn, 2003). Secondly, the final account is often a form of co-construction between the researcher and participant. This allows what Denison and Markula (2003) describe as the ability for the researcher to move across various forms of narrative, their own included. It also means an acceptance that the researcher would influence but not control the production of knowledge (Markula & Silk, 2011). In addition, it affords the researcher an opportunity to think about what it means for participants to have

made their claims and to have expressed their feelings, joys and/or concerns about that being studied.

Social constructionism: A lens for the study

Emerging from Berger and Luckman's (1967) classic work *The Social Construction of Reality*, social constructionism offers a philosophical framework from which such social world can be explored. Although social constructionism is a theoretical orientation which assists in advancing our understanding of humans and their behaviours, it is an approach to research that has also been labelled the 'turn to language' (Andrews, 2012; Burr, 2003). One reason for this is due to the premise that how people engage in their world on a daily basis is derived from social, historical and interpersonal influences rather than what has been imposed upon them (Berger & Luckman, 1967; Gergen, 1985). In other words, socio-cultural and historical processes are central to how people experience and understand their lives for their realities are influenced by the world in which they live (Andrews, 2012; Burr, 2003; Denzin & Lincoln, 2008; Gergen, 1985, 2009; Pasupathi, 2001; Willig & Stainton-Rogers, 2008). Hence, by linking the experiences of participants to their social, cultural, historical and political contexts, I ensured that this study was situated within the boundaries of social constructionism.

With advancing age, people become more involved in their 'world', interacting and engaging with an already meaningful environment, and in this sense, ageing is not only about the passing of time and the biological changes that occur in the body. Despite stereotypical representations of older age as a burdensome time, becoming the norm (Lyons & Chamberlain, 2006), ageing and how we experience ageing as well as cultural values that inform our conceptions of ageing differ between cultures. Furthermore, the value given to and meanings derived from ageing itself, is subject to fluctuation and transformation (Gergen & Gergen, 2000), as memories are constructed and established (Tuohy, Cooney, Dowling, Murphy & Sixsmith, 2013). Over time, further meaning is then created, giving credence to what Gergen and Gergen (2000) acknowledge, is both identity and self being put at the heart of, what is a "pervasive movement toward the reconstruction of ageing in contemporary society" (p.1). This, argues Gergen (2009)

demonstrates ageing's social construction. As such, the research practice for this study is social constructionism, which offers a theoretical framework enabling an exploration of an amalgam of emotions, hopes, perceptions, dreams and other cognitions – “in short, the full range of human experience” (Kretchmar, 2007, p. 382).

With no one salient feature which could be said to identify social constructionism, for the purposes of this study, I have been guided by Burr's (2003, pp. 2-5), overview of *what is* social constructionist research.

- It offers a critical stance toward taken-for-granted knowledge. It invites us to be critical of the idea that our observations of the world un-problematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world.
- It offers historical and cultural specificity. All ways of understanding are historically and culturally relative. They are seen as products of that culture and history and are dependent upon the particular social and economic arrangements prevailing at that time.
- Knowledge is sustained by social processes. It is through daily interactions between people in the course of social life that our versions of knowledge become fabricated.
- Knowledge and social action go together. Descriptions or constructions of the world therefore sustain some patterns of social action and exclude others. Our constructions of the world are therefore bound up with power relationships because they have implications for what it is permissible for different people to do, and for how they may treat others.

The purpose of using a social constructionist framework for this study is not about creating what Denison and Markula (2003) claim, is a truth with a ‘capital T’. Rather, it requires me as the researcher to acknowledge the relationship with the study participants, including the situational constraints that shape the inquiry and the value-laden nature of the inquiry. A certain kind of sensitivity is essential when asking for disclosure about one's life and any ‘evidence’ that supports their beliefs and actions. This means not only managing the tensions while remaining close to the stories of each woman, but also retaining

enough distance to allow the differences and similarities that emerge to come to the fore. There must also be a distinction between my (researchers) 'voice' and theirs. This is after all, a reflexive process and one where the researcher needs to give "open and regular attention to the context that allows you to organise, change, and reformulate your perceptions, beliefs, and practices" (Willis, 2007, p. 204). In so doing, this ensures that each participant's contribution about their unique and very personalized experiences are recognised and valued. In essence, the research is a co-production between myself (the researcher) and the participants (Abercrombie, Hill & Turner, 2000; Gergen, 2009; Markula & Silk, 2011). But despite the virtues of "energy, creativity and diversity" (Pearce, 2009, p. 6) this process affords, the researcher's prime objective is to produce a version of the real and do so in a way that best represents the views and experiences of the participants.

A need for caution but not restraint

Researchers who embrace the interpretive paradigm immerse themselves in the participant's world and 'give voice' to their perspectives. Hence, this type of research, has, not surprisingly, led to scholars in the social sciences often regarding interpretive research with unease and suspicion. These concerns primarily arise from disquiet about the ability of a researcher to act as the non-biased interpreter when exploring and reconstructing the original meanings of the participant's actions and/or descriptions (Jacobson, Gewurtz & Haydon, 2007; Denzin & Lincoln, 2003; Silverman, 2006). It is no surprise then, that concepts such as credibility of findings, relevance and complexity which locate rigour in a defensible research strategy have aroused considerable discussion about what constitutes 'legitimate' interpretive research (Charmaz, 2004; Denzin & Lincoln, 2003; Denzin, Lincoln & Giardina, 2006; Gubrium & Holstein, 2003; Jacobson et al., 2007; Markula & Silk, 2011; Schram, 2006; Schwandt, 2000; Willis, 2007).

With much debate surrounding interpretive research having been centred around the supposedly "far fewer fixed regulations in the discourse of interpretive scholarship than there are in more conventional forms of inquiry" (Lincoln 1995, p. 275). Hence, addressing the criticisms and debating ways that interpretive research can be viewed and accepted as a rigorous process has captured the

imagination of many authors. For example, Willis (2007), in a slightly more relaxed tone, suggests the technical criteria for this form of research are “simply not as important as they are in post-positivist research” (p. 196) giving credence to Schwandt’s (2000), view that the interpretive philosophy needs to be presented in a different way than that of being a problem. As he claims, “relations and representation can also be understood as a mystery about the union of knowing and being to be faced anew in each situation in which the researcher finds him or herself” (p. 205). Similarly, in the context of this study, Markula et al., (2001) argued for an increased awareness and acceptance of different research paradigms in movement culture for there is no longer a default style of research. They do caution though, that the ‘how’ of conducting research cannot be removed from its context because each approach becomes meaningful within its philosophical stance. Consequently, they challenge, that it is “inappropriate to judge the quality of the research without contextualising each study carefully within its paradigm” (p. 262).

Social constructionism as a form of interpretive research is not about identifying facts, measuring outputs or making truth claims. After all, “there can be no final description of the world... knowledge is provisional and contestable and accounts are local and historically/culturally specific” (Pearce, 2009, p.158). This means the verisimilitude of this inquiry is determined primarily by the scrutiny of my own role in capturing and making the beliefs of those participating in the study credible, meaningful and trustworthy. As such, I locate the participants voice as central to the findings, for “it is all too easy to adopt a posture that treats the [older] person as an object of our studies rather than a human participant in the human journey” (Carlsen, 1996, p. ix). I will also put aside, but not lose sight of the discussions and apparent challenges surrounding interpretive research and I am reassured by the development of a number of conventions that now guide the qualitative researcher to transform that which is heard and seen into intelligible and meaningful accounts. Whatever the form, I have respected that researchers must remain mindful about the promises they make to participants, whilst also recognising and managing the potential conflicts and inequities that exist within the communities they study.

Addressing the questions in this study required gathering and making sense out of the numerous accounts about the day-to-day experiences of the Baby-boomer women participants in regard to their desire to maintain a physically active lifestyle. As such I have remained sensitive to issues of interpretation and representation in this study, but have also embraced my ability to not be afraid to move across the various forms of narrative. It is after all, these characteristics which give interpretive inquiry its own power dynamics and thus its own ethical conundrums (Jacobson et al., 2007).

Embracing the study

Utilising the philosophical backdrop of interpretivism and orienting the study to social constructionism has provided a theoretical lens for this study. In designing the study, I was comforted by the views of van Manen and Adams (2010) who suggested the methodology used to guide one's research is an attitude, an orientation with which to approach the investigation. Given this study is designed to explore knowledge relevant to the *subjective* body as distinct from the *objective* body, then it is imperative the beliefs and experiences of the participants as told by them, lies at the heart of this research. This means searching for the multiple meanings that individuals attribute to their lives or as Carr and Manning (2010) suggest, "build knowledge about what it means to be a third-ager through the lens of older adults themselves" (p.28).

Given a social constructionist framework allows for an extensive exploration of "the personally meaningful aspects of active-ageing" (Carr & Manning, 2010, p. 24), the Baby-boomer women in this study are regarded as an embodied social being. The study supports the contention that the body is not viewed as an instrument nor object, but rather as Hockey and Allen-Collinson (2007) suggest, the subject of *perception*, socially and sub-culturally mediated through that perception. This study offers an insight into the lives of the women as they embark on their active ageing with the support of a Personal Trainer. By situating it in the interpretive paradigm, it has also allowed me as the researcher and as a Baby-boomer myself, who similarly enjoys a passion for remaining physically active as I age, to reflect critically on my own beliefs alongside my personal and professional life.

Chapter 4

The Research Process

Wanting to access the meanings that Baby-boomer women (50-62 years) ascribe to the role of physical activity in their life and how having a Personal Trainer influences this, I was conscious of not being constrained by, what some researchers refer to as, a pre-defined prescriptive method (Braun & Clarke, 2013; Denzin & Lincoln, 2008; Markula & Silk, 2011; Smith & Sparkes, 2006; Turner, 2010). Hence, I took heed of Markula and Silk's (2011) view that the researcher must consider the "moral, social and political consequences for constructing research as part of the criteria for its judgement" (p. 210). In so doing, I addressed what Wolcott (1990a) describes as questions of meaning and context: 'What does it all mean? What is to be made of it all'? In this study, such information relied on the participants sharing with me their personal experiences and thoughts about ageing, involvement in physical activity throughout their life and more recently, exercising with the support of a Personal Trainer.

Research of this nature can be contentious and this is because, according to Freeman, de Marrais, Preissle, Roulston and St. Pierre (2007), neither research participant nor researcher can be neutral. It is important therefore to acknowledge that for this study I was the research 'instrument' and sought to capture via interviews, the essence of the phenomenon being studied. Although this raises questions about how my role might impact on the study, I am comforted by the encouragement of Denzin and Lincoln (2008), who argue that "all research is guided by the researcher's set of beliefs and feelings about the world and how it should be understood and studied" (p. 31). Furthermore, when the storied lives of participants are gathered about any phenomenon, this often results in people becoming aware of new possibilities (Phoenix & Smith, 2011). The remainder of this chapter outlines how I went about searching for an in-depth understanding and some 'new possibilities' with regards to the meanings women Baby-boomers attributed to their physically active ageing.

The Participants

Through a purposeful sampling process eighteen Baby-boomer women between the ages of 50 and 62 years volunteered to participate in the study. The sample size was in line with the thoughts of Silverman, (2006) as well as Crouch and McKenzie (2006). They advise that one purpose of qualitative research, (broadly speaking), is to capture sufficiently detailed accounts of ‘expert’ experiences, rather than produce a comprehensive analysis of all possible subjects within a given context. This means that the number of participants in this study was large enough to ensure credibility and sufficient enough to allow plenty of in-depth exploration about the topic.

Following approval from the Faculty of Education Ethics Committee at the University of Waikato (Appendix A), I approached eight Personal Trainers who were registered with the New Zealand fitness industry and worked in a range of settings (e.g. private studios, fitness centres, commercial health clubs) as well as mobile Trainers visiting the client’s home and workplace. After providing the Personal Trainers’ with a brief explanation about the research, they were asked, and all agreed, to pass on information in the form of a written statement (see Appendix B), about the study to any prospective participants (i.e., Baby-boomer women) they had as clients. This initial information offered a very brief over-view of the study and invited inquiries from those women who might be willing to participate and wanted to seek more information about the study (see Appendix C).

This process resulted in more than twenty women contacting me voluntarily. I then contacted each of them by phone which subsequently gave me the opportunity to reiterate the purpose of the study, verify her eligibility, as well as explain what being involved would entail. There was also a discussion about the need to sign a consent form prior to participating in the first interview (see Appendix D). As the initial brief conversation ended and if the woman acknowledged her willingness to participate, she was asked to suggest a date, time and location for her first interview. This phone call was crucial for establishing an initial rapport prior to our first meeting in person and also gave me the chance to introduce myself as a fellow Baby-boomer who enjoys a reasonably physically

active lifestyle. I also used this initial opportunity to share a little of my long-time involvement in the fitness industry.

Table 1 provides a very succinct introduction to each woman who participated in the study. These descriptions were derived from my post-interview reflections and my endeavours to emulate the way each woman talked about herself during the interviews. These biographical sketches were endorsed by each participant. As indicated in Table 1, most were willing to let their first name to be used, whilst a few requested a pseudonym.

Table 1: The study participants

Participant Name or (Pseudonym)	Age (yrs)	
(Angela)	51	Angela exuded energy and had always been a regular ‘gym-goer’ since her 20’s. At the time of the study, with her two children both leaving home in the past year and having recently sold the large dairy farm just outside Hamilton, having a Personal Trainer was a new experience for her. This was despite her high self-motivation for exercise. An injury from a weights class led her to seek out her male Trainer whom she had trained with for three months.
Denise	50	Denise was passionate and knowledgeable about <i>“everything to do with fitness and nutrition.”</i> This was partly due to her having engaged Personal Trainers off and on for years since their emergence on the Wellington fitness scene in the 1990’s. Rehabilitation from a hip operation led her towards her current Trainer. With this Trainer having similar interests in nutrition, Denise had finally found a Trainer she trusted and could look forward to working out with, twice a week.
Jane	54	Working in a sedentary corporate job and residing an hour out of Wellington, Jane had initially sourced her Personal Trainer through a workplace wellness exercise scheme. Each week, the Trainer would visit her workplace, performing measurements and ensuring that she was ‘staying on track’ with her exercise as well as nutrition. This allowed her to not only remain

		motivated to exercise but to help alleviate the exhaustion she felt from her menopausal changes.
(Rose)	53	Whilst Rose is a university librarian, her activity 'portfolio' defies the fact that she sits at a desk all day! Not only does she go to the gym regularly and use the services of a Personal Trainer, (Rose) is an avid Waka-ama (outrigger canoe) and dragon-boat enthusiast. Every evening and weekend seems to be filled with training and/ or competing. As a passionate fitness enthusiast, (Rose) has had numerous Personal Trainers over the past decade.
Helen	53	Helen was confident and knowledgeable about exercise and 'the physical body' which she put down to her years of playing age-group tennis, working as a tennis coach and being a qualified Physed graduate. Acknowledging that she was a diffident 'gym-goer', she had not previously seen the need for a Personal Trainer until she realised that her new-found passion for golf was causing her to reflect on her lack of flexibility and strength. Her Trainer was initially her Pilates instructor and Helen loves the comraderie of training with her Trainer twice a week, with a small group of 'like-minded' women in the Trainer's private studio.
Trudie	51	Trudie described herself as short (" <i>I'm only 5 foot</i> "), but she saw that this was an advantage when playing netball growing up. Today however, netball and the enjoyable, social dimension of this was a distant memory. It was a change to her full-time job in a bank and a noticeable weight gain that led Trudie to join a local gym in Hamilton which included two-free personal training sessions. To mitigate the cost, Trudie recruited a couple of like-minded work colleagues and they have now had a Personal Trainer twice weekly for over five years.
(Pip)	50	Pip has two Personal Trainers. One at a gym where she works out individually with her Trainer and one at a Cross-fit studio where she works-out with a small group of women. She incorporates personal training sessions in between cycle tours having missed the discipline of swim-training and competing over the years, when farming and bringing up children took over her life. Following the sale of their farm, (Pip) is enjoying time for herself at last and has re-engaged with " <i>more serious training</i> ".

Janette	57	Janette “loved movement and dance” but growing up in England with limited finances, ballet and jazz classes were off limits. Her move to Wellington in the early 1980’s changed all that. Jazzercise™ was the dance-based exercise-to-music class that was causing women to flock to Les Mills gyms and community centres. Janette was hooked at her first class. Her transition from exercise-to-music classes to a private Personal Trainer, occurred after liver surgery two years prior to the study. Janette was now ‘hooked’ on a different type of exercise experience.
Wendy	51	Living in Devonport, Auckland, Wendy travelled on a ferry to a city gym to train with her Personal Trainer once a week. Despite her years of running and other activities, a recent divorce and two dependent children as well as her recovery from breast cancer, led her to seek out her current Trainer. These sessions gave her the motivation and discipline she needed at this particularly stressful stage of her life.
Karen	56	Following the death of her husband, Karen’s life was turned upside down. Feeling like her world was falling apart, Karen relocated from a small rural community in Southland to Wanaka. Enjoying an outdoor lifestyle and reacquainting with old friends, Karen discovered the gym and had been training with her Personal Trainer for over a year. With her children having left home, Karen was enjoying a new lifestyle, going to the gym and some overseas travel.
Jan	59	At 59 years Jan acknowledged that she “just snuck into my cohort”. Despite mentioning that a child-hood car-accident impacted on her memory, Jan talked freely and openly. Jan finally had time for herself now that she cut back to part-time office work. Life ‘til now had been busy supporting a husband and three boys. Exercise for her was always on the ‘back-burner’ and not enjoyable. If she could get out of it she would. But years of struggling with her weight led her towards seeking out a Personal Trainer. Now five years on, exercise through her Personal Training sessions with her friends is a weekly (and very social) occurrence.
Lois	60	Bought up on a farm in rural Waikato, Lois spent her pre-married life living for sport. Even when she lived in Tennant Creek and other rural communities in Australia, Lois was never without a sport to play or organise (“I only ever wanted to play sports”). The types of exercise that gyms had to offer didn’t suit her.

		On taking up golf in her 50's she experienced her first shoulder injury. Her physio suggested Pilates and it was there she met her current Personal Trainer and began to enjoy this new way of working-out. Training with two other women, the twice weekly sessions are highly social and enjoyable.
Dale	62	Living in Wellington and working as a self-employed masseuse, Dale's Trainer suggested her participation in the study as Dale had been, a decade prior, a Personal Trainer. Dale was motivated by women's leisure participation. Not only had she organised many early triathlons in the 1980's in her role as a community recreation officer, but had also rallied women in her community to participate in the first 'Jazzercise' TM classes. Still working as a massage therapist, Dale enjoys the personal attention to her own workouts from having her own Personal Trainer.
Jude	60	Jude has been a client of her Hamilton-based Trainer for 12 years. With a rural upbringing, Jude's passion for years was squash. Becoming time-poor as well as increasing weight gain led her to her first gym experience and it was here that she first met her Trainer. But Personal Training wasn't a vocation then, so Jude went to classes and muddled around with her programme. It was when she saw an advert for a small boutique gym that Jude realised that it was the same person who used to take the classes. This person became her Personal Trainer and so began their weekly sessions.
Viv	55	Shy and a little reticent to talk for long, Viv slowly opened up about her varied life. With a past career in the post-office and now working in administration, Viv walked everywhere despite the vagaries of Wellington's weather and its hilly terrain. A workplace challenge (team-walking) introduced her to the benefits of weekly appointments with her workplace Personal Trainer. If it wasn't for these workplace visits and the team-challenge, Viv confessed that she wouldn't be seeing a Trainer. Viv had worked at Scott Base in Antarctica (<i>"I always walked down at McMurdo, despite the cold"</i>) as well as Christchurch and now Wellington – all great places to walk!
(Jillian)	52	Although (Jillian) didn't have a current Personal Trainer at the time of this study, she had previously hired a male Trainer who had his business set up near her home in suburban Hamilton. She had what she

		termed “ <i>the busy gene</i> ”. She liked to be active and with a busy household to manage, she now barely had time for herself. It was a running injury that led her towards having a Personal Trainer and although sessions weren’t a regular occurrence, it meant that she had someone who worked her hard within the confines of her injury. She loved that.
Julie	56	It was a cold day at Mount Maunganui and Julie had just finished her outdoor training session with her new Personal Trainer, when I met her. Julie was hugely positive about this Trainer, especially since she had used other Trainers in the past. But this one was different, she explained, because the Trainers was far more knowledgeable about menopause and healthy ageing, than her previous male Trainer. Julie wasn’t overweight and looked fit. Her physical appearance belied her biological age. She hadn’t always lived at the Mount, but had retired there with her husband two years prior.
Leigh	60	An avid sports enthusiast, Leigh was always seeking ways to be active...and to lose weight. Three children and a busy working life in Australia, meant that at times her weight had spiralled out of control. Moving to Tauranga in mid-life, she met some women who introduced her to a Personal Trainer. She had had Personal Trainers in Australia, and Leigh knew that exercise with a good Trainer might offer her the discipline she craved...as well as a way forward to help her manage her menopause weight gain.

Ethical Considerations

Although having been granted approval to conduct the study by the Faculty of Education Ethics Committee on 1st May 2013, it wasn’t until I actually began engaging with the women participants that the significance and relevance of the ethical practices became apparent. A range of matters emerged early in the interviewing process, particularly when one of my first participants disclosed without concern to herself, some very sensitive and personal information. Although wanting to remain anonymous, she was not overly concerned as to whether or not she had a pseudonym. In fact, this scenario was not unusual and only four women requested a pseudonym. Anticipating such personal information could be shared with me as the interviewer at any time, it was important prior to

each interview that I reminded each participant that all information would remain confidential to me. Furthermore, they could, if they so wished, withdraw from the study, retract comments and/or choose not to answer a question at any time. From my perspective as the researcher, this helped reinforce the dignity and respect that I showed towards each woman and also contributed to a 'sharing of power' relation during the interviews.

In keeping with the recommendations from the University of Waikato ethical guidelines for conducting research, all of the interview transcripts were kept in a password protected computer and backed up on an external hard drive. Hard-copies of each transcript were stored in a locked filing cabinet at my home. Details of all interviews also remained confidential and were only ever discussed with, but not seen, by my supervisors. Once each interview had been transcribed, it was emailed to the participant inviting her to change, omit and/or add sections as well as validate (or otherwise) the transcript.

The Interviews

The prime purpose of the interviews was to draw out the stories, beliefs and ideas the participants had about matters related to the research questions. To do this effectively requires the interviewer (i.e. myself), to show "a respect for and curiosity about what people say, and a systematic effort to really hear and understand what people tell you" (Rubin & Rubin, 1995, p. 17). Furthermore, forming a good rapport with the participants can help with the authenticity of what is shared about their experiences and beliefs. As a way to advance my interviewing skills and refine the questions that made up the interview guide for this study (Appendix E), two preliminary interviews were held, for having a practice, something which is endorsed by several authors (e.g. Byrne, 2001; Denzin & Lincoln, 2008; Fontana & Frey, 2000; Kvale & Brinkmann, 2009; Markula & Silk, 2011; Qu & Dumay, 2011; Rubin & Rubin, 2005). It was during these two interviews that the importance of being an 'active listener' and the importance of probing around what initially seemed like frivolous comments was quickly realized. Appreciating that this was going to be an onerous task, I took strength from Sparkes (2002) who said that "like all telling, moving into unknown

space can be frightening, but it can also be exhilarating” (p. 234). The latter was certainly the case.

The questions included in the semi-structured interview guide were used to give consideration to the interviews and encourage each woman to share her thoughts and attribute personalised meanings to the physical activity experiences. In so doing, each women could put these into a context that related specifically to the other aspects of their everyday life, past and present. Although the interview guide ensured some procedural commonality across all interviews, a ‘flexible’ and conversational approach was imperative. As ‘older’ interviewees, Randall and McKim (2008) said it can be anticipated that they will meander across a multitude of life events when talking about the intricacies of personal experiences. This was something that certainly occurred in this study.

Adopting a conversational approach served the purpose of allowing transformation of their views from a repository of opinions and emotions into what Qu and Dumay (2011) call, a productive source of knowledge. In noting this however, each interview was unique, following its own direction, or as Randall, Prior and Skarborn (2006) suggest, a path that the participant and researcher (i.e. myself), “tacitly negotiate together” (p. 382). In a sense, this resulted in a narrative that was a co-creation between each woman participant and myself. More importantly, it provided a conceptual, historical, social and theoretical context in which to situate their thoughts and experiences about the past and present role of physical activity in their lives.

Each participant was interviewed twice, with each interview lasting between 60 and 90 minutes. All interviews were recorded digitally and transcribed verbatim. As transcriptions are constructions from an oral conversation to a written text (Kvale & Brinkmann, 2009), they were emailed to the respective participant for verification - a form of member checking. After participants were invited to edit the written text by making additions or deletions about any of the detail and inform me as the researcher of any such changes, only three women suggested changes to the transcripts. Overall, their voluntary responses about the interview process and what had transpired were heartening with many of these messages in the tone of Pip’s, who replied to me saying, “*I really enjoyed the*

interview. Thank you. I found the whole process quite cathartic. It made me dwell on experiences that I hadn't thought about for years." After the first interview transcript had been endorsed by the respective participant, a day, time and venue was arranged to conduct the second interview. This second interview generally occurred within ten days of the first interview and the same member-checking procedure followed. If necessary, a telephone conversation with a participant was held following the second interview when I deemed it was necessary to seek clarity or additional information on any matters.

Analysis Process

Stories are a cultural resource, serving to "shape identity, guide action and constitute our mode of being" (Smith & Sparkes, 2006, p. 170). They are also replete with information that is essential, suggests Frank (2006), to help us appreciate more fully the personal, social and cultural influences that shape our lives. Gathering and then interpreting the stories about each Baby-boomer woman's experiences of her active-ageing was the *raison d'être* of this study. It seemed therefore, that a thematic analysis was an appropriate procedure for analyzing the narratives and then reporting on patterns or themes that emerged (Boyatzis, 1998; Braun & Clarke, 2006, 2013; Charmaz, 2004; Maynes et al., 2009). This is a "subjective and interactive" approach (Markula & Silk, 2011, p. 33) and one that allowed each woman's voice to come to the fore.

Thematic analysis is an inductive process, providing what Markula and Silk (2011) refer to as, "a systematic and pragmatic way of managing the enormous amount of narrative emerging from the participant interviews" (p.212). This type of analysis involves a pathway which allows a researcher to familiarise themselves with the raw narrative and then become fully immersed in a process of interpreting the information that ultimately leads to a series of codes that are usually represented in a series of themes (Boyatzis, 1998; Charmaz, 2006; Corbin & Strauss, 2008). The purpose here is to primarily understand the participants' perspective of that being studied and situate these thoughts and experiences within the social, historical, cultural and political discourses operating within society at the time (Braun & Clarke, 2006). Although mindful of the need for accuracy with the analysis and authenticity in the reporting, Denison and Markula (2003) note

that in spite of the researchers desire to remain *neutral*, “it is unlikely that we will ever be able to produce *truly* embodied accounts of people’s experiences” (p.18). Nonetheless, the analytical process adhered to throughout this study, gives me confidence the findings represent the reality of the women who participated in it.

Although some rudimentary analysis occurs whilst conducting and reflecting on the interviews, the ‘big picture’ started to become more obvious when immersing myself in the transcripts and exploring these in a generative way. In so doing, a multitude of meanings – both overt and covert - shared by the women in regards to the context of the research questions began to emerge. During the first few readings of the transcripts I asked myself a series of broad questions such as: ‘What is this participant actually telling me about growing old and their own ageing?’ What is this participant telling me about why they chose to have a Personal Trainer?; What were her experiences of ‘working-out’ with a Personal Trainer?; What does she think about ‘getting older’?; What role does physical activity play in this phase of her life? What meanings does she attribute to her activity experiences?’

Reflecting on the interviews whilst first reading the transcripts for each woman, I developed a ‘broad’ portrait of her physical activity experiences, what being physically active meant and how this had been influenced at various stages of her life. It was during these initial readings that I began forming a series of broad categories – or themes. I was nonetheless conscious of being reflexive on what I was ‘reading into the narratives’ as well as remain ‘flexible’ because the determination of themes occurs in a number of ways (Braun & Clarke, 2013). This endorses van Manen’s (1990) belief that researchers should avoid being too rule-bound and thereby, constrain access to the multitude of meanings that exist in the sources of information informing the research questions.

Having generated a variety of possible themes, I then applied a process of constant-comparative coding or what Braun and Clarke (2013) refer to as ‘saliency analysis’ (p. 224). This was an on-going process, reading and re-reading the transcripts. It involved searching for differences and similarities across all experiences and beliefs and determining the various contexts in which these existed. In a way, this helped to ensure the themes were continually refined until

they become a more coherent and appropriate way of sharing ‘light’ on the research questions. This process eventually resulted in eight possible themes being identified, however, in my view this was too many!

In keeping with the interpretive nature of my inquiry, I continued with the process to refine these initial themes. This involved re-reading the transcripts as before, but with a more ‘insightful’ and critical mind. In particular, I gave attention to identifying significant statements from all the transcripts, searching beyond the spoken words as a way to reveal hidden meanings not noted during the initial analytical process (Willig & Stainton-Rogers, 2008). Such detail is essential to help further explicate how and why the women’s experiences and beliefs had been constructed and some of the assumptions that underpinned and/or influenced these. Although this aspect of the analysis relied on my knowledge of the literature and ability to determine probable meaning, salience and connections (Charmaz, 2006; Markula & Silk, 2011), it was imperative that ‘meaning units’ were also linked to the purpose of the study. This process ultimately led to the three themes with a series of corresponding concepts (see Table 2) being used as a basis to frame the findings reported in the next three chapters.

Table 2: Themes and key concepts for each theme

Theme:	Key concepts:
Habits of a lifetime	Staying active: The desire never wanes If it’s to be, it’s up to me Time for me Re-framing the ‘fit’ body New mid-life motives
Working Out: The professional is personal	You can’t shirk-off Strong is the new skinny Going beyond fitness It’s just that they inspire you You have to shop around
Re-calibrating thoughts about ageing	We’re all in this together Advice for fellow Baby-boomers Re-calibrating ageing

A Reflection on the Analysis

Throughout the analysis I have remained conscious that what is represented in the findings is the construction/re-construction of reality. Although this approach, like

any other, can be questioned, the inductive process that has been followed via coding and thematic analysis, as well as the literature review conducted prior to the interviewing phase, is consistent with the approaches outlined in the literature (Boyatzis, 1998; Braun & Clarke, 2006, 2013; Charmaz, 2006; Corbin & Strauss, 2008; Cresswell & Miller, 2000; Sparkes & Smith, 2013). There are however ‘multiple and intricate realities’ to explore and these combine to potentially feed the complexities and tensions associated with the nature of ‘quality’ and authenticity in interpretive research (Braun & Clarke, 2013; Gergen, 2009; Hammersley, 2010; Markula & Silk, 2011; Polkinghorne, 2007; Smith & Sparkes, 2009; Sparkes & Smith, 2009, 2013). To enhance the authenticity of this research, the participants’ voice is cited in italics in the findings. These are deliberately woven into the text of the next three chapters, as a way to elucidate specific personal feelings and thoughts about that being discussed.

When representing the experience of the participants through writing, I was conscious of the need to ensure the “analytic ideas are crystallised and refined” (Braun & Clarke, 2013, p. 297), even though the analysis continues in the writing. Whilst Smith and Sparkes (2009, p. 9) contend that “writing is a method of analysis and that how we write is a theoretical and moral issue”, Denzin and Lincoln (2003) suggest there are also important issues to consider as I enter the ‘writing phase’. As such, I set about developing a text that Denzin (1997) describes as, reproducing a version of the real and an interpretation “that allows readers to imaginatively feel their way into the experiences being described” (p. 12). Nonetheless, I appreciate the challenge of writing a *good* piece of qualitative research that aptly captures the reality of the thoughts expressed by the participants “without losing the richness and essence of the meaning” (Grant & Kluge, 2007, p. 408). In the three chapters following, I draw on the participants’ stories to address the research questions that guided this study.

Chapter 5

Habits of a lifetime

A life-long familiarisation with physical activity sat well with nearly all of these Baby-boomers, sustaining their belief about the promise physical activity held to a healthy ageing. Staying active was a valued and enduring aspect of their life. The *feel good* psychological dimension sourced from participating in various forms of activities was in-grained from their childhood. Not only did most enjoy the empowering aspects that being active imbued - *being strong, feeling fit and having fun* - but the types of activity they now undertook and the sense of personal control they felt from being active, fuelled a collective belief that they could and would *age well*. This perspective had deep foundations.

As each woman reflected on her early life, many described how they had *always exercised because it's just who I am*. Some gave emphasis to their competitive sporting past whilst others talked more about the skills they acquired and/or the friendships created. As mid-life arrived, participants mentioned this as a pivotal time to *re-evaluate my life*. They all spoke of the importance and value of activity as a very necessary component of their healthy ageing. For a few, the rewards of using a Trainer were already long-established but this had taken on new meaning in recent times. For others, new mid-life motives directed them towards engaging a Personal Trainer as they sought continuity with their physical past. Re-connecting with or continuing with activity they had enjoyed from their physical past mattered to all. Positive experiences, practices and attitudes derived from an active past fostered an identity which, for many of these Baby-boomers, was physically situated. This identity not only enhanced their confidence but facilitated a general perception that *exercise was good for you, especially in 'old' age*. Each was conscious that participating in activity that was, by and large, structured, purposeful and strenuous was important as they aged. Why? Because, as so many of them believed, *exercise holds off the body deteriorating as you get older*.

Staying active: The desire never wanes

Engaging in their various activities from the late 1960's to the 1970's when they were teenagers, invariably informed and shaped some of the meanings they attached to the value of being active now. With the exception of a couple of women, the desire to be active has never really waned despite their activity now being far different from their earlier years. Nevertheless, fond memories were evoked in nearly all of them, as they talked about their physically active past. As Julie described, *I did junior athletics and in gymnastics we worked towards our badges. I just loved the physical activity of life back then. We just did it because there wasn't anything else.* Recalling being encouraged by parents rather than restrained from participating in activity, Lois's response was typical, *I was always moving, always motivated, always competitive.* Growing up in England with restricted access to activity, *(My mother wouldn't let me even ride my bike to school)*, meant that Janette did not have the opportunities to be active that the other women had growing up in New Zealand. Despite this, she always felt that she was *born to move*. On arriving in New Zealand in her early 20's it was this innate desire to be active that drew her to a local community gym where exercise-to-music classes had recently emerged. It was, she said, the start of a long association with exercise-classes - *As soon as I arrived here I began looking for something so I could be active. I discovered Jazzercise and I just loved it.*

From weekly sporting events to community 'get active' campaigns to tramping with family members, being physically active seemed to be a normal part of their daily life during their younger years. For some such as Karen, an active upbringing was, by and large, a way to connect with others in the small rural community she lived in. She remembered it being more social than physical. As she explained,

There was always a sports focus but not to be fit and active. It was just what you did at school and in the weekends with other kids in the community. Playing sport, being active and being with your school friends on a Saturday morning was just what you did back then.

With a similar rural upbringing Jude enjoyed an active lifestyle tramping, swimming and just always playing outside. But the freedom of *always playing and running around in my primary school years* contrasted greatly against structured physical education lessons at secondary school. *I didn't enjoy these classes at all*, she explained. *In physical education in those days we had a bit of a sergeant-major teacher and it was oriented to boys. It almost put me off my love of being active. There was too much emphasis on competitive sports and I'm not at all competitive.* Her experience echoed Jan's. *It was called Physed at school*, said Jan. *I hated it. You had to do it twice a week and it put me off. It was too sporty and competitive and you had to be good at it. It was just too much effort.* The opposite was true for Denise however. Coming from what she described as a *competitive family*, the competitive aspect of school physical education lessons and school sports fulfilled her love of being active. *We had houses set up at school which were very sporty and we had sports events at school. I would always participate in those. It was being part of a team and bonding with my school mates that I loved.* Even when going to university interrupted her participation in team sports, like others, she found ways to not only remain active, but maintain an identity which she described as *being sporty*.

I lived at home and I used to get a ride to the train station and then I would pretty much either run or walk up the hill and back to the train station. That was my physical activity every day. I quite fondly remember wearing quite sporty gear to university. I used to get a hard time from other people who were the so-called 'fashionistas' and I would say, 'I'm wearing the sporty gear because I exercise every day'.

Staying active through walking was no problem for both Viv and Denise during their early adulthood years. In fact, it kept them both relatively fit and they both realise the benefit of it now that they are older. As Denise remembered, *I knew that I was probably the fittest, mind you I am really fit now, but I think I was probably the fittest that I can remember back then, because of that hike that I did up the hill to varsity.* The lure of more formal exercise was not something that inspired Viv, but her past experience with having to walk everywhere as a child, meant that this was a 'natural' fit for her now. Describing herself as *not really a*

natural exerciser, the main form of activity for her today continues to be walking. This love of walking, she claimed, was *because we didn't have a car when I was younger and we had to walk everywhere. It was no hardship and still isn't*. Even for those who found *staying active challenging* during their early adult-hood years, very few of them had generated a dislike for physical activity. Many in fact, voiced a strong identity with the qualities imbued from participating in their chosen activity. Expressed as feelings of competence, purpose and self-fulfilment, an identity with being active was generally portrayed as acquiring physical proficiency, a sense of belonging and the joy of social interaction derived from being with their friends. A belief that *she was good at most sports* gave Lois an innate confidence and competence not experienced by her friends.

When I was 15, I looked over to these other girls who were playing netball and said to my friend, 'I'm going to play netball with them'. She said 'they won't let you, they're not very friendly' and I said, 'well, why not?' I wanted to prove her wrong, so I just walked over and said I wanted to play. Then I just started playing with them and because I could do it, they didn't even take any notice of me.

Past participation in school sports, community and work-based social sports activities including an early engagement with the burgeoning 'fitness scene' of 1980's New Zealand, mattered today. Over the years, all of the women had discovered the physical, psychological and social benefits derived from being active. Their mostly, varied experiences ensured that functional motor-skills developed early on in their life enabled greater confidence in their ability to return to being active as they aged. But functional competence was not the only benefit they derived from a life-time of moving.

When life's demands challenged them and activity priorities were long down the list of daily tasks, many of the women had also developed a range of strategies for staying active. As she reflected on the 'busy-ness' of years spent working full-time and mothering young children, (Rose)'s strategy for staying active was *to be really organised at home*. Janette's decision to re-acquaint herself with exercise classes was fostered through the many challenges on her time during her years as a busy working mother. *I started going back to the gym in the early*

1990's when my children were young. It gave me structure really. A routine. You worked hard and it reminded me of what I used to do. As each began articulating the meanings for why she exercised today, their physical past was relevant. An active past gave them the belief that activity habits of yesteryear could be returned to and possibly, sustained, even though they took a different approach to their activities now. Their experience with activity in the past mattered for a variety of reasons and Wendy's perspective resonated with all.

When you start to think about the next phase of your life, and what you have to do to stay fit, you remember what you have to do to get there. Sometimes it's quite hard to stay fit, and it does make you reflect on whether it's all worthwhile.

If it's to be, it's up to me

A complex interplay of empowerment, identity and the negotiation of resistance to a dysfunctional older age revealed itself as they spoke. As Lois confidently expressed, *we have a lot of control over how we age and how we can transform our ageing if we wish to.* This view was shared by many of the women. Its origins were the years' when the positive and transformative virtues derived from engaging in activities that required a reasonable amount of exertion were internalised. All of these Baby-boomers categorically believed that now, more than ever, they needed to remain active. But this was not just any activity. Exposure to a plethora of media images of actively ageing Baby-boomers as well as the engagement in a variety of physical activity environments emerging over their lifetime, gave most an assumption that certain activities were necessary as they aged. Many mentioned the influence of the American fitness icon, Jane Fonda. *She was amazing,* recollected Jude and as Lois enthused, *I bought all the Jane Fonda tapes. When the kids were asleep, I turned on the TV, moved the furniture and worked on my fitness. She was so inspirational.* Sparkly leg-warmers and head-band aside, she put the phrase *no pain, no gain* into these women's common vernacular and this influenced them today. Most assumed that in order to experience what they determined as 'ageing well', becoming *strong, fit, functional and flexible*, was necessary but this required some effort. Giving

credence to the regulatory aspects that staying disciplined with exercise promised, (Rose) stated, *I don't want my body to get away on me. I want to keep it under control as I age.*

All of the women expressed the view that they could unreservedly *control aspects of their ageing through exercise* but this was on the premise that effort and exertion were the tools needed for their self-transformation as they aged. This was a general view founded through the transformational benefits, both psychological and physical, most had experienced from engaging in strenuous activity over the years. Feelings of post-exercise euphoria, fitness achievements and weight control could only be attained through strenuous exercise effort, believed most. Karen offered this explanation, *I knew my body and I knew that, when I put on weight, I needed more effort than I could get from walking.* Like many of the women, Rose sustained a belief that *you have to work hard to get the results and walking doesn't give you this.* As Jan re-called, *I went to Jenny Craig and Weight Watchers like a lot of women, to learn to change my diet and keep the weight down. It worked, but you also had to exercise hard to lose weight.* With an imagined positive ageing described by many of the women as *staying well and remaining functional*, beliefs about the effort required for achieving these dimensions prevailed today.

Accepting the view that *life is what you make it*, these Baby-boomers had learnt over the years that the prime responsibility for staying active lay with them. There was a collective belief that maintaining regular activity required disciplined strategies and this was generally presented as an *if it's to be, it's up to me* attitude. *I went to the gym for a bit of discipline*, said Denise. *I think I went about three times a week or four times a week. That was just something that I incorporated into my regime. It kept me focussed.* For most of their lives, many of the women had worked at sustaining their active-identity, even when life's interruptions got in the way. As Pip intimated, *life undoubtedly became more complex leaving no time for exercise when I had children. It was almost as if I had lost my identity.* She was not alone in this view. Wendy too, knew what life without activity was like. *I did get off-track at times when I had my kids. It's just that life gets in the way. I remembered what it felt like to be fit and I missed that feeling.*

Nearly all the women believed that by staying *healthy and independent for as long as possible*, they might resist commonly held stereotypes of functional decline in their older age. Karen's rationale typified most, *I don't want to be an old person and not be fit and active. I want to be able to get down and up off the floor with my grandchildren*. But past experiences taught them that attempts at remaining active can be fraught with challenges. Today this wisdom offered a perspective that there was more to healthy ageing than just the types of activities undertaken. In preparation for what they hoped might be a future life well-lived, they knew that staying active required both determined and disciplined behaviour. For many, this prefaced their decision to engage a Personal Trainer.

Time for me

Motives give relevance to the tangible value of physical activity and the women described a variety of motives spurring them on towards staying active over the years. The most prevalent motive emerging as a rationale for being active as they were growing up was simply stated as, *because exercise makes me feel good*. This changed however during time-poor years when most were in their 30's and 40's juggling careers, parenting and house-hold management. With the busy-ness of life, it was little wonder that most expressed motives for staying active back then as *taking time for me* and *regaining a sense of control over my life*. For some, this was a conflicted time. Rose explained it as a period of her life when continuity with her active-self was difficult to maintain, - *I would have loved to stay home and be a full-time mother but back in those days, our mortgage interest rates were up to 20-21% so I didn't have any option but to go back to work*. Working, raising children and helping to run a farm, rural school teacher, Karen, had to put her own physical activity needs aside for at least a decade. She remembered becoming *more sedentary, but even though I knew that my body needed to move, I had no time for me*. As many recollected, *motherhood came first but we also had to go out and work leaving no time for exercise*. Those who were working mothers faced challenges sustaining activity during this time of their life but despite this conflicted time for most, their desire to remain active never left them.

With time-constraints confronting many, seeking *time for me* and *regaining a sense of control over my life* became exercise motives which led many into a new phase of activity choices at this time. What evolved for most was a turning point in their 'active-lives'. It was the 1990's and it was at this time that most ventured out of old activities into new. Increasing public awareness of the benefits of being physically active had arrived. This included television beaming Jane Fonda's exercise workouts into their lounges and American running legend, James Fixx, endorsing the health benefits of aerobic activity. The 1980's and early 1990's was a time when a variety of new opportunities for staying active were being introduced into these women's lives and communities. Marketing of fitness as a consumer commodity was increasingly targeting women, engaging and appealing to them everywhere. *It was the early 1990's*, remembered Trudie. *I ended up at exercise classes at Les Mills. I loved the fact that it was higher intensity than the walking. That's why I went.* As many sought 'time for me' as well as exercise experiences which might *help control the weight*, new activity destinations that offered structure, purpose and social connection delighted many. Running became mainstream and fun. Some such as Dale, remembered this as a time when an increasing number of women's-only running and triathlon events were infiltrating local communities in the early 1990's. As she explained, *it wasn't so much about the health benefits of running, it was more about the comradery and fun.*

The arrival of gyms, health clubs and women's-only community activities such as running/ triathlon events enabled many to not only reacquaint with the *self of old*, but to experience new ways of being active. Workouts, such as group-exercise classes, offered endorphin-experiences which reminded many of the 'feel-good' effect of strenuous exercise. These were activities, acknowledged most, which were *definitely a harder work-out than walking* and attracted nearly all of the women to investigate her local gym during this time. Rose was hooked. Her local gym offered her *a new sense of place where*, she said, *I could be with like-minded people.* But the meaning she derived from these visits at this time offered more than the physical. As she acknowledged, *if I didn't go to the gym in those years I don't know if I could have coped with how busy my life was back then.* This was not an uncommon comment. The gym also offered a sense of

'place' for Janette. Describing her local gym as *just another community church*, Janette enjoyed engaging with *a really nice 'fitness' community*. But not all were positive about the gym however. Although Viv, Jan and Wendy had visited their local gym, they were not particularly enamoured of the objectified emphasis on 'the body' *and the feeling you had to wear all the outfits and stuff*. But these women were in the minority. For most, visits to the gym elicited positive experiences and it emerged as an important and valued activity-space in their busy lives.

Re-framing the 'fit-body'

Following the 1970's women's movement, coupled with the growing interest in the health benefits of 'aerobic' based exercise in the 1980's, fitness became a destination for many of these women in the early 1990's. Gyms were re-branding products to attract a growing female interest in body-transformation activities. Pursuing time for me and getting my body back under control took a new direction for the majority of the women at a time when careers, motherhood or both threatened to overwhelm them. At the gym, 'fitness' was rapidly being re-framed as disciplined and fun, especially for women. Many spoke of their early foray into exercise-to-music classes when the collaboration of music and movement into exercise classes were provocatively labelled and marketed to women with names such as 'New Body' and 'Abs and Butts'. For Denise, this fuelled a passion for attending the gym from the time she was in her 20's. As she explained, I'm very musical and I loved working out to music. I wasn't a gym-goer back then so I went to the local school hall. From then I was hooked and started going to Jazzergetics. Not all of women enjoyed exercise classes though. Remembering her first group-exercise classes in a small ski-town in the late 1980's, Jane had a less than satisfactory experience. I didn't enjoy going to these classes she explained, simply because I didn't like being yelled at. Although some of the women did not enjoy the experience of 'going to the gym' and did not continue, all understood that these new exercise experiences offered by this emerging fitness culture were influential in encouraging them to try new forms of activity.

With the growth in fitness and increasingly prevalent messages about striving towards an ‘ideal’ body, it was around this time that many of the women became aware of new ways of ‘working-out’. For several such as Denise, Rose, Trudie, Pip and Janette, regular visits to larger commercial fitness centres or their local community gym exposed them to a new language about exercise and the production of the ‘fit-body’. With Personal Trainers arriving as new authority figures in this production, their presence in the gym was a catalyst for many of the women to become interested in engaging their services. As Janette explained, with my two babies, I’d had some time out of exercise. I felt that hiring a Trainer would help me get back into nice patterns of exercise. Whilst not all had a positive experience with a Personal Trainer in these early days of their arrival in gyms, for those who did, their motivation took a new turn. As Denise claimed, if you hire a Trainer to put you through your paces, you can get incredible results.

Years of participation in a range of activities pursued in a variety of settings, and for some, delivered by a Personal Trainer, affirmed for many, that structured, vigorous exercise was necessary in order to stave off the potential negative effects of an unhealthy body. Thinking about what their bodies might be like as they got older, was no different. Even for Jan, a *self-confessed couch-potato*, expressing that *exercise was a necessary evil*, the perception that *working hard was important to attain the changes you need to as you age* prevailed. This perspective was significant. When mid-life delivered new motives and meanings for being active, all believed that in order to realise the functional, strong, fit persona of their ‘future’ ageing self, a strenuous, ‘work-hard’ ethic was required. For all the women, this resulted in an underlying feeling that the outcomes they desired might not be achieved without the professional support of a Personal Trainer.

New mid-life motives

Experiencing the instability and fragility of their own mother’s ageing-related decline gave all of the women a window into the loss of personal competencies that growing older might also bring to them. When the participants in the study witnessed older women, including their mothers, in health-related decline, this was a powerful and confronting reminder of what their future might hold for them too. Their care of ageing mothers gave all of the study participants, insight into

the ‘dependency-discourse’ of ageing and this was unsettling for many. *My mother had problems with her hips* remembered Helen, *and after a while you start to think, well is this where I am going to head?* This perception of decline was also cemented through images of her mother’s friends, *I can remember looking at photos of my mother’s friends and women in their 50’s and thinking, ‘God, they look old and dowdy. I’m that age and I don’t want to look like them’*. There was nothing more motivating for each of the participants than the thought of the disease and dysfunction that *could* be possible in their older age. This no doubt, ignited many of the women into action.

Rolling easily off their tongues were disorders each had witnessed and become aware of over recent years, - *dementia, diabetes, Alzheimer’s, heart disease*, and musculo-skeletal dysfunctions that they now associated with old age – *painful hips, knees, shoulders* and of course, *arthritis*. Reflecting on her mother’s health challenges with her health, Janette said, *I always had this memory that my mother was ‘old’ and not very able to do much. She always seemed quite disabled in a way. I always thought that I didn’t want to be like that*. Jude had a similar view, *I look at my mother and she is 80 and not fit. She has had a stent and breast cancer and I think, ‘Well, I don’t want to be like that’*. When discussing the ailments of old age endured by their mothers, the desire to prevent or prolong their onset of these was evident. Recollecting her mother-in-law’s ill health and vulnerability influenced and cemented Jan’s resolve to prepare for the future, and to *take control of my own health*. As she disclosed,

I know if I don’t want to end up like my mother-in-law and my mother, I have to do something about it. She was a very bad diabetic. The day she turned 60 she told me, “I can’t do that Jan, I’m old.” So she just ‘stopped’. I’m not going to be like that.

This ‘not like my mother’ visibility could not be ignored. As the women recounted individual experiences of looking after ailing parents it became clear that this raised new motives for their current exercise efforts now. Overwhelmingly influenced by *not wanting to be like my mother*, poignantly, experiences of looking after frail, ailing mothers, served as a reality-check leading many towards embracing the guidance of a Personal Trainer. For most, this was

another turning point in their activity journey. Seeking support from an exercise professional was an endeavour which they believed might prepare them for a more positive and healthier ageing than their mothers had experienced. Motivation for staying active at this stage of their life was generally not lacking, but the anticipated tangible value and purpose of exercise for a re-constructed physical-self had arrived. All of the women expressed a determination for a hoped-for strong, functional and healthy identity as they aged. But as most had learnt over past decades, when it came to transforming the body, hard work and constant vigilance was required. As such, for their new fitness venture in middle-age, many were of the belief that *you can't do it on your own*.

Chapter 6

Working-out: The professional is personal

Introduction

In this chapter, I set the scene with a ‘fictional’ narrative that offers a glimpse of the day-to-day experiences and thoughts of Baby-boomer women working-out with their Personal Trainer. Because this was the crux of the research, I felt it was beyond the scope of a thematic framework to compress the copious amounts of information shared during the interviews into an informative text without losing the richness and essence of the multiple meanings inherent in the women’s everyday experiences. The narrative highlights some of the commotion and practices within the settings where these women worked-out with their Trainer. It also illustrates the dynamic of why there can be no correct meaning, or singular interpretation of the subtleties of what constitutes and influences the experiences and beliefs these women had with regard to their active ageing. Although there is a temptation to generalise, this must be avoided and this opening ‘story’ should be read for the purpose it serves, that is in ‘setting the scene’.

A sense of place

If you were to walk up a path towards a personal training studio in any one of New Zealand’s cities, you might hear the cacophony of sounds that enliven the normally quiet and peaceful neighbourhood atmosphere. If this was the case, you would also realise that there is a group of women inside. The high-pitched, convivial and non-stop chatter and laughter makes you think it is a coffee-group meeting of old and dear friends. But pause for a moment and other sounds invade the air. There’s huffing and puffing and the occasional grunt as someone’s breath is released explosively. There’s a rhythmical ‘thud, thud’, of feet hitting a surface, the bang and clang of steel-on-steel, the long, slow ‘whoosh, whoosh’ of cables running over pulleys and over the top of it all, chatter and laughter. You listen as the

noises become a milieu of undistinguishable sounds. Up-beat music plays but recedes into the background when a voice suddenly rises above the ever-increasing din. This voice is different. The pitch is stronger, authoritative, imploring. The tone and words inspire a change in the atmosphere inside. *“C’mon ladies, you’re here to work, not to shirk.”* Suddenly the voices are silenced. All you hear for a moment are those other sounds.

Opening the door, the conglomeration of machines and movement, ropes and pulleys, barbells and balls, women working out - reaching, pushing, pulling, extending, flexing, fills your view. A personal training studio with an intimate but not entirely, encroaching space. The only advertising is what is going on inside. A dozen or so women dressed in tee-shirts and tights are present and you already know Jan, Jude and Helen. Their crimson, sweat-infused faces look back at you. Dressed to work-out, you blend in well. The studio owner notices you. She looks younger than middle-age, but her lean, energetic body, layered in lycra, with Personal Trainer glaring across her top, belies the fact she is older than you. There’s a smile, a warm greeting, *“How are you?”*

Following her instructions, you nod and grab your water bottle and towel out of your sports-bag. Gesticulating towards a treadmill, your Trainer sends you off to warm-up. Then she turns to offer unbridled attention and encouragement to someone standing in front of a mirror nearby. It’s Jude. With purpose and authority, the Trainer places two 5kg dumb-bells in each of Jude’s hands. Jude turns to face her reflection in the mirror but you over-hear her response. *‘Is that a 5?’* she enquires, to which the voice of authority responds, *‘Yes, you have done it before’*. I watch. Jude acquiesces. Her biceps and forearms flex and strain. The mirror reflects her grimace.

Another woman is getting off the treadmill. The belt slows and so too, does the ‘thud, thud’. As you await your turn, you glance around the studio. It’s busy. Organised chaos really. Baby-boomers, like you, moving around purposely and freely - smiling, talking, confident and familiar in this suburban studio. There’s all the modern fitness equipment of the larger commercial gyms you’ve visited in the past. Everyone is busy - talking, listening or moving confidently around the studio. There is purpose here. No-one is idle.

You notice a woman lying on her back on a machine that looks suspiciously like what patients with broken bones, heavily set in plaster-casts, are strung up on in orthopaedic wards. But her leg is moving, not motionless. Her foot is hooked into a leather strap attached to the pulley. Up and down, strong and straight, lifting and extending, contracting and relaxing. The cable rides over the pulley, ‘whoosh, whoosh’. Aha – unfamiliar sounds from your entry to the studio now attach to this ‘Reformer’ of muscular posture and power. The treadmill is familiar to you. You know you need to warm your body up for the workout to come, so as the belt slowly starts to roll, you place your foot down onto it. Whatever mood you are in or motivation you lack, it’s time to put on your ‘game-face’.

Today, fitness is by appointment. ‘Miss Authority’ will call the shots, but it’s Wednesday morning, so your ‘workout buddies’ are here. They have been coming, like you, for two years. That’s partly why you showed up even though you didn’t sleep well. But you like the coffee and chat afterwards, even on the days that ‘Miss Authority’ comes too. It’s fun and social. For a busy, working Baby-boomer, the next hour is ‘*your time*’ and that means just one thing. It’s time to work hard and do whatever you’re instructed to do. You’re always amazed that she keeps up with the latest trends. Jude warned you last week, “*She has got*

this ‘Oov’ thing to train our core muscles. She always has new exercises.” You see the ‘Oov’ over in the corner. It looks unfamiliar and the shape reminds you of a duck sitting laying an egg. You smile to yourself wondering how on earth your core muscles will respond to this new apparatus. But that’s why you’re here. To learn and to enjoy yourself.

After only a couple of trial sessions after seeing her advertisement in your local paper, you knew that she could be trusted. She’s a Baby-boomer too and you sensed she would be ‘*on the same page as you*’ but this is an imagined page that is yet to be storied. Finding this small studio nestled in your community allowed you to leave the impersonal, large, commercial gym you used to be a member of. Well, an on-and-off, love-hate member of. The young, lithe instructors no longer related to ‘*someone your age*’. You trust your Trainer. She is professional, but personal. She ensures you remain ‘on-task’ and adhering. On a Wednesday, you don’t have to ‘think’. She does it for you. As your fingers hover over the speed button on the treadmill console, you step onto the moving belt. The other foot follows. You lift your hands off the rails and start to pump your arms vigorously across your chest. You instinctively tighten your abdominals and straighten your shoulders. Your pulse quickens. The clock begins to tick down. ‘Thud, thud.’ It’s workout time and like the other women there, you can’t ‘shirk off.’

You can’t shirk off

The workouts were varied, - pilates, squats, lunges, bench-press, bodyweight, barbells, dumb-bells, medicine balls, swiss balls, sets and reps – these women participants were confident communicators of the language and landscape of ‘fitness’. Sentences were sprinkled with typical exercise vernacular. Mainly, the participants conversed enthusiastically about individually-tailored workouts which were challenging but remained within the boundaries and constraints of their

middle-age bodies. As Leigh explained, *there is always enough variety there to keep you going. Because that's the thing isn't it*, she stated knowingly, *exercise can be very boring*. The comradery of small group training sessions, are also *fun* said Jan, but also because *our Trainer gives us specialised exercises that are different every time we go*. But it wasn't just the constant variety of sessions that kept the women returning. Many of the women spoke of 'high-intensity' exercises delivered in structured timed intervals of effort and ease. They appreciated that no attempts were made by their Trainers to legitimize middle-age as a distinct stage of life which historically, viewed mild activity and limited participation for women as the norm.

Pain not pleasure, seemed to be the badge of honour upholding value and satisfaction of a workout well done and many of the women believed that *for exercise to mean anything, you must work hard*. Instant gratification received from the post-exercise endogenous opiates categorised in the 1970's as the 'runner's high', was no different for them today. Sessions with their Trainers were mostly rewarding in this regard. Although in the company of a Trainer, a general belief prevailed that aspiration without perspiration comes to nothing and one of the benefits of having a Trainer was to focus their effort, concentration and motivation on the task at hand. In fact, apart from a couple of women, feeling exhausted at the end of sessions provided a sense of satisfaction. Angela's response was typical - *I would never, ever do what he makes me do by myself. I just wouldn't*. For some years, regular exercise was out of reach for Julie, but this changed when a decrease in her work commitments resulted in more time for exercise. Familiar with the role of a Trainer from gyms she frequented in the past, there was no time wasted in engaging the Trainer who had arrived recently in the small coastal community where she lived. Specialising in outdoor training sessions, rain or shine, this Trainer, nearly half her age, put her through taxing workouts. Julie found these exhilarating. *There's never any 'what age are you?' ...she just pushes you. I just love it. You can't explain that feeling. It's that adrenaline. It just comes from your body. It's just the endorphin rush*. Jan, participating in exercise sessions with three or four other women each week, told a similar story. *I don't like going to the gym and I need to be pushed. But our Trainer keeps all of us on our toes. You just can't shirk off*. Over-exertion of their

middle-aged bodies was not viewed in the context of ‘degeneration’. Pushing themselves was viewed as a form of ‘regeneration’.

Recalling how far she had come since discovering the realm of co-created fitness with a Personal Trainer at her side, Rose claimed to be *feeling fitter and stronger than ever*. But it had not always been that way when working out. The first session was etched in her memory. *C’mon get your arms moving. You can work harder*, enthused the Trainer as Rose walked hesitantly on the treadmill. Out of shape and exhausted, Rose exclaimed, *no I can’t*. But there was to be no let-up. The Trainer’s authoritative retort was immediate - *Of course you can. You can do anything if you put your mind to it!* Whatever thoughts she had of the role of a Trainer, she soon discovered that their purpose was to extend, within reason, the mental and physical limits of her exercise capabilities. But from effort and the subsequent exhaustion came reward and in this case, Rose discovered a passion of competing in ‘waka-ama’ (outrigger canoeing) with similarly-aged as well as younger women. The pride she felt was etched in her face. *I’m the ‘fittest’ in the boat*, she claimed. *They all want me in their boat now, especially when we are competing. I guess it’s because I’m the fittest, but I’ve worked hard for that.* Training sessions choreographed and supervised by Personal Trainers led to unexpected outcomes that served them well ‘in life’. Any notion that ageing was a problem was pushed to the back of their consciousness when it came to the effort that Trainer’s exhorted from them during ‘work-out’ time. This had its benefits as well as surprises in daily living. *Here I am nearly 60*, Leigh declared, *and when I was at Heathrow airport I had to run from one end to the other carrying a bag. I wasn’t even puffed. I could never have done that without having a Personal Trainer*. Becoming stronger and fitter than many thought possible was a bonus of Trainer-led workouts which were not only empowering, but for daily-living, enabling. For many, these benefits added further justification to the usefulness of investing in a Personal Trainer.

Strong is the new skinny

Expending energy and effort working under the supervision of a Trainer was not the only dimension of a satisfying workout for these Baby-boomers. The notion of what it meant to ‘be fit’ had changed and this shaped the context of their

workouts. From Jane Fonda and Jazzercise to triathlons and tramping, for most of the women, 'becoming-fit' in the past saw them in pursuit of scientifically-defined prescriptions of how much, how hard and what type of exercise they should be doing. According to these Baby-boomers the magazines were, and still are, full of a multitude of advice about 'how' to age well. The promise of body ideals promoted in a media-driven society was continually giving emphasis to certain socially defined 'norms' of body-shapes and types irrespective of age. It was therefore, somewhat surprising to hear these women talk about how they had moved away from workouts that focused primarily on beautifying the body. The (always) unfinished business of 'becoming fit' was now viewed differently, something more akin to the expectations of being in mid-life. These days, 'becoming fit' had lost much of its prescriptive and objective focus. This 'doing' had taken more of a lived or subjective turn. *It's not solely about getting fit and measuring your body fat any more, mentioned Karen, it's about remaining active in a way that suits yourself and feeling healthy.*

As the women shared stories about some of the changes occurring in their 'middle-age', new individual status was being given to strength, functionality and good health. 'Staying healthy' connoted 'ageing actively', and vice versa. Hence, beliefs about the value of the 'right type' of exercise to undertake at the age they were now, transitioned from the aesthetic to the authentic, from the scientific, to the reality of demands in every-day life. This was not all their own doing however. Taking up golf in her 50's, ex-tennis coach Helen, learnt that an ageing body was not necessarily such a capable and willing body when taking on new activities. Visiting a Trainer for the first time on the recommendation of her physiotherapist, she confided that it was her Trainer who suggested that decades of playing tennis had caught up with her. She (Trainer) told me, *'you are very tight across here and here'*. *It was then that I realised that all your years of playing tennis without having proper exercises to do, you become very one-sided. It's affecting my golf now and that's why I have a Trainer.* The notion that increasing strength and flexibility, might be the key to a sought-after more functional, healthier ageing, gave purpose and perspective to hiring a Trainer, even for those, like Helen, who disliked the formality of disciplined exercising.

She cautiously commented, *I am now aware that if I keep myself strong and flexible then I might delay things.*

For so many of the women, the emphasis placed on the importance of strength-training was a new positioning for them and was tied to the perception of their ability to delay any forthcoming age-related decline. Overweight and exhausted from long hours at work, Trudie's rationale for hiring her first Trainer back when she was in her 30's, differed from now. *Back then it was about my fitness. I was getting breathless when I climbed the stairs at work and wanted to get my fitness level back.* Contrasting this with her goals now, Trudie has changed her narrative, but not her desire. *I really want the energy to do things with my time out of work. Having my daughters say 'c'mon mum, let's go and do this'. So today it's about keeping an active lifestyle and I really like being strong for this.* As a committed gym-attende, turning her exercise over to an intermediary took some convincing for Angela. But a running injury sustained in her 50's put paid to her assumption that *it was a waste of time and money just having someone to watch you exercise.* Initially cynical about the advantages of using a Trainer, Angela's attitude had taken a turn after just a couple of sessions. *It is just so personal, as in specific to me. I was only going to do it until I could run again, but now that goal has gone completely and I'm just addicted to doing strength training every week and seeing results.* Her enthusiasm for bespoke workouts produced and delivered by authoritative and motivational exercise and strength-experts was engaging. In a similar vein, perhaps Gerry best rationalised the 'why'. *It's my perception,* she stated, *that if I'm strong, I won't get injured if I fall down as I get older.*

Fuelled by motives of *becoming stronger*, unsurprisingly, Trainers imparted activities which differed considerably from those many had derived pleasure from in days of old. A typical exercise session for Jude now, included *starting off with 20-30 minutes of cardio stuff and then a programme of weights or stretching...and latterly it's developed into Pilates.* Workouts that *were never boring* and enabled them to *stay strong with age* had become the new face of 'fitness' for many. 'Strong' had become the new 'skinny' for these Baby-boomers and the disciplined, fit body was now viewed as a 'strong' body. As such, having an expert-Trainer who embodied this belief was important. But as many of the

women discovered, sessions were valued more when Trainers extended their role beyond the contracting and relaxing of muscles.

Going beyond fitness

Most women extolled the virtues of the social, educational and physical capital the sessions delivered and this was translated into what Jan articulated as, the ability of her Trainer to *go beyond just 'fitness'*. Engaging a Personal Trainer who maintained their interest, sustained their commitment and influenced their understanding was a critical aspect of the personal training experience for all of the women. Describing interactions with her Trainer as having surpassed the focussed and exclusive effort on 'just' physical performance, Janette explained, *she is very genuine and we work things out together I feel. It is definitely a personal relationship. You wouldn't go would you if it wasn't?* This was a familiar explanation and for many this alone meant the personal training experience was viewed as value for money.

The need for added motivation and self-discipline are primary reasons why individuals hire Personal Trainers'. Although these factors remained relevant to the women, a number of them disclosed further salient benefits derived from hiring a Trainer. With a view that *when you are 50 you can't get away with things that you could when you were 40*, there was a general imperative to learn more about their ageing bodies. This was important as Wendy said, for *knowing the right types of exercise to do and how to eat more healthily, so I can sustain some semblance of control over my body as I get older*. Pip also captured these sentiments when noting that, *reaching your 50's isn't about the 'visible' anymore; it's all about the 'invisible'*. The dimension of *staying healthy* had shifted in focus with age and most of the women relied on knowledgeable Trainers who could impart advice on healthful lifestyle behaviours that reached beyond the realm of fitness. Hence, all of the women sought more than just motivation on appointment and expected their Trainer to have 'other' knowledge relevant to their age and stage in life. The women expressed a collective desire for Trainers', irrespective of their age, to know about a range of topics to do with aspects of their specific needs.

Exercise and education went hand-in-hand for the women with many reliant on Trainers who were empathetic listeners and confident conveyors of knowledge. This not only included exercise, but also nutrition, nutritional supplements and disease-prevention in their older age. Many of these aspects were discussed with the Trainers, positioning them as their ‘voice of authority’ on a variety of topics related to their ageing body. For example, describing the ubiquitous experiences of menopause, Jane explained, *my Trainer finds me information and keeps me educated. With the whole menopause thing coming through, this keeps me on track. There really isn't information about this available.* As Trainers led them into an initiation of their ‘exercising-body’, many of the women mentioned that an added benefit of having someone at your side, was the learning about *the correct way to do strength exercises.*

Remembering visits to Deakin University in Australia to participate in exercise classes prior to migrating to New Zealand, a comment from the instructor about osteoporosis risk in older women piqued Leigh’s interest. *I picked up information about how as you get older you need to do some muscular and strength exercise,* she recollected. *I didn't know about how to do this, so that is why, when I came here, I have gone back to having a Trainer. I wanted to learn what to do.* It was the same for Angela, the most experienced ‘gym-attende’ of all the participants, who for a long time had a virtuous pursuit of gym-based fitness. Although confident and familiar with the inside practices of a gym, she too re-counted with surprise the additional knowledge she gained during her personal training sessions. *You think you know how to do a squat or a sit-up correctly but actually, you don't. It's quite different doing exercises correctly. So, yes, now it's about the knowledge and support.*

Feeling comfortable in a gym or health club does not come easily for many new users of these environments. Not only can these spaces feel daunting with the array of various complicated looking machinery on offer, but exercise-programmes without the appropriate imparting of knowledge or supervision can be a source of frustration for many new members of such facilities. This was highlighted by some of the women as they contrasted their exercise experiences with a Trainer now, against the services they received as members of a gym in the

past. The discrepancy was noticeable and noted. *I think in the past*, recalled Helen, *the programme was, 'let's do 10 minutes of this, 10 of these, 5 of these. You know a very generic programme that would fit anybody. It's a much more personalised programme now.* Indignant about her own experience as a new member of a gym, Jude explained,

It's just that you get a programme from the gym and you race through it and you're not actually doing it properly. Nobody is interested in you. I only went once or twice, maybe a bit longer but I didn't like being there with other people vying for machines. It was a bit boring and nobody checked up on you.

For the women who had used exercise-programming services in the past, usually as gym-members, having individualised and personalised attention from a Trainer enhanced their enjoyment and motivation of, as well as adherence to, exercise. With these determinants often regaled as markers of 'success' for fitness businesses everywhere, it is noteworthy that those women who could contrast their experiences, valued the personal training experience over the delivery of generic exercise services they had received in the past. But of course, in any industry where customer-service beats at the heart of the business, it is the interaction between those working in the business and their customers that matters. For the business of personal training, it was no different.

It's just that they inspire you

Maintaining enthusiasm and motivation for regular activity is not effortless. Cognitive and behavioural agency is required and as many of the women had learnt, this requires prioritising time and energy that can wax and wane. Although viewed primarily as expert designers of their workouts, the women also upheld the legitimacy of Trainers against motivational and inspirational ability. Relationships with people have been consistently reported as the most frequent source of meaning across the lifespan. Not surprisingly, for all of the women, an added dimension of the perceived quality of their personal training experience was the motivational and inspirational energy they sourced from their Trainer. The personality of Trainers mattered when it came to the effort and attitude the

women required for mastering the numerous new skills and activities that Trainers were imparting on them at this stage of their life. For example, with Viv, who was employed in a large corporate organisation, the inspiration she derived from her Trainer, drowned any lingering self-doubt about participating in workplace activity sessions.

Recommendations from work-colleagues saw both Viv and Jane taking up weekly sessions with the same workplace Trainer. Viv was one of the few participants not to problematize her body over her lifetime and join a gym, but more recently, experiencing the vagaries of weight gain due to menopause led her to question her current activity levels despite walking to work daily. Acknowledging herself as shy and *not confident with fitness things*, she was initially reluctant to join a ‘wellness at work’ health promotion intervention supervised by a local Personal Trainer. But when the Trainer announced a team-building challenge focused on achieving ‘10,000 steps’ a day and wearing a pedometer to count the daily steps, Viv knew that this was in the realm of her capabilities. She signed up. With weekly on-site visits to the Trainer to discuss aspects of mastering this daily task, her confidence grew exponentially. Not normally one to participate in team-challenges, the pride conveyed in her voice was palpable as she recounted her experience.

Some of the women didn't achieve their total steps but I pushed myself more in the weekends. Meeting my Trainer made me obliged to push myself because I knew she was checking up with me. I did way more walking than the others because she inspired confidence in me that I could do it. You had to give in your totals each week and then the others at work were surprised at my numbers. I couldn't have done it without her inspiration. It was fun.

Jane who worked in a different department to Viv, was not part of the challenge, but met this same Trainer each week too. As she enthused, *the Trainer is just addictive. You meet with her and you can't help but be inspired and this makes you want to do stuff*. Accountability, education, motivation and inspiration, led to their achievement, adherence and more importantly for Viv especially, self-

belief. Contrary to her original beliefs, Viv's age and lack of confidence were no longer internalised as barriers and she looked forward to other suitable workplace challenges in future.

The stimulation of early morning exercise overseen by her Trainer was an invigorating start to Dale's day. Having finished a career as a Personal Trainer herself, handing over power for the production of her body transformation to an exercise intermediary when she reached her mid-50's, was surprising. As the oldest participant, at 62 years of age, Dale's ambition was to remain healthy and strong for her current career as a masseuse. With this taxing and time-consuming work she knew that she needed to stay on top of her fitness. After a few early-morning sessions, she realised that it was more about the mental and motivational aspects of training with her Trainer, rather than the physical, that she valued most. *My Trainer is an incredible motivator and fabulous support person, enthused Dale. She inspires me. I've really needed it over the past three months. Life has been really hard, as I have had to help manage my husband's health challenges. It's been quite draining.*

You have to shop around

Placing added emphasis on the benefit of the relational and inspirational side of the Trainer-client relationship, those who had experienced supported-exercise in the past, acknowledged that finding the 'right' Trainer was important. Most women found their Trainer via 'word-of-mouth', but for some, such as Denise, finding the 'right' Trainer, meant approaching the search with the thoroughness of a business partnership. When she underwent a hip replacement in her 40's in the prime of her career, she knew she needed motivation, education and accountability to adhere to her rehabilitation plan. As a regular gym attendee, she could see Trainers in and around the gym environs and thoughtfully and diligently observed their professional and personal skills 'on the job'. As she explained, *I looked at everybody in the gym and I chose Greig because he inspired me.* Observing his professional approach, motivational style, maturity and the physically-honed muscular body was a better calling-card than any qualification he might have, and for Denise, these endorsements mattered. Although the hip was returned to its proper function long ago, as Denise has entered her middle-age

years, she has continued with this Trainer. *He doesn't see this age-thing as a barrier, she explained, and it's important that there is somebody working with me who is absolutely on the same page about this as me.*

Contrary to Denise's experiences, after Pip hired a young Trainer a few years ago, this experience nearly put paid to her use of them altogether. As she lamented:

I signed up with this 20 year old Personal Trainer and he sits down, and says, what are your goals? People like me rattle off the same thing, and you say, 'well I want to lose weight', but that's just the icing on the top. What he needed to say was 'so tell me why you are really here? What's happening underneath?' Why don't they ask that? He just wasn't on the same page as me.

Nowadays Pip has a different Trainer. A female Trainer this time whom, she sought out after hearing about the way this Trainer *structures training for someone my age*. Jude told a similar tale. With renewed awareness about approaching the years when *being healthy mattered*, Jude also shopped around for her Trainer. Having witnessed her mother's physical decline, Jude felt that she should do some exercise which might *delay the inevitable decline*. Although Jude did not initially think about engaging the services of a Trainer, her stance changed when,

I saw an advertisement in the local paper for a free workout. I didn't even know it was with a Personal Trainer. So, I went along and got started. She was really good and understood my needs. I was surprised to find out that she was older than me, though you wouldn't have known it. She knew what I wanted despite my age and inspired me. I discovered that she was a Personal Trainer and took individual sessions, so I signed up.

Trainers who motivated and inspired these Baby-boomers were talked about mostly, like old friends. The exercise intermediaries who shared the activity journey of the participants were respected and endorsed. Not only was this for any expertise they had in designing workouts, but for their ability to galvanise and

inspire effort, enthusiasm and of course, self-belief. Out-sourcing motivation and inspiration in middle-age, put any conscious ageing to the back of their minds, allowing what Rose shared, as *my ability to stay-me*. There were many considerations about the characteristics of an effective Personal Trainer expressed by the participants, especially those who had used Trainers on and off over the years.

All participants were enthusiastic about their current Trainers. But for those women identifying themselves as consumers of fitness products since the inception of the fitness industry in the 1980's and 1990's, they were emphatic about the worth of finding the 'right' Trainer as they reached middle-age. Most of them relished the emphasis that the Trainers gave to their desire that they could 'age-well', because many held the belief that from their 50's, the body could and would go into decline. Hence, the importance of having a Trainer who encouraged and supported their actively-ageing bodies, fuelled their optimism and belief about what was possible in an imagined older-body. This legitimised their world-view on ageing, contrary to the 'medical' and populace discourse people of their age have been subjected to over the years.

When Helen's Dad had a major heart scare, the Cardiologist said to her and her brother, 'you two, this is your path too'. *But do I live by that mantra? Not at all. It's nutrition and exercise that keeps you healthy. My Trainer thinks so too* explained Helen. Whilst one consequence of this is the potential to situate Personal Trainers somewhat contentiously in defying ageing, thus demonising those who do not comply with any 'active-ageing' mantra, the Baby-boomer women drew power, purpose and meaning from sharing their active-selves with a Trainer. A 'fit and strong old age' was a 'good old age' believed these women and through exercising with a Trainer at their side, their lives were enriched. No mention was given to the exclusive and privileged position of training with a Personal Trainer, because ultimately, the benefits transcended this. At 60 years old, Baby-boomer Leigh, was the most evangelical in her enthusiasm, although her thoughts echoed the views of all participants.

No matter what age you are, if you find the right exercise and the right Trainer, it's almost like re-living your youth. That way, you won't be one of those old ladies who are sitting around all the time.

Chapter 7

Re-calibrating thoughts about ageing

We are forging our own way with ageing now. We're breaking the shackles and ageing in a different way. Not fitting into what society thinks about ageing ... I think women now have so much more choice about how they age. It's a bit of a dilemma really, because we actually have too much choice. (Jude)

Perceptions about 'doing-ageing' shifted in the eyes of these Baby-boomers as each imagined her transition into a 'ripe' old age *remaining healthy and well*. When asked to describe what sort of 'healthy ageing' they wanted, their views were varied but not dramatically different. Their wishes included *not taking or being reliant on medication, staying independent, not losing my marbles, remaining free of disease and feeling well*. Neither was there a desire to return to a feeling of youthfulness. Despite their exposure to and knowledge of a variety of anti-ageing gimmicks and commodities, using pharmaceuticals or applications such as botox to intervene on the appearance of ageing in the later years, the quest for eternal youth was not de rigueur for these Baby-boomers. All were emphatic that increasing media attention towards 'recipes and secrets for women's longevity' and good health would not seduce them. The commonly-held belief was that in their future golden years, they would not let themselves *rest and rust* and one way to ensure this was to remain busy, engaged with others and active in a way that suited the self. The consequence of this belief was to adopt a position that being idle and isolated was not an option if a 'good life' was going to be enjoyed until the end.

Remaining physically active into their 'older-age' was something that none of the women had thought seriously about prior to the interviews. They were more focused on the here and now – the immediate future. But drawing on their knowledge and experiences from an active past along with their current beliefs about the value of physical activity lead them to believe that what was happening now would contribute to endorsing their wished-for *good health*. Even for those coming to regular physical activity late in life, this was becoming an integral part

of their identity. It was therefore, no surprise that the notions of ageing-well included *keeping moving and eating well*, something seen as being pivotal to ensuring a 'good' quality of life in the years ahead. Remaining engaged with a Personal Trainer was one way they believed would help them stay on the active lifestyle pathway and better understand the changing nature of their 'ageing' body.

The women were unanimous in their convictions that what they were doing now was *quite normal* for them and would continue well into the future. But lessons had been learnt and as most had discovered over the years, staying active is not necessarily a straight-forward endeavour for it is a continually negotiated domain. These women knew that if 'healthy ageing' was the desired outcome in the years ahead, then the appropriate lifestyle behaviours must be cultivated and invested in if it was really were to *become their new normal*. Exercising with a Trainer was a ritual that for now, most hoped they *would never give up*. In addition to being an enjoyable and liberating experience, they believed that such an investment (in money and time) was as much about the future as the here and now. Even for the few women who were somewhat 'reluctant exercisers' at first, their beliefs about the value of exercise now, over-rode any inherent desires to 'stay on the couch'. As Jan explained,

I'm at a stage whereby I am going to continue doing this. I don't want Liz (Trainer) to retire. I'm conscious that I want to continue doing something like this as part of ageing, because I know that as you get older, you should actually be doing more.

Physical activity was seen more than a necessity. Whilst having a Personal Trainer supported them with their physical competencies, all sensed a closer relationship between the inherent value of exercise and the extension of their *mental and physical health*. In the views of most women, the two domains were inseparable and would become of greater importance with age. The general belief was that by remaining active as they 'marched' through the years, rewards might be accrued in regards to their mental acuity and cognitive functioning as well as their physical self. The words of Trudie were pertinent here;

When we were growing up we had a parent at home, usually our mother. Society isn't like that now. Most women our age are still working and have children at home. It used to be that women live longer than men. This was possibly because they didn't have all those different stresses. But that's changed. Women have these mental stresses now. There's just not that gap anymore. So as you get older you have to put the priority of your own health and mental wellbeing up there above anything else.

When talking about their ambitions with regards to the transition into *older age* (mid-seventies onward), there was much more reference made to 'good' health than to 'fitness' but the relevance of the latter was evident. Being exposed to countless health promotion messages through a variety of media representations of ageing, was not lost on these women. Jude offered this perspective, - *we are a different generation compared to the previous [now older] generation. Many of my friends have 'younger attitudes' and this is reflected in how we want to age. Ageing is different now ... we just want to be ourselves.* Many women also believed that they probably felt 'younger' than what their mother's might have at a similar age. This was something inextricably linked to the consideration as well as adoption of, a range of positive health behaviours that were unwittingly misconstrued, or perhaps more likely to be not at all well understood by their parent's generations.

Both my parents smoked and they didn't seem to know about the implications of that. My mother talks about going out to dinner parties and in the middle of the table having a little container for cigarettes. At the end of the meal everybody would light up and have a smoke. Things have evolved now and we have become more educated in terms of the health aspects of our ageing. When my parents smoked in the 1950's, no-one seemed to know about lung cancer and it wasn't talked about ... I think we are better at taking control of our health now. (Jude)

Although living such a different life to their parents, many of these women were adamant that a better notion of 'positive' ageing could be realised through

taking some responsibility for and exerting *control over aspects of their ageing*. Wendy talked about this and explained how she was conscious that *there is always something that I'm building up to and looking forward to and planning for. It's just that I want to keep my body under control as I age. Not to do so would be an unwise choice*. Widely recognised by health researchers as a very important predictor of psychological wellbeing in later life, personal control is a broad but comprehensive concept that refers to an individual's perceived competence in many aspects of life. It integrates a range of constructs such as self-determination and in women especially, self-efficacy, involves trying to achieve desired outcomes, not only for one-self, but in interactions with others. One's midlife years are often touted as a stage of life where women are thrown into the cross-roads of either taking control of aspects of their life or not.

Similarly, in this study the Personal Trainer was like an active agent helping the women embrace their tailor-made programmes in a way that ensured they exerted aspects of control over their physical lives. This was evidenced by the efforts made by the Trainers to foster self-improvement and self-fulfilment in a way that enabled the women to establish motivational repertoires for being active. At least for now, this was enacted almost daily.

We're all in this together

These women talked with a strong belief that the social and physical environment would have a considerable influence on their level of commitment to maintaining a physically active lifestyle in their later years. This was already evident in who they exercised with and where they exercised. It also counted in fostering and activating their sense of belonging, acceptance, motivation, mood and for some, their adherence. For example, their current actions provided social encounters, connectedness and 'adherence-activators' that may not have been accessible to them if they were exercising on their own particularly in another place somewhere. There were many intangibles in these messages but as Rose said,

People actually miss you if you don't go. I mean you go to the gym to do your own thing, but when you are in a class, if you have your regulars, then people say, 'well, why weren't you here yesterday? You get to see

and meet all sorts of people and I think that's what I like about the gym environment. It keeps me going.

The spaces where many of the women worked out with their Trainer (e.g., local gym, personal training studio) were claimed to enhance their level of motivation and preservation. This was not only viewed in the context of the physical setting where the workout took place. It was about being in the company of other women, younger and older, some who were seen as role models working-out in proximity to them. Although their Trainer, regardless of age or gender, was also important in this respect, being in the presence of other similarly-aged or even older women was a source of inspiration and reinforced their decision to 'work-out'. Janette talked about how fitness pioneer, Jane Fonda had once inspired her to get into dance-based exercise in the past, but it was now 'older' women she observed training at the gym which kept her 'fired up'. Observing and interacting with these women several times a week helped dispel the contrary opinions of some of the women she rubbed shoulders with in the work-place. *What I see in the fitness industry watching the older ladies, it's just the norm isn't it? It's like we are all in this together*, she now claimed.

Rural isolation that had once negatively impacted Karen's desire to stay active had changed now that she lived in a more populated community. Her new location not only had a gym but also offered a Personal Trainer with whom Karen became a client. Being able to work-out in the presence of other women also extended the social aspect of exercising and allowed her to realise vastly different levels of physical competence in women of a similar age. Drawing on her past experience of living on a remote farm with challenging access (a one hour drive) to a local exercise facility, Karen appreciated her situation now:

I can go and do an hour's programme now. It's only five minutes to get there, five minutes to get home and I'm done and dusted. As well as my Trainer, I'm there with other women too. It's fun and social. I now realise how important it is to be in the right environment if you want to stay active.

For most of these women, the influence that particular social and physical environments had on sustaining their motivation for being active was acknowledged as a privileged position. Leigh took the opportunity to contrast her situation against the dis-similar outlooks of similarly-aged women that she came across daily at her work;

Where I work in a medical practice, you get women calling in saying that they are old. Then you find out they are only in their 50's. I think it's the environment they are in. They aren't well-off so they don't want to be active and don't go to the gym so they aren't around others who are active. I think it affects their frame of mind about how old and healthy they feel.

Advice for fellow Baby-boomers

Not one of the women in this study felt that she was 'in the population minority' by being a regular exerciser in her 50's. But when asked during the interviews if they knew women of a similar age who were inactive, all responded with 'affirmative nods'. This disclosure set the scene for a final discussion during the interviews when each participant was asked to highlight some of what had been learned about being an active Baby-boomer. The question was framed in the context of, 'imagine you were giving a talk to a group of similar aged women who were contemplating becoming more active, what lessons would you share with them?'

The opportunity to impart such advice to a fictional group of sedentary Baby-boomer women who preferred a sedentary lifestyle captured their imagination. With no intention of any marginalisation against women who could not be active, Angela's enthusiasm was palpable - *Give me one of these women who don't exercise and I will train them and motivate them, she enthused. I reckon I could change them. They just need to start doing something about it!* For her, being active was so ingrained, that it was only natural that the approach she took was one of assumed commonality! As the women gave thought to the question and how each might impart advice, a variety of responses were revealed. A common assumption held by the participants was articulated by Jane, - *women*

are now living longer, so they don't have to be stuck in the house looking at the TV because they can't do anything physical. They need to be active.

The participants were uncompromising in their view that the ultimate responsibility for changing any lifestyle behaviour at this age must first, be driven by a desire from 'within' the person, as was the case for them. After-all it is a personal matter. Juxtaposed against this however, was their belief that 'older' women starting out to be more active need support. As the question lead them to reflect on their own situations, each participant realised that becoming and remaining 'active' was more complex than 'just being out there and active'. With emphasis on being active for 'functional' rather than 'chronological' age, the (imaginary) advice highlighted empowerment and negotiation as being critical to high degrees of self satisfaction. Although adamant that it was never too late to adopt an active lifestyle for your age within the confines of your circumstances, there was a caveat to this view-point however. Each woman sensed that being and staying active in the years ahead was most likely to become a little more challenging, thus in order to prevent disengagement for any reason, *you have to have support.*

Although claiming to have mastered some control over their time, motivation and willpower, it was evident these women discovered that embracing physical activity on a regular basis at 'our age' was more demanding than professional people and the everyday older person realise. It was not surprising therefore that lessons learned about the constant negotiation, preparation and vigilance that staying active required, along with emotional and instrumental support was worth sharing. In Trudie's opinion, *there are too many things that will happen in life that will stop you from continuing to exercise regularly. Because of this, women need support.* This was a general sentiment voiced other participants. For example, Angela talked about how *women our age need support ... they need to have somebody to become active with, because then you're not likely to put it off. It's about having someone to encourage you when you get older.*

Thinking back to when she was a Recreation Co-ordinator and a novice Personal Trainer, Dale already had considerable insight from years of offering support to sedentary women (some older than her) as they set about trying to increase their activity levels. *What I would do*, she reiterated, would *just start them walking and try to do half an hour or forty minutes a day*. However, a critical part was *to try and get their friends on board as well. That way, they can motivate and encourage each other*. It wasn't only Dale who believed that this was a key strategy to having women like her adopt and adhere to new activity plans. In fact, several of the participants explained how they had already cajoled and supported other women their age and older into new physical activities. *I often have to motivate women who are new to golf*, said Helen. *I say to them, 'it's not going to be easy'. Very rarely does someone find it easy but if they stick at it and put the time into it, then they eventually succeed. It's the same with exercise*. Jane opined about a similar experience with a work colleague.

You know we had one of these ladies at work. She wanted to lose weight and was in her fifties, so she just started going for a walk at lunch-time. But she could only walk 100 metres for a week. Then she started walking 150 metres and now she walks for an hour. Not everyone wants or can afford a Personal Trainer but what you need to have is consistency and the belief that you can do it. And support. We all supported her, but it's also important to have support at home to do what they need to do.

Accepting that an ageing body is a vulnerable body, more prone to breakage, frailty and disease, than in their younger years, the notion of 'support' extended beyond emotional boundaries. The 'advice' the women were imparting about women needing support, albeit in an imaginary sense, leant towards the behavioural, technical and motivational resourcing. Contextually similar to the support each of them had received through Trainers, instructive in empowering them to *re-imagine their ageing*.

Ideas about promoting, endorsing and enthusing about the 'need' to stay active, even in this fictional scenario, came relatively easy to these women. But there were also concerns that once sought-after 'fitness' goals with no natural end

were quickly losing relevance for them, along with the ‘keep-fit’ and body-ideal mantras served up by the growing consumer fitness market over the years. In a similar vein, the emergence and promotion of ‘new ageing’ ideals in the fitness industry, (e.g. marketing of high-intensity workouts to older women), invoked cautionary advice from Pip. Re-connecting with activity after many years of a more sedentary lifestyle, she was now adamant that becoming and staying active at her age is more challenging than in earlier years, and this is a perspective that most people, including those working in gyms, don’t think about or fully understand.

It’s starting off that’s the problem, she suggested. It’s a long road to reach goals and the 6-8 weeks that gyms often promote for our age doesn’t cut it. Don’t expect changes overnight like they often promise. When you are starting off with new activity routines, you must always ask yourself the question: How do you eat an elephant? Well the reality is for many women, that as you get older, you have to accept it’s just one bite at a time.

The invitation to share advice afforded the opportunity for these Baby-boomers to reflect on the ups and downs of their own activity journey into an active lifestyle. For those few who had indeed adopted exercise more recently, albeit with a Personal Trainer, mulling over the opportunity to give advice to their ‘imaginary’ peers saw them sift, condense and talk about the numerous actions taken along the way. The intent of being active is not the issue. Rather, their thoughts about physical activity took on various levels of importance depending on personal circumstances. Although the ‘it helps me cope’ effect of exercise during times of stress was well known by these participants, there was also an acknowledgement that sedentary women of a similar age, faced conflicting responsibilities which increase the complexity of their daily lives and this makes it harder for them to prioritise exercise. The example many gave, referred to those women who may be sandwiched between somewhat dependent not-so-young children and dependent parents. As many said, *who knows when the responsibilities will end?* Whilst some of the women acknowledged their own immersion in this ‘sandwich-generation’, all felt sufficiently informed about the

internal 'feel-good' states acquired through a life-time of, albeit for some, irregular activity, to know that the potential consequences of an inactive lifestyle were not *worth the risk*. Consequently, their active lifestyle became a never-ending discovery about the negotiation and mastery of their time, motivation, knowledge and commitment. Most of all, they discovered that a crucial accessory to exercise participation was simply, enjoyment and pleasure.

When exercise was enjoyable, it seemed to be more habitual, with or without a Personal Trainer. It appeared that the link between activity participation, pleasure and enjoyment was a successful combination, something that can only be discovered by self. When activity is enjoyable it is not a chore, but, reflected Jan, this is *dependent on past experiences*. In this sense, their advice to the fictional group of sedentary women was pragmatic and emphatic; *Women have to find an activity they enjoy*. But for exercise to become an integral part of everyday life, *it must also fit in with your lifestyle and that is the hardest thing*, recounted Jane. *I would tell women to try different things until they found the activity that suited them. Whatever it is, you have to enjoy it*, said Jan. Enjoying exercise had not come easily to some of these Baby-boomer women, so a final aspect of some of their conversations was the recognition that being inactive as the years passed might indeed appear an attractive option if you are not used to exercising. But for these women, it was evident that they, through their endeavours, 'knew better' and their active lifestyle would continue well into the future.

Re-calibrating ageing

Sharing their stories and opinions with relative ease, it seemed as if there was no problematizing of chronological ageing for these Baby-boomers. With their golden years getting closer, they were already re-storying their beliefs of their *ideal ageing*. It seemed as if their choice to be ageing actively with the support of a Personal Trainer was an attempt to achieve what Denise suggested, as *re-calibrating my ageing*. Familiar and confident with the consumption of fitness practices that were now routine in their community meant that engaging a Trainer to assist their pursuit of an active lifestyle was quite a common investment. Raised in a time characterised by personal choice and consumerism, these women were at ease accessing support in the context of advice, motivation, accountability and in

many cases, friendship, from their Personal Trainer. In their endeavours to reconstruct their 'ideal' ageing self, the sharing of this with a Trainer was not unusual for it educated them as well.

The way the women's beliefs and values have been constructed over time suggests that many of them have been grounding themselves to 'age well' for some time. This is now reflected through their ambition to enjoy a rewardingly active 'third-age' which is situated in *staying healthy for their older-age* rather than (just) weight loss desires of yester-year. The women in this study were all active agents in the preservation of their future wellbeing, independence and longevity. Having a Personal Trainer support them to work towards this goal was without doubt both stimulating and helpful. It was also evident that the experiences engaged in with their Trainers confirmed that they might increase their resilience towards some of the potential challenges that they might encounter as 'older women' in the future. But they were aware that what unfolded in the future had an element of unpredictability. This however, remains uncharted territory for they are yet to 'live it'.

At different stages of their life, these women have come to understand that there are no guarantees with regards to what tomorrow may bring. The route to a rewarding and healthy ageing contextualised in staying active is always in a constant state of flux. Despite this though, it was evident that all of the women were cautiously optimistic about the action they are taking in order to age-well. However, relying solely on the external resourcing of a Personal Trainer for successful ageing was not the only solution. Resourcing for ageing well is an internal project, suggested Janette. To her, meaning always precedes motivation and this very simply, comes from within. In her final words, Janette's thoughts reflected those of many of the participants too.

The important thing that women in their 50's need to understand to support their healthy and active ageing, is that, you know, nobody can do it for you. The best Personal Trainer is still yourself.

Chapter 8

Discussion

When setting out to explore the meanings Baby-Boomer women give to their experiences of ageing and particularly the place physical activity has in their lives, it seemed appropriate for me to embrace a social constructionist position. My intention was to look beyond the physical ‘self’. In so doing I was able to give greater credence to the ineffable and less tangible knowledge, albeit something difficult to identify. Of equal importance was my own epistemological position which values knowledge, subjective or otherwise, that emerges from the relative truths associated with the day-to-day activities and life experiences of individuals. Consequently, the findings reported in Chapters 5, 6 and 7 were premised by the day-to-day ‘reality’ of the 18 Baby-boomer women who participated in this study. It is evident from the findings that what might be termed subjective knowledge, has a great deal to tell us about ‘older’ people engaging in a physically active lifestyle. One reason for this is that experiences, although complex, are indicative of social and cultural contexts that influence people’s lives.

In adopting a social constructionist position, I accepted that the women in this study are the authentic experts of their lives and have endeavoured to actively construct their world, rather than have it imposed on them. As Kaufman (1986) says, “biological and social changes that occur over time are relevant topics for the study of ageing, but so too, are the ways in which these events are interpreted by individuals in relation to the passage of time.” (p. 18). This view was endorsed by Gubrium and Holstein’s (2002) view that biographical aging is as intricate and important as biological aging, and therefore, worthy of study. As the women in this study, chronologically speaking, were positioned at the gateway to their older-age, who better to share a personal perspective about the influences in the past, possibilities, as well as unpredictability, about what might lie ahead. Although conscious of their naturally occurring ageing process, all women in the study were adamant that a physically active lifestyle would help impede the rate of decline in their functionality. This alone they believed, should at least ensure *good* health and quality of life in their advancing older age.

Throughout their lives these women had consciously tried to remain active in some form or other. In their earlier years, this had been tenuous, giving cause for consternation. For some, being active was painstakingly negotiated as they learned to juggle their many day-to-day commitments and demands of a 'modern' lifestyle. Although older now, these Baby-boomers' remain committed to a life-long (although still disrupted at times), mission to 'age well'. A part of this formula is to embrace a physically active lifestyle that is personalized. This reflects the views of Gilleard and Higgs (2013), who contend that, "these new ways of narrating and performing age have emphasized the desire, potential and agency over need, vulnerability and limitation" (p.20).

The women in this study were emphatic about their determination to 'do ageing differently' compared to that of their mothers. Perhaps they took heed of Katherine Hepburn's advice that 'if you obey all the rules you miss all the fun' and in the words of these women, 'inhibit your potential'. In working towards this purpose, their lifestyle choices challenged (consciously or otherwise), the dominant cultural discourses of physical decline and anti-ageing strategies that seem to 'mask or resist' the reality of one's ageing self (Ballard et al., 2005; Featherstone & Hepworth, 1991; Gilleard & Higgs, 2013; Gullette, 2011). Furthermore, they positioned this as what could be, a sound investment in a future where in later life, people may have the freedom to live in a way that previous generations might not have imagined (Beard, Alana & Cassels, 2015).

The findings from this study endorse the 'new ageing' agenda that Gilleard and Higgs (2013) argue, approaches ageing differently. Through their respective decisions and actions, these Baby-boomer women all refuted some of the societal and cultural norms associated with growing older by turning to the fitness culture and in particular, engaging the services of a Personal Trainer. Their intent was to remain 'fit and functional' as they aged. All 18 Baby-boomer women were adamant that their ageing narrative would not resemble one of decline. Their thoughts were more akin to remaining active, for this, they believe, offers a more constructive option.

The women were strong in their views that irrespective of their past, age is a state of mind, and it was 'never too late' to build resilience to ageing through

physical activity. This however requires an attitude and commitment that, according to the Ministry of Health (2015a) report, is atypical for New Zealand women in this demographic. But in some ways for these 18 women, being physically active had for the current time, become 'business as usual'. But in getting to this point, it needs to be recognised that one's past physical activity experiences strongly influences one's beliefs and subsequently, any future involvement (Seger, 2015). This mirrors the physical literacy concept advocated by Whitehead (2010), that ongoing involvement is more likely only going to be habitual if the experiences are rewarding and pleasurable. Although each Baby-boomer had her own personal challenges, and was not always as active as she would have liked, this was the case for many of them too.

Boomers and the exercise imperative

Like most of the Baby-boomer generation, these women participants were in the first generation to grow up genuinely expecting the world to become a better place compared with the war-time and post-war experiences their parents endured. As the last of the Baby-boomer generation to come into their mid-life years, they enjoyed a vast array of experiences that set them apart from those generations that have gone before them. As teens in the 1960's and 70's they were positioned and resourced as the first of a generation of young women to resist the post-war societal norms which had found favour with their parent's generation, (Featherstone & Hepworth, 1991; Collins, 2009; Fonda, 2011; Gilleard & Higgs, 2000, 2013; MacKay, 1997; 2013; Phillipson et al., 2008; Steinem, 2015).

Throughout the interviews the women all shared stories about their younger years and reminisced about career opportunities, changing times with respect to notions of equality, the increased opportunities in physical leisure and generally their advancement towards 'new' ways of being. In effect, they were giving agency to what the feminist movement advocated for - a more liberated society with equality at home, at play, and in the workplace (Collins, 2009; Steinem, 2015). Just by being born into this era, these women were in their formative years at a time of trail-blazing societal change. Consequently, they were exposed to alternative forms of thinking and ways of behaving, describing this now, as being both exciting but at times, overwhelming and challenging.

Within the context of liberation, the participants were increasingly optimistic about what several authors (e.g., Collins, 2009; Gullette, 2011; MacKay, 1997; Phillipson et al., 2008) described as the endless possibilities of merging the demands of a career and parental roles. With feminism forming an influential ideology during the 1960s, women began to move away from the emphasis on home life that was typical of their mother's generation, towards independency on their own terms. On leaving school these women relished the 'new era' and all entered the work-force in a variety of careers, something they claimed to be fortunate, when comparing their life to that of their mothers. Growing up hearing the voices of other young female activists of the 1960's and 70's exhorting that 'women can do anything' offered great hope to women in western societies (Steinem, 2015). It was an exciting time, but in reality, these Baby-boomer women mentioned that life wasn't always quite what was imagined.

Despite the underpinning ethos of this era as endeavouring to make the transition between home, play and work relatively easy (Collins, 2009), most of the participants pondered that their ability to cope with this new, modern lifestyle was tested on numerous occasions. This reinforced what Kluge (2002) found in her study of 'older' women, when describing how they too indicated that in their younger adult years 'it was, at times, hard to cope'. She reported that feelings of not-coping were intensified when there was no time to undertake the beloved exercise that gave rise to feeling-good, when endogenous endorphins were released during their various activities. A similar finding emerged from this study when these Baby-boomers sometimes talked as if liberation, freedom and choice was more rhetoric than a lived experience. Nonetheless, physical activity continued to hold importance, although at times, for whatever reason they were unable to exercise, when this occurred, many described feeling as if 'a little piece of me was missing.'

When these women were in their 20's they experienced increasing social differentiation and alternative lifestyles, something that paralleled the growth of the consumer culture (Denning & Mosco, 2005; Smith Maguire, 2008a). Not surprisingly therefore, many of them spoke of the impact that consumerism had on nearly every facet of their life, including how they, as young women at the

time, could, with various products and services, manage their health as well as their body. This was of particular relevance to this study. Just as many scholars (e.g., Brabazon, 2006; Crawford, 2006; Featherstone & Hepworth, 1991; Gilleard, 2002; Gilleard & Higgs, 2000; Kennedy & Markula, 2011; Markula, 1997; Sassatelli, 2010; Twigg, 2004) have argued, the 1970's and 1980's was a pivotal time in society when the 'body' (especially for women) was emerging as an increasing site of consumption. There was a growing emphasis on the female body that was seen as a project to be worked upon, fashioned and regulated.

Looking back, the women in this study recognized that, increasingly, the body was being positioned in the media as a site of self-identity and reflexivity. Not only that, this new wave of female-oriented 'body' emphasis arrived at a time when societal messages were changing about the role that physical activity might play in reversing the negative health effects of an increasingly sedentary lifestyle on one's health and body-size (Crawford, 2006; MacDonald, 2011; Russo, 1978). Furthermore, and with regards to women, MacDonald (2011) argues that the emphasis on promoting physical activity was accompanied by "a growing interest in modern body culture which was part of a wider politically progressive activity agenda" (p. 33). Whether the actions of these Baby-boomers were deliberate or of a subconscious nature, when looking back they realised how their futures were subtly being shaped by the 'good' and 'not-so-good' social and economic ideologies of consumerism (Gilleard & Higgs, 2007; Smith-Maguire, 2008a).

The need to preserve health, beauty and 'youthful' looks was also fostered by a growing media attention and these Baby-boomers all had fond recollections about this stage of their lives. It was, they recalled, a time when attention was being given to the role of sports and active leisure practices (e.g. community Fun Runs, a national Stepping Out programme for women – primarily targeting 'home-bound' mothers) in preserving one's health and well-being. Whilst the prevailing message was *exercise was good for you*, none of the women had any conscious recollection of following any physical ideology due to public health messages at the time. Most recalled instead, especially during their younger years, that the body was increasingly contested as a site of consumption. This was especially pertinent, they reflected, when, with consumerism on the rise along with advances

in communication (e.g. television and videos), America's self-appointed pioneer of the women's fitness revolution, Jane Fonda, appeared in their homes via their television screens.

Most of the women were enthusiastic about the way in which Jane Fonda enabled and empowered them through the turn to 'aerobics', at a time, when time in their lives, was becoming scarce. The 'Fonda-effect' was pivotal in introducing some of the women to a new form of exercise, simply known as 'aerobics'. It was, in essence, a form of mass-consumerism that targeted the imaginations of young adult-women world-wide to get and remain active (Brabazon, 2006; Fonda, 2011; Raisborough, Barnes, Henwood & Ward, 2014; Stern, 2008). According to Collins, (2009), she (Fonda) almost single-handedly grew the 'can-do' confidence of women the world over. Why this might be, is partially explained by Glassner's (1989) view that fitness is a post-modern condition where the appeal of fitness products and practices offer the "opportunity to disentrall oneself from the perceived shortcomings of everyday life in modern culture" (p. 182). This perspective appeared to sit well with the women in this study, as they struggled in their own way to cope with the daily juggle of careers and parenting. Nonetheless, many shared fond memories of the influence Jane Fonda had on their physical and emotional wellbeing. Through her televised keep-fit activities, they also felt a sense of social connection with other 'young' women world-wide, who they knew would be living in similar circumstances. Such developments couldn't have been timed any better for the Baby-boomers in this study for they embraced an increasing number of opportunities for exercise with a sense of exuberance.

'Girls just wanna have fun'

Coming off the back of the 1970's women's movement, Jane Fonda's mass aerobics movement intersected with the growing interest in the health benefits of Dr Ken Cooper's 'aerobic' based exercise (Cooper, 1970) as well as the expansion of commercial fitness ventures and women's-only sporting events. Hence, the mid to late 1980's emerged as a time when gyms particularly, were branding their products to attract a growing female interest in fitness. As Brabazon (2006) asserts, the 1980's aerobics movement, "provided a path into the gym space that has historically excluded most women" (p. 66). Although gyms

were not entirely new, the emergence of fitness facilities was driven, in part, by cultural changes that, according to Stern (2008), swept along a significant part of several generations and helped transform the leisure habits and attitudes of millions of Americans. In similar fashion, it wasn't long before the 'fitness fever' had reached New Zealand's shores as well. An example and something close to the lives of many of these Baby-boomers, was the number of women's-only running and triathlon events advocating a 'have-a-go' attitude that were infiltrating local communities in the early 1990's.

Also timely was the arrival of Les Mills World of Fitness, New Zealand's largest fitness chain, branding fitness as fun for women. Just as Jane Fonda had bought dance-based exercise into their living rooms, Les Mills bought Jazzercise into their local communities (<https://www.lesmills.com/about-us/our-story/>). Deriving enjoyment from the beat of modern music and the enthusiastic commands of an instructor, social connection with other women and the 'workout' variety on offer, those participants who paid for these experiences, spoke fondly of the group exercise classes attended at this stage of their lives. This was a time recounted as a cross-road in their lives, because they felt increasingly overwhelmed and stressed living busy and complex lives. But visiting the gym and working out to pop-stars of the day, such as Cyndi Lauper, Madonna, Tina Turner and other singers of that era, quickly turned their exercise meaning from *it makes me feel good* to a belief that *it's time for me and it helps me cope*.

It was not only the music they were attracted to with this new form of exercise. Many found favour with the shiny spandex, leg-warmers and motivational workouts lead by exercise instructors enthusing them towards more vigorous effort. This was another benefit for the women - as gyms bought aerobic classes to their communities. Although Hargreaves (1994), contends that "aerobics has been successfully packaged to persuade women, specifically, to participate in order to lose weight and improve their sex-appeal" (p. 161), these Baby-boomers do not recall this as being solely their prime motive for attending fitness centres at this time. The arrival of the fitness industry heralded a new and inviting cultural space that not only provided a sense of connectedness but

notably, fuelled the maintenance of their identity as ‘physically active women’. As one participant noted, *We weren’t there just for the workout, it was also the social aspect and fun we needed, and of course, the gym had a crèche. Going to the gym was my time.* These ‘other truths’ for the growth of gym culture for women are also shared by Tara Brabazon (2006) when discussing aerobics as;

a unifying, collectifying activity where women jump, stretch, laugh and sweat. Under the lycra, beyond the beat and removed from the repetition is a diverse collective of women who build friendships, discuss their lives and think about the world. That such an activity is trivialised is part of a long-term, systematic denunciation of women’s work, leisure and pleasure. It is too easy to demean women’s participation in aerobics as part of eating disorders or beauty myths. There are other ‘truths’ circulating in the mirrored halls. (p.79, 80)

The consumer fitness culture has irrevocably shaped women’s exercise experience, suggests Stern (2008), and similarly, these Baby-boomers were familiar with the workings of fitness spaces, for they had all dabbled with membership at commercial and community recreation centres for varying periods. They were aware of the variety of body transformation practices and programs on offer in these types of exercise spaces. As such, it was not unusual to hear, during the interviews, ‘the gym’ being described as a place where they felt comfortable in liberating themselves both physically and psychologically, from the decline discourse they often heard about in association with ‘older age’. Turning to body-work practices in a fitness environment, was not only about the self-improvement they sought. It also served as a reminder and continuation of the wellbeing, confidence, support and to some extent, hopefulness and sense of freedom they felt when they were in these spaces.

It is the fitness domain, suggest Dworkin and Wachs (2009) that is sold by modifying feminist ideas of liberation and resistance into so-called commodity feminism. What’s more, this highlights what they believe, is a “women’s complex relationship with embodiment and physical activity” (p.172). Not surprisingly, this liberation was most fundamentally realised for the women in this study when

they handed over the regulated and rigorous type of bodywork that each believed most relevant for transforming the health of their ageing body to their Personal Trainer. This extends the view of Sassatelli, (2010) that “the fitness frame sustains not only a particular motivational logic for involvement but also a particular emotional qualification of involvement” (p. 110). Similar views are discussed in a book titled *Women and Exercise*, edited by Kennedy and Markula (2011). The editors present a number of studies undertaken by a variety of authors, with most revealing the lived world of exercise as “places to negotiate understandings of the body that, while indeed dominated by main [scientific] discourses of the fitness field, are also increasingly nuanced and varied, indicating the complexities involved in women’s lived experience of the fit body.” (Kennedy & Markula, 2011, p. 8). For these Baby-boomers, activity shared with either just their Trainer, or in small groups with other women, offered meaningful transformational and liberating activity, wrapped up as ‘girls just wanna have fun’.

Co-constructing ageing with Personal Trainers

For the study participants, the way they were ageing was positioned against physical transformations that they believed were best undertaken as a co-construction - something currently inspired in part, by their Personal Trainer. All of the participants had carefully selected their current Trainer not for their qualifications or knowledge, but according to their Trainer’s experience in supporting and ‘transforming’ women into a ‘fit and functional’ older age.

The notion of transformation personifies individualised, systemized and regulated processes, invoking change, which, according to Naomi Wolf (1991), is synonymous with women’s bodily management. Having had forays into various successful and not-so successful, body transformation regimes in the past (e.g., Jenny Craig, Weight Watchers and/or gym-based body-shaping programs), the collective belief of these Baby-boomers was that, when positioned as a disciplined body (Lupton, 1995), the body was indeed, more malleable and transformable with age. Each woman held a clear expectation that their Trainer would assist in this process.

Over the past few decades claims about how to exert control over the ageing body has been increasingly promoted through media publicity and a variety of other endorsements (e.g., anti-ageing products and services; exercise and diet regimes). This had not gone un-noticed by the women. These so-called anti-ageing practices and activities, including body-transformation practices is, and continues to be, big-business for those targeting Baby-boomers (Blaikie, 1999; Gilleard & Higgs, 2013; Mackay, 1997; Vincent, Tulle & Bond, 2008). These women participants were all too familiar with the body-transformation and anti-ageing messages. Most however, expressed an overall ambivalence and one could say, cynicism, about many types of current anti-ageing beauty and treatment products currently endorsed in the marketplace. In fact, many opined that the ‘only’ anti-ageing transformation that interested them now was attained through the type of exercise they were doing as well as consuming a healthy diet. This attitude was not surprising, considering that over their lifetime, the rise in somatic culture heralded entirely new forms of knowledge about transformational, keep-fit practices, something paralleled by an increase in the number of people who promote this knowledge in fitness culture. As Sassatelli (2010) suggests, “the cultural legitimacy of fitness gyms rests on strong and specific notions – views about the correct way of transforming the body and views about the (valuable) self as the transforming agent.” (p. 168).

Transformational practices according to Buckworth and Dishman (2002), promote the notion of self-regulation and individual responsibility for health and wellness. In this context, the women’s experiences of transformational bodywork practices, emerged when exercise leaders, displaying strong, fit, ‘beautiful bodies’, arrived in their local gyms via American fitness entrepreneur, Bill Phillips. The original ‘Body for Life’ transformation programs in the early 1990’s designed by Phillips and D’Orso (1999), endorsed and promoted disciplined and personalised practices of exercise and regulated dietary regimes, delivered mainly through the newly emerging exercise leaders known collectively as, Personal Trainers (Sassatelli, 2010; Smith Maguire, 2008). By the late-1990’s, body-transformation practices became lauded in fitness culture (Hentges, 2014; Markula, 1997; Sassatelli, 2010; Stern, 2008; Sweet, 2008). For the women in this study who had engaged Personal Trainers during their earlier years, they not only

enjoyed new ways to consume exercise, but also acquired the motivational support and accountability they perceived was a necessary component of the requirement to stay on track with their exercise routines. After all, this is what they had struggled with at various times in the past.

Beliefs about ‘staying on track’ and maintaining accountability for exercise, informed their decision to turn to, and in some cases, return to, a Personal Trainer now that they had reached their 50’s. The women openly acknowledged that they had insufficient knowledge in the particular exercise practices that they believed were relevant to advance their desired age-transformation project. This is somewhat surprising, however, when set against the backdrop of Whitehead’s (2007, 2010) physical literacy argument. Whitehead suggests when people are active for most of their lives in a range of environments, as the women in this study had mainly been, they develop and carry forward the motivation, confidence, physical competence, understanding and knowledge to maintain physical activity at an individually appropriate level as they age. As she explains when discussing the philosophical rationale of the concept of physical literacy;

Embodied interaction with the environment, in its broadest sense, stimulates and activates aspects of our human potential, and the more varied these interactions are the more fully we can realise our humanness. It could also be argued that the richer the range of environments with which we interact, the better we will ‘know’ ourselves as embodied. Allied to this is the self-confidence that results from self-realisation, particularly where success is experienced. (p. 286)

Of course, in most respects, and in keeping with Whitehead’s argument for the value of being active from an early age, the women *did* indeed draw on the embodied dimensions of confidence, motivation and as well, the notion of ‘pleasure’. In this context, pleasure-seeking can form part of a reasoned, rationalised, act of resistance, including in the area of health promotion (Dionigi & Son, 2017; Phoenix & Orr, 2014; Whitehead, 2005). Having reached mid-life, being active was still rewarding and pleasurable, but even more so, these women felt better informed, supported and in control of their ageing journey with their Personal Trainer at their side. In effect, the combination of authoritative support

and motivational interaction with their Trainer, anchored their past physical self to their perceived ‘future-self’, but there was also more to it than this. Every one of their Trainers endorsed, supported and echoed their collective belief, that they could and would resist normalised societal and medical expectations about the decline of an ageing body. For these women, this was reassuring.

Beyond exercise prescription

Personal training is a shared venture and by the very nature of the Client-Trainer relationship, the role of the Trainer ultimately becomes located in a position of power. Personal Trainers have the capacity to create systems of thought that can exert considerable influence over people’s lives and the way in which this is effected is through a process that Foucault (1988) labels, the technologies of the self. For example;

individuals effect by their own means *or with the help of others*
a certain number of operations on their own bodies and souls,
thoughts, conduct, and ways of being, so as to transform
themselves in order to attain a certain state of happiness, purity,
wisdom, perfection, or immortality. (p. 18).

The ‘technologies of the self’ as interpreted by Markula and Pringle, (2006) in fitness culture, are the use of “resistant practices that individuals use to change dominant discourse” (p. 139). Furthermore, ‘power’ in the exercise domain is dispensed by exercise professionals through “the effects of a scientific [exercise prescription] discourse” (p. 59). Whilst this was mainly true in prior years for those women who visited the gym, the rationalisation of scientifically-derived exercise-prescription was no longer the ‘recipe’ that guided the types of exercise activities they participated in nor any adherence to it. In essence, physical activity served several purposes. They all spoke of their increasing reliance on their Trainer to assist them in the (re)negotiation of their active ageing project. However, the endeavours of these women were no longer aligned solely to the influence of exercise prescription or the programme-monitoring dimensions which is typified as one of the main roles of exercise professionals, including Personal Trainers (American College of Sports Medicine, 2011; Fleck & Kraemer, 2004).

The advice from Trainers was clearly situated in an emotional and psychological discourse. This was evident by the way the women spoke of their respective Trainers who fuelled and supported their belief that they could resist prevailing societal attitudes about ‘usual’ ways women should age, (i.e., ‘slowing down or breaking down at their age’.)

Through persuasion, education and authority over the women’s exercising self, the Personal Trainer had become, in essence, a powerful, transformative agent pushing the boundaries and beliefs of what they, the women, thought their ageing bodies might be capable of. Learning and hearing about the possibilities for exercise to influence their ageing in a positive way, was both empowering and liberating for these Baby-boomers. This supports Whitehead’s (2010) notion, that with the right social and motivational conditions for physical activity, personal development and well-being can be enhanced. Furthermore, so too can the other conundrum of modern fitness culture - adherence to exercise in a way that satisfies self. This is an important point because from the mid-1990’s to this present day, sports and exercise science has emerged as a powerful and dominant presence in fitness culture. Increasing efforts have been made at a policy level to position and promote physical activity in the paradigm of an exercise prescription, framed as ‘write it and they will come and stick-to-it’ (American College of Sports Medicine, 1978, 2011; USDHHS, 1996, 1999). But this was not the case for the women in this study. Their exercise participation as well as adherence to it, held a multitude of meanings and value. The relationship each participant had with her Trainer was pivotal to this meaning, rather than any isolated value of written exercise prescriptions so embraced and endorsed within the scientific sport and exercise community.

The views of many experts that people need to be driven by a rational and scientifically derived exercise program, no longer resonated with these women or kept them returning for their workouts. Adherence to their exercise regimes was valued, not to satisfy any expert, objective scientific discourse or prescriptive services Trainers offered, but rather for personal reasons. These women tended to give greater value to the social, emotional, relational and motivational nature of the exercise session. It is Kretchmar (2001) who reminds us that, “meaning is

encountered in various ways and can serve as a valuable ally in adherence” (p. 318). In fact, no matter how challenging or exhausting these workouts were, the meaning the participants gave to their personal training sessions and the social environment that arose from these sessions, were described as ‘pleasurable’. In this respect, there was a continuation of the ‘feel good’ element of activity which had followed them over their life time, supporting the alignment of ‘pleasure’ to Phoenix and Orr’s (2014) definition, as being the diverse emotions that make a person ‘feel good’. This endorses Das and Horton’s (2012, 2016), argument that further research about physical activity participation must move away from exclusively relying primarily on descriptions of the health benefits, towards greater consideration of the social, cultural and physical environments that enable the activity to happen.

A number of studies (e.g., Ballard et al., 2005; Leichty & Yanal, 2010; Marshall, Lengyel & Menec, 2014), have suggested that women take up physical activity as they age as a way to manage the tension and anxiety they feel about the discrepancy between the ageing physical body and the inner youthful self. This however, did not ring true for the women in this study. There was no obvious anxiety about their chronological age or body image and they treasured the decision to invest in a Personal Trainer as a way to accommodate their social, emotional and educational needs. Terms such as ‘empowered’, ‘supported’ and ‘educated’ and ‘they keep it fun’ were frequently articulated as the women in this study gave voice to the subjective meanings derived from their exercise experiences with their Trainers. These perspectives sit well with Segar’s (2015) view, that meaning for exercise is constructed out of both our knowledge and feelings about it from our past socialisation and experiences with it, but also from our primary motivation: in other words, the *why*.

Motivation for staying active had changed over the years for all of the women, distancing from the scientifically-endorsed exercise prescription rationale and moving closer to the subjective, ‘feel good’ rationale. Reps and sets had been replaced with social connectedness and purposeful fun. In essence, this disconnected their meaning for being active away from physical activity recommendations and guidelines such as those presented for older adults in the

Ministry of Health (2013) documents. The women had replaced this with a much broader perspective that included the 'feel-good' dimension, a notion that gave increasing value to what Bouchard, Blair and Haskell (2007) call, their physical, mental, social and spiritual wellbeing. In a similar context, this resonates with Phoenix and Orr's (2014) study of physically active older adults who participate for no other reason than 'pleasure', describing this as the *feeling* and *doing* of the activity rather than on any other focus. Experiences of enjoyment and pleasure are considered to be a central argument for maintaining people's habit of health behaviours and for these women, something that aligns to their life-time enjoyment of being active. This does however, raise questions about the many health promotion initiatives that have targeted health behaviour with the assumption that it is cognitive forces that tends to govern on-going activity behaviour. Such a notion is limited as it overlooks the way motives and actions are intertwined with experiences of pleasure (Phoenix & Orr, 2014), which according to Denzin (1999), is an emotion which is socially constructed and culturally patterned.

The experiences of the Baby-boomers in this study tell how a life-time, albeit in varying ways, of deliberate physical activity meant that movement skills were reasonably well developed. As such, the meanings they attributed to working-out with a Personal Trainer were not framed in any quest for new movement experiences. In fact, exercise took on new dimensions as the women transitioned through their mid-life years. All spoke of deriving pleasure and satisfaction from the inspiration, education, support, motivation and 'fun' they acquired from their Trainer's. Accordingly, these dimensions were what primarily kept them returning, week after week.

Midlife for the women in this study was a time of transition and change, something endorsed by their decision to turn to a Personal Trainer. They all agreed about the positive influence that Trainers had on their active-lives, such as the encouragement they received to go on hiking trips, try a new activity or just the ability to discuss other aspects of their on-going health and nutrition. Seeking the support of a Personal Trainer was viewed as an important investment in the age-resilient paradigm they had newly adopted. Although the degree of their

success in influencing the way they will age remains unknown, this has not deterred them from trying to seek a healthier, longer life. In turning to a Personal Trainer they positioned this exercise intermediary as a significant resource in their active-ageing journey. The justification for this action may endorse, but does not give sustenance to, any politically-motivated ‘ageing well’ agenda (Gluckman, 2013; MoH, 2012; WHO, 2002, 2015), or even any fitness or sports performance objectives.

Regardless of how self-disciplined these women are, they remain active primarily for the sheer enjoyment and the betterment of themselves as they age. Each derives meaning for her participation from developing a ‘new’ ageing body. This was something Phoenix and Orr (2014) aptly suggested, is as much about possibility as well as constraint, the site for new practices and new freedoms. For all of the participants, working-out regularly with their Personal Trainer was connected to the physical activity routines associated with what Frank (2006) terms, a disciplined body. This was not considered to be too different from what they had endeavoured to do in the past.

Positioned in the individualistic narrative, these meanings, I contend, have been fostered and endorsed by the 18 women, through their collective exposure to the emergence of commercialised fitness culture. In Roberta Sassatelli’s book, *Fitness Culture: Gyms and the commercialisation of discipline and fun* (2010), she qualifies fitness culture as the type of activities occurring in gyms which “emphasize individuality. This includes the duties and pleasure of taking care of oneself ... which also speaks in the seemingly universalistic voice of a fight against the ills of urban living and its desk-bound patterns.” (p. 6). The women in this study had always believed, even at a time when they were not able to be overly active, that their bodies were ‘made to move’. This belief was inherent to ‘who they are’, but as they got older, many now reaffirmed this belief simply as ‘if you don’t use it, you lose it.’

Expanding the horizons of ‘active’ ageing

The study participants had all developed and shaped their resolve to ‘do ageing differently’. Looking through the lens of ageing from their side of sixty-five, they

have constructed meaning around the value of staying fit, strong and functional with age. This perspective is similarly noted in other research exploring the subjective meanings given to ageing and physical activity, (Grant, 2001; Dionigi & Son, 2017; Hudson et al., 2015; Kirby & Kluge, 2013; Kluge, 2005; Poole, 2001; Radtke et al., 2016; Tulle & Dorrer, 2011; Tulle & Phoenix, 2015; Vertinsky, 2002; Wheaton, 2016). What is different for the Baby-boomers in this study however, is their over-riding belief that in order to achieve this anticipated fit and functional older-self, disciplined body practices that resonate within fitness culture, were a very sound investment. Exploring their meanings for this aspect of their physical activity journey as they age, has broader social, political and historical context. Whilst the respective meanings from this study do not, nor are intended to, offer a consensus of active ageing, they do highlight how embracing a physically active lifestyle in a woman's mid-life years remains highly personalised and anything but straightforward.

As these Baby-boomers heralded in their mid-life years the biological changes that menopause brings as well as their experiences with the degeneration of ageing parents, offered a salient reminder about how the 'next-phase' of life might play out. When confronted with times of change, Partington et al., (2010) suggest that people look for orientation, information and advice from experienced others, in terms of how to act and how to (re)negotiate a new sense of self. This was certainly true of these women. In co-constructing their active-ageing with the support of a Personal Trainer, they positioned their engagement with physical activity as not only an individualistic initiative, but in turning to the fitness domain, most maintained some consistency with past physical endeavours. This supports the findings of Kluge (2002), who, in exploring the essence of physical activity engagement in women over 65 years, found that although activities that the women engaged in were not continuous throughout their life course, they retained a sense of internal continuity, holding on to *values* (my emphasis) about being physically active women.

This study is set against the backdrop of active ageing intersecting with health promotion and the fitness industry. By focusing on the beliefs of the women participants, this study illustrates how the role and meaning of physical

activity in a woman's middle-age years is broad, dynamic and imbued with multiple interpretations. This is an important consideration for those who work in active-ageing roles, especially Personal Trainers, because as Craddock (2002) contends, "the Baby-boomers were the ones that led the first fitness boom back in the 1980s. We need to reach out to this group again. If we don't, we're going to have tremendous health problems as our population ages." (p. 2).

Chapter 9

A tale of (middle)-age reform and ‘love for fitness’

There are numerous stories that remain untold about the movement culture, especially when it comes to the views and experiences of Baby-boomer women, the next ‘older aged’ cohort (Higgs & Gilleard, 2015). Although physical exercise has long been part of the care and cultivation of the self, being deliberately physically active is not a very popular lifestyle choice for the majority of women in this cohort (MoH, 2012) and some rethinking about changing this is required. One participant pertinently captured the many messages in the literature along with the views of the participants in this study when stating, *we are at the gateway to our older-age and it’s time for action, not contemplation*. However, there was a resounding confirmation that this is easier said than done.

Exploring why and how the participants were busying themselves with turning ‘intention into action’ is important. One of the reasons for this, being a growing international concern about the potential consequences arising from the proportion of Baby-boomers who currently opt for a more sedentary lifestyle (Franco et.al., 2015; WHO, 2015). The women in this study are a bit unique because, since their mid-twenties most had, with varying degrees of commitment, become familiar with how the fitness industry was slowly expanding to cater to their respective needs as ‘older’ people. But they openly acknowledged that these places (e.g., fitness and recreation centres), can be a bit daunting to the uninformed, because they tend to ‘look, ponder the possibilities, feel overwhelmed and walk away’. The study participants knew that getting an ‘older’, uninformed and/or inactive woman ‘through the door’ may require more than a ‘quick sell’. This is a reflection of how each ‘older’ person has a several decade-old physical (in)activity story, something that is entrenched in a historical, social and cultural context. Ultimately, this shapes our sense of identity and whether or not physical activity has a role to play in this.

Investing in various services from the ‘feel-good’ fitness industry over the years was indicative of how, during early and mid-adulthood, these Baby-boomers had found a cultural space for the expressions of individualised ageing identity,

something especially important for women (Franco et.al., 2015; Gilleard & Higgs, 2013; Gullette, 2011; Hurd-Clarke, 2010; Timonen, 2016; Tulle & Phoenix, 2015; Vertinsky, 1998). In some ways, engaging in exercise had increasingly been a transformational project for the women participants for the past thirty years. Although their actions now, reflected to some degree, a familiar attitude and agency, this was not necessarily aligned to body ideals framed in the pursuit of artificial beauty, weight loss, or attractiveness to negate or mask signs of ageing. Rather, increasingly concerned about their personal advancement into later life, their thoughts were firmly entrenched in a desire to avoid a sedentary lifestyle. In particular, they did not want to replicate the lifestyle most witnessed their mothers embracing in their later years of life. In a way, these Baby-boomers were resisting, albeit subtly, what Gullette, (2011) termed, the decline narrative that is pervasive in Western culture. The premise here is that whilst the body changes over time, this does little to explain why ageing needs to be predominantly viewed as a state of decline. As she says, “whatever happens in the body, and even if nothing happens in the body, ageing is a narrative. It is socially and culturally constructed.” (p. 5). Hence, exploring ‘new truths’ is important, given that many of the current perceptions and ideas of ageing in Western society are predominantly framed by and embedded in a medical discourse (Gilleard & Higgs, 2013; Phoenix & Griffin, 2015). Whilst this offers a valued insight, it also positions the young-old bodies as problematic bodies, something that is not particularly helpful in regards to the activity needs of this sector of the population (Bauman, Merom, Bull, Buchner & Fiatorone Singh, 2016; Carr, Biggs & Kimberley, 2015; Gilleard & Higgs, 2013).

As reported in the findings, the notions which underpinned the Baby-boomers motives for being active were influenced and shaped by multiple factors. Although having a life-long enjoyment of physical activity, a stronger influence for remaining active at this stage of life was having witnessed first-hand, their mother’s loss of physical function, mobility and in some cases, independence. This made a dramatic impact on how these women thought about their own ageing. These women were convinced that by being active in a way that suited their needs, this not only made them feel good, but was critical in terms of an age-resilience purpose and direction. This of course, is laudable in the context of the

active ageing agenda, something endorsed by government (MoH, 2013) and other health agencies (Beard et al., 2016; WHO, 2015). Although these women recognised they were fortunate to have the services of a Personal Trainer, this is not essential, for the benefits derived from being physically active can be acquired from multiple activities. But, as this study illustrates, there are many complexities encountered and pleasures gained when situating their future [active] ageing against the backdrop of personal and societal expectations, and unknown possibilities with regards to their ‘slowly’ ageing bodies.

Varying perspectives on being ‘older’ and active

There is little doubt that these Baby-boomer women derived much satisfaction when it came to working on the preservation of their function and form with activity. Why this is, might be partially explained by Continuity Theory (Atchley, 1999). This describes how people continue to adapt to new situations but tend to follow the same patterns they developed earlier in life, especially in spaces and environments where they derive meaning and in the case of these women, support, in their endeavours. There is security in the continuity of roles and carrying forward in varying ways, the habits, preferences, lifestyles, and relationships from midlife into later life (Bengston et al, 2009; Hawley-Hague et al., 2013). In one sense, individuals do not really change as they age, but become more of what they have always been, although this might be played out in different ways.

It was evident from the study, that as these women aged, they re-positioned the value of exercise to them and at this point in time, it is situated mostly within the fitness industry but the women in this study, could also be described as an under-valued and under-served market in the fitness domain. This is because their rationale for searching for the ‘right’ Trainer was to help them embrace a more holistic exercise programme, rather than the weight loss, body image or muscle definition ideals so prominently marketed in fitness images, products and services. Similarly, they no longer had a penchant for the dose-response exercise frameworks defined by researchers and advocated by policy makers (Beard et al., 2016; MoH, 2012; National Institutes of Aging, 2015; WHO, 2015). There was also no desire to follow the formulaic prescriptive model of exercise that dominates exercise education, practice and delivery today. For

these women at least, there was no obvious connection between the scientific rationale for exercising and the various activities in which they engaged.

These women made sure that their Personal Trainers were informed about how their sense of well-being would benefit by just being physically active in a way that felt content with self. Although places that promote and sell fitness and well-being endeavour to “emphasize individuality, the duties and pleasure of taking care of oneself ... which also speaks in the seemingly universalistic voice of a fight against the ills of urban living” (Sassatelli 2010, p. 6), this does not occur by chance. For this to be fully realised and in the context of this study, these Baby-boomers believed that exercise professionals (including Personal Trainers), need to step aside from the comfort of their practice-bound work spaces and embrace alternative paradigms and discourse, particularly if they wish to better understand and enhance the physical experiences of ‘older’ adults. This will become more important as the population ages and even more so if people in their later life want to access the services and programmes on offer in this industry.

The women’s choice to remain active in a way suited to self was more about what some (e.g., Dionigi & Lyons, 2010; Wheaton, 2016) call, a sense of agency, as well as resilience against a deterioration of health and independence. In this respect, the ‘doing’ rather than just talking about active ageing took on new significance, which paradoxically, and despite a lifetime of being physically active, they all felt relatively unprepared for. Although these women claimed they were not consciously influenced by public policy driven health-related agendas, there was an awareness of these intentions and this was mirrored by their actions. In a way, active-ageing for these women was positioned primarily as an investment in their future, giving them a feeling for the present time of personal satisfaction and ‘lives well lived’. But there is a vacuum of knowledge with regards to continuity and change in leisure behaviour from a life course perspective (Franco et.al., 2015; Henderson et al., 2002), something that inhibits our understanding of the intricacies of active ageing as it is lived (Dionigi et al., 2012; Grant & Kluge, 2012; Hurd-Clarke, 2001; Phoenix & Grant, 2009; Rose 2016; Tulle & Phoenix, 2015). This is particularly so, in regard to the New

Zealand fitness industry, whereby research stories from clients of any age have been scarce and, with regards to Baby-boomers, almost non-existent.

Boomers ‘fitting’ into the fitness industry

With twenty-five percent of the 41 million health-club members in the United States registering as 55 years old and over, analysts say that this cohort is the fastest growing segment of health-club memberships. Given this age group will constitute an estimated 70 million by 2030, in the United States alone (International Health and Racquet Sport Association, 2015), possibilities for the industry are endless. Although similar data is not available in New Zealand, the recent Active New Zealand Survey Report (Sport New Zealand, 2015), indicates that gym membership amongst Baby-boomers is showing a gradually upward trajectory. Although membership does not represent a high proportion of this cohort (Sport New Zealand, 2016), those who work in the industry are in a prime position to support many more ‘older’ adults to embrace a physically active lifestyle in a way that aligns with their respective needs. Such a move would also resonate with one of the MoH (2013) goals, to have a more physically active older population. In order for the fitness industry to attract greater numbers however, the leaders would do well rethinking their strategies about marketing, imagery, recognition of older person characteristics as well as consider alternative ways to energise and enrich this sector of the population. There is a need to find ways that ensure the scientific discourse is not the only narrative, and in Almond’s (2010) view, it is the “purposeful physical pursuits that lie at the heart of encouraging everyone to love being active” (p.129). This was clearly endorsed by the Baby-boomer women in this study. This is a very important consideration for the fitness industry to debate, because according to Skills Active Aotearoa, (2017), the profession has a key role to play in increasing the numbers of the ‘older’ population who might seek support with their physical activity endeavours and active ageing more broadly.

The future trends may offer a compelling argument for growth in the New Zealand fitness industry but for those currently supporting ‘older’ women in physical activity, whether in fitness clubs, recreation centres, marae and other organisations promoting active ageing, there is little information available about

the specific needs and wishes of this cohort. Some of what is available such as, *Guidelines on Physical Activity for Older People* (MoH, 2013), is couched primarily in the objective, scientific rationale for improving fitness and health. More recently Sport New Zealand (2016) released a discussion document titled *Active Older People 2016-2020*, but there are no current national initiatives actively targeting this sector of the population. Whilst information provided through research articles and national organizations is of paramount importance, this provides only part of the story if the notion of a more active older population is to be realized. In essence, the rhetoric needs to be translated and then turned into action and as already noted, the strategies used for those in their younger years are not all suitable for an older age group. As the Baby-boomers in this study suggested, exercise serves multiple purposes and one of these is as much to do with future proofing ageing than getting 'fit'. Consequently, the 'older' body needs to be understood in conjunction with its subjective experience and this information needs to be taken on-board by all those (including Personal Trainers) who work or intend to work, with this age group (Kluge & Grant, 2012).

With the growth in the exercise and fitness industry over the last couple of decades, the tertiary sector has offered an increasing number of qualifications related to 'exercise and fitness'. The focus in most programmes is embedded in the language and context that relates primarily to the demographic who most frequently use gyms, 18-35 year olds (Sport New Zealand, 2016). Some of these qualifications (e.g., University degrees) are wide ranging in their subject matter whilst others such as the NZ Certificate in Sport, Exercise and Leisure (Level 3-5), is designed specifically for exercise professionals, including Personal Trainers. Furthermore, standards for those working in the 'exercise and fitness' industry have put together a Technical Advisory group that consists of people who have exercise science backgrounds (Skills Active Aotearoa, 2017).

As I perused the many related qualifications on offer in Aotearoa/New Zealand there are three matters of interest that stand out. First, the vast majority of the 'technical experts' offering advice on the knowledge content of these standards have mostly emerged from sports and exercise science degrees that are embedded in the natural sciences. That's acceptable in my opinion, except for the

limited emphasis given to the role of exercise in public health and as a preventive behaviour to deter the on-set of ailments that are more likely to impact well-being in later life. Secondly, it raises questions as to whether or not those who design these qualifications consider the needs of an ageing population and most importantly the changing wants and needs of the prospective 'older' consumer? Finally, in the qualifications for exercise professionals in the governments qualifications register (New Zealand Qualifications Authority, [NZQA], 2011), only minimal attention is given to the older population and active-ageing from an education context. It is acknowledged however, there are courses on offer about ageing more broadly. But, in the context of this study, there was some scepticism amongst the participants as to how conversant their Personal Trainers actually were with the developmental characteristics and needs of people their age, particularly with regard to their lives as they transitioned through menopause towards older age.

Why is this the case, I ask? As some of these Baby-boomer women reminded me, they are the ones who have been in and out of the fitness industry for almost as long as it has been around. They too were curious about why their cohort are not given greater attention in qualifications which focus primarily on the scientific nature on exercise, health and fitness. As the women noted, *we aren't the same as young people, but we are expected to do the same types of exercises*. With the changing demographic it is not surprising that this question has been the centre of attention for some time. For example, during the 2004 Delphine Hanna Commemorative Lecture, Virginia Overdorf, brought this matter to the attention of her exercise and physical activity education colleagues at a Higher Education conference when stating:

At a minimum, our students need to be equipped with a deep comprehension of the best way to develop motor skills, a clear understanding of the relationship of exercise programs to physical activity, and an awareness of the current trends in health promotion. Data-based information has placed us in the best position to effect changes and influence our citizens. Yet, paradoxically, in spite of this overwhelming data, the past

century's technological advances have produced the most sedentary society in our history. I wonder if we have not gone too far into the scientific area, thereby losing touch with the humanity of our profession. Regaining some of these humanitarian values will provide the springboard for addressing our society's socio-cultural issues. The 65-and-older age groups should be one of the other major foci of our profession. In addition to having an impact on chronic disease prevention, we have the ability to promote healthier, active lifestyles that increase independence in the senior population. (Overdorf, 2005, p. 245)

Words to heed indeed and Overdorf's challenge begs the question, what is 'physical activity' in the context of the fitness industry and what meaning does it hold for people such as those women in this study? Are meanings associated with exercise, divergent between Trainers and their older clients? Exercise as a form of physical movement, is experienced both individually and collectively and holds much meaning for how our lives are lived. The Baby-boomer women in this study attest to this. But as Personal Trainers have increasingly become the mainstay of fitness services in New Zealand (Register of Exercise Professionals, 2016), how well are they being prepared to expand their scope of practice to accommodate with a high degree of professional competence the needs of a variety of age groups, including women such as those in this study? The skills engendered through the Client-Trainer relationship can serve as powerful catalysts for ideals and behaviours that "transcend the fitness milieu" suggests Garrin, (2014, p. 49), a notion that supports Hengtes (2014) contention that the best definition of providing fitness type activities, comes from a "collage of understanding" (p. 10).

As these Baby-boomer women indicated, remaining physically active is important to them, but their experiences do not always have to be framed as a scientific endeavour – *surely there are times when we can just play around*, one of the participants suggested. Furthermore, given the value these women assigned to social support, then perhaps the ideals of collaboration and common purpose between Trainers and clients are salient (subjective) themes for Trainers of the

future to try and better understand. This echoes a systematic review of older people's perspectives on physical activity by Franco et.al., (2015), as well as a claim by Almond (2010), that suggests there is no doubting that whatever interventions are offered to 'older' adults, these need to be more inviting and extend beyond the physical nature of the experience. Furthermore, those who support 'older' people to become and/or remain physically active need to learn about and appreciate the reasons beyond this engagement. Should this transpire, then it is possible we, including Personal Trainers and others in the fitness industry, could witness much greater activity levels amongst the older population in the future.

It's personal more than professional

As illustrated in this study, these Boomers by their actions, are contributing to re-defining and re-shaping ageing - and they are proud of it. Throughout the frantic years of the 1980's and 1990's, they were drawn, or some might say, propelled, into the proposition that improved health through fitness practices, is the pathway to longevity and happiness (MacKay, 1997). They all embraced various exercise programmes, flaunted with a range of diets and when their stress levels rose, Jane Fonda created a pathway to the gym. In this context, their now actively-ageing pathway is a continuation of the past, albeit with different insights about what it is to be healthy and fit with age. These women, like many others have endured and enjoyed a couple of decades of positioning of their ageing as a health-driven consumer-lifestyle (Richards, Warren & Gott, 2012). The double motives of 'feeling good' and 'time for me' escorted these women into more formal exercise when they were younger. What they sought back then, were workouts that were more intense than walking and easily structured into their day. They also sought the promise of body transformation as well as social connection. Despite being older now, the most significant difference is their motive.

How the Baby-boomers age has become one of the most important global issues in the 21st century (Menichetti et al., 2016). Increased longevity is a great success for medicine, but it also means increasing numbers of people will be living one third of their lives past 60 years of age. This is where an individual's own choice of leisure experiences has relevance particularly with regards to

challenging “ageism and the self-fulfilling prophesy of underuse of physical and mental abilities in old age” (Wearing, 1995, p. 263). As the women in this study indicated, ‘new’ meanings of ageing are emerging and this helps situate growing older in an alternative narrative which is both unique to the individual and one that incorporates a complex and personalised ‘story’.

In a similar context to other counter-stories of ageing, it was evident the 18 women were living a life that reflected the ‘resisting-ageing’ paradigm. But this was not a narrative residing in ideals of beauty, sexual attractiveness or of anxiety about chronological ageing. This was purely and simply a ‘resilience-ideal’ that these Baby-boomers had intuitively adopted to support how they wanted their growing older to unfold. Being conscious about good health meant they displayed varying degrees of determination, control, understanding about the capability of their body and making smart choices – something of which they displayed with regards to physical activity. More specifically, through their actions, they contested the notion that ageing is a biomedical ‘problem’ and can only be managed in part by prescriptions of exercise.

It is evident there is a social and cultural change occurring in how later life experiences are being transformed, as increasing numbers of people in their sixties and beyond seek to expand the leisure activities in which they engage (Tulle & Phoenix, 2015). Furthermore, in doing this they are inadvertently impeding the onset of physical decline and possible marginalisation as a once given ‘fact’ of life. The premise outlined above sits well with the Baby-boomers in this study, who acknowledged they are not immune to what some call the ravages of ageing but this was no reason to embrace a lifestyle of ‘slowing down’, ‘sitting down’ or ‘breaking down’. Each woman had constructed meaning about her ‘future self’, placing it into a rhetoric for intention and action partially through their decision to engage a Personal Trainer. This was advanced in that they all held significant, but what might be termed common-sense beliefs, about the value and role that exercise could play in their lives and the general cry was, *everyone needs to exercise as they get older. If you don’t use it, you lose it.*

Waiting for tomorrow

Throughout their life these Baby-boomer women have appreciated as well as celebrated, ‘choice’ and they acknowledged how societal changes in their lifetime have increasingly reshaped this choice against purchase, consumption and lifestyle. The meaning they give to their active ageing choices today reverberates with historical, cultural and social significance. Good health in older age is not separated from the whole life course and it seems only natural that from their vantage point now, the meanings they have constructed about their own successful and active-ageing, positions them as quite distinct from those women already over-65 years of age. Meaning is our constant companion whether we are exercising or doing something else, contends Kretchmar, (2001), who also argues that one litmus test for the richness of meaning involves assessing different sites to which we are carried away in movement. One place, he suggests, is “back to ourselves, our own unfolding stories, the values of our particular life, the history we cannot shed and on which we must build. When activity is unusually meaningful, it is usually personal.” (p. 324).

In this study, the way the women talked about their activity now in the context of having a Personal Trainer, has very strong personal meaning. This meaning is different from past meanings they gave to their exercise endeavours. When older adults initiate exercise, they often discontinue involvement within six months of starting a programme (Hawley-Hague et al., 2013), which for the fitness industry alone, reinforces the need to explore the essence of involvement in physical activity as people age. But perhaps of greater significance is that, like the women in this study, not only are Baby-boomer women the ‘next in line’ to reach older age status, but they are known in the fitness industry for being the first to join the ‘fitness’ boom back in the 1980’s (Brabazon, 2006; Fonda, 2011; Gilleard & Higgs, 2013; Hentges, 2014; Markula, 1997; Stern 2008). It makes sense then, that in supporting any of these women back into enjoyable exercise habits as they transition into their older age, as Tulle and Dorrer (2011) suggest, exercise professionals might benefit from broadening their understanding of their client’s subjective meaning for exercise. When viewed from a social constructionist perspective, exercise professionals may then better understand that

these meanings, derived from individual experiences over the life course, give credence to not only how their older clients view the world, but how they interpret, understand and create their world. Most importantly though, as people interpret the events, experiences, conditions and priorities of their lives and give these meaning, they formulate ways in which they want to best engage in their world. With this in mind, the last word is given to Janette, one of the participants.

You know my mother-in-law thinks that I shouldn't exercise the way I do. She doesn't see any sense in going to the gym. But her generation didn't have the opportunities that we have had around our exercise, so it's different for us. I don't mind getting older, but I don't want to age like my mother and mother-in-law. I don't look back to their generation any more. It's all about the future and I want to stay healthy and active and the best way to do this, is to have the right support from a Personal Trainer who 'gets it' and is on the same page as you.

Chapter 10

Final Thoughts - 'Reflections from a Baby-boomer'

In late November, 2016, my presentation to exercise professionals including Personal Trainers at New Zealand's fitness industry conference, drew on the findings from this study. The first slide that attendees viewed captured an image of a woman in her 50's walking through a forest glade, beside an elderly woman, using a walking-frame. The following question was posed in my opening statement - a question that was positioned at the heart of this study's findings, "If the younger woman in this photo was your personal training client, why do you think she might be seeking you out and engaging your services?"

A range of answers, or should I say, assumptions ensued. These were irrevocably shaped by the dominant language of 'fitness culture' – "*to get fitter*", said one male, with biceps the size of tankards; "*to lose weight*", said another; "*to feel more energetic*", offered the male in the front row with 'Personal Trainer' in loud letters across his tee shirt; "*to tone up*" shouted the woman from the back. As their comments tumbled down the lecture theatre towards me, the 'moment of truth' about the purpose of my study was enlightening. For in the past, these were perhaps responses that I might have proffered too. But having heard many accounts from the 18 Baby-boomer women in the study, these were not the answers I would share now.

As the voices of those in the conference room quietened, they waited patiently for my thoughts about their responses, some of which may not have been anticipated. "What if the woman in this photo sought you out as a Personal Trainer, for a reason that is nothing to do with her fitness, her weight, her muscle tone? What if you prescribed her sets and reps and certain exhausting exercises, that did not get to the heart of the meaning she gives to engaging your services? What if you just assumed what her motive was, (as you've done here) about providing an exercise programme without exploring the world from her point of view? What if, because of this, she left you for another Trainer, whom she anticipated, might be better suited to her physical activity needs at this stage of her life?" Their attention gathered. "What if the real reason that she had engaged

your services was simply because, *she didn't want to age like her mother who was now only able to venture outside by using a walking frame?*”

Looking out at the audience it was evident that the realisation of my rhetorical questions had ‘struck a chord’. Some started nodding with comprehension as more questions were posed. “How knowledgeable are you about the services, including the motivation and support you can genuinely offer, to Baby-boomer women, the fastest growing demographic to join gyms in western society? What types of activities do they believe might make them more resilient into their ‘older age’? How will you go about finding out what coming to work-out with you means to them? Looking back to before the commencement of this study, my naïve curiosity about the reasons women Baby-boomers were training with a Personal Trainer, were similarly grounded in the positivist world that the fitness industry typically embraces. However, undertaking this doctoral study meant that exploring the world from the participants perspective, has unlocked my own world-view too. The move towards my *verstehen*, has been through qualitative research and it is this type of research contends Franco et al., (2015) “that can provide better understanding of older people’s experiences, beliefs and attitudes towards participation in physical activities and help us translate the strong evidence of the benefits of physical activity into practice” (p. 2).

When designing this study, it seemed that social constructionism would provide an ideal framework to guide the investigation. This allowed a diverse range of information, including that which is often ineffable along with ‘hidden truths’ about the phenomenon, to become more visible. On first reading Vivien Burr’s (2003), words about social constructionism, my appreciation of the relevance of her statement lacked clarity, “social constructionism offers an alternative way of understanding the world. It takes us far from psychology’s traditional understanding of what constitutes a person and allows us to rebuild ourselves according to a different model.” (p. 25). Now however, these words resonate with me in ways that only undertaking this type of research might dare to achieve.

When it comes to being physically active at any stage in life, we mostly do what feels good and avoid what feels bad. As these Baby-boomer women had

learned, pleasurable physical activity never feels like a chore. Hence, their intentions were to pursue a life-long goal rather than seek an immediate pay-off (e.g. weight loss) and the benefits of their actions would play out in a different but satisfying way for each woman. There is no one size fits all for “when it comes to making a sustainable change to your behaviour, understanding your meaning is your starting place, because this determines the tone of your relationship with being physically active” (Segar, 2015, p. 26).

For many years, women’s exercise narratives have typically been couched in the fixed construction of ‘body-ideal anxieties’ (Kennedy & Markula, 2011). Before commencing this study, my own assumption would have been that mid-life women are not overly different to their younger counterparts in the pursuit of the ‘ideal’ (but somewhat older) body. How wrong this assumption has been. The stories from the Baby-boomer women in this study have left me in no doubt that there are many ways of interpreting the ageing body within ‘cultures of fitness’ and in turn, gaining insights into their motivations for exercise, has implications for future programme design and health agendas. In the context of this study, I wholeheartedly share Paulson’s (2005) perspective, that a future challenge is to increase the number of exercise professionals who understand that individual subjective experience is deeply embedded in social context and personal history. Furthermore, this study taught me that for women in this cohort who work-out with a Personal Trainer is as much, if not more, about the ‘personal’ than the ‘professional’. I am indebted to the eighteen women who voluntarily participated in this study, for informing me about that. Thank you.

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Appendices

Appendix A

Ethics Approval

Dean's Office
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THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

MEMORANDUM

To: Wendy Sweet

cc: Professor Bevan Grant
Associate Professor Garry Falloon

From: Associate Professor Linda Mitchell
Chairperson, Research Ethics Committee

Date: 1 May 2013

Subject: Supervised Postgraduate Research – Application for Ethical Approval (EDU036/13)

Thank you for submitting the amendments to your application for ethical approval for the research project:

It's personal and it's professional: An exploration of the meanings women baby-boomers attribute to 'working out' with a personal trainer

I am pleased to advise that your application has received ethical approval.

Please note that researchers are asked to consult with the Faculty's Research Ethics Committee in the first instance if any changes to the approved research design are proposed.

The Committee wishes you all the best with your research.

A handwritten signature in blue ink that reads 'Linda Mitchell'.

Associate Professor Linda Mitchell
Chairperson
Research Ethics Committee

Appendix B

Information for Participant

Seeking Participants!

Study about Women Baby-Boomer's Experiences with their Ageing and having a Personal Trainer


This information sheet is to provide you with information about participating in a research project titled - *It's Personal and it's Professional: The meanings women Baby-boomers attribute to their ageing and 'working out' with a Personal Trainer.*

The reason for undertaking this study follows my curiosity to know more about the trend that Baby-boomers', especially women between the ages of 50 and 60 years, are becoming dominant consumers of fitness products and services. My professional interest stems from working in the fitness industry for over two decades. My personal interest is that I myself, am a 'Baby-boomer'.

It is well known that Baby-boomers are the generation that led the fitness boom back in the 1970's but very little is known about the way they currently engage in physical activity. With an ageing population however, the notion of self-reliance for ageing more healthily is gaining momentum. Given Baby-boomers are the *next* generation of older persons, they are attracting considerable attention but what we know about the role and meaning of physical activity in life of this age group is negligible. Hence I am making this the focus for my PhD thesis. Specifically, my study will involve interviewing twenty women aged 50 – 60 years who currently utilize the services of a Personal Trainer. This research will be supervised by Professor Bevan Grant from the Department of Sport and Leisure Studies at the University of Waikato.

Information relating to the study for you to consider:

To help you decide whether or not being involved in this study might be of interest, the following is a summary of what your participation will involve:

-  Sharing your perspective via interviews about the life-time experiences that have influenced your involvement in physical activity, being a Baby-boomer, the

way physical activity is promoted to your age group, what influenced you to engage the services of a Personal Trainer and the subsequent outcomes.

- ✚ Being interviewed at a time and place suitable to you two or three times, with each interview lasting approximately one hour. Interviews are intended to be undertaken in 2013 and 2014 at a place and venue of your choosing.
- ✚ Signing a Consent Form before the first interview. This outlines the ethical requirements for the research including your rights as a participant. This includes knowing your involvement will remain confidential to my supervisor and myself.
- ✚ Having the opportunity to read a transcript of the interviews and adapt and/or delete any parts that you do not wish to have included.

Unless you choose to disclose your interest in the study to your Personal Trainer, he/she will not know that you have contacted me. Any communication we have will remain confidential. Should you have any matters pertaining to the study and/or your possible involvement then please contact me by email or telephone. Thank you for considering being part of this research study. If you would like to take this further, please see the letter of invitation enclosed.

Wendy Sweet

Home: 07 829 4774 Mob: 021 316 817 Email: wsweet@xtra.co.nz

Appendix C

Letter of Invitation to Participant

████████████████████

████████

████████████████

(Date)

Greetings

This is an invitation to participate in a research project titled - *It's Personal and it's Professional: The meanings women Baby-boomers attribute to their ageing and 'working out' with a Personal Trainer*. Details of the study are outlined in the enclosed information sheet.

My interest in undertaking this study follows my own lengthy career in the fitness industry and my curiosity to know more about the trend that Baby-boomers', especially women, are working out with Trainers. I would like to explore why this is and how women have come to participate in exercise with and through a Personal Trainer. With very little research having been undertaken in this area, I am hoping that your involvement will help to broaden existing knowledge about women's physical activity behaviour in New Zealand. It is also hoped that the study will contribute to current knowledge available to Personal Trainers as well as Gym instructors.

If you are interested in participating in this study, I warmly invite you to contact me within ten days of receiving this letter. Whilst your Trainer has given you this information and letter, he/she will not know whether or not you have contacted me for further information or to express your interest in participating in the study. Any communication you and I have will remain confidential.

Should you have any matters pertaining to the study and/or your possible involvement then I welcome your contact to me by email or telephone (see below).

Thank you for considering this invitation.

Yours sincerely,

Wendy Sweet

[Redacted signature block]

Appendix D

Participant Consent Form

Research Study:

It's Personal and it's Professional: An exploration of the meanings women Baby-boomers attribute to their ageing and 'working out' with a Personal Trainer.

I have read the information about the study as outlined in the Information Sheet for Study Participants and letter inviting my participation in this study. As well, I have discussed the study with Wendy Sweet, the researcher, and she has verbally provided me with details about the study. I agree to participate in this study, conducted by Wendy Sweet, a PhD student in the Department of Sport and Leisure Studies at the University of Waikato. In becoming a participant, I consent to the following:

- 1) The researcher, Wendy Sweet will conduct 2-3 face-to-face interviews with me, through which she will explore and listen to my perspectives about why I have sought out the professional expertise of a Personal Trainer. Each interview will be recorded via a tape-recorder.
- 2) I have the right to seek clarification about any discussion I might have with the researcher as well as the right to decline to discuss any issues that I don't feel comfortable with or to stop the interview at any time.
- 3) As each transcript of the interview is sent to me, I have the right to request amendments or edits as necessary, or to delete information which I do not want included. The transcribed data will be used in the production of her PhD thesis, as well as any future research articles or presentations. My privacy and confidentiality will be protected at all times, including within the final thesis, through the use of a pseudonym.
- 4) I understand that Wendy Sweet will keep all interview records confidential. Transcripts and audio-tapes will be kept in a locked filing cabinet at her home as per the regulations from the *University of Waikato Ethical Conduct in Human Research and Related Activities Regulations 2008*. All transcripts will be destroyed after five (5) years. I also understand that it is a requirement of the University of Waikato that an electronic copy of the completed thesis is stored in the University of Waikato Digital Repository Research Commons, making the final completed thesis widely available.
- 5) I understand that I am free to withdraw from the study up until the end of 2014, by which the final interview transcripts should have been returned.

Signature of Participant:

Signature of Researcher:

Date:

Wendy Sweet
[REDACTED],
Dept.
Flagstaff,
Hamilton 3281
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Supervisor: Professor Bevan Grant
Sport & Leisure Studies

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Appendix E

Interview Guide

The following questions will provide a frame-work for two interviews of around 60 minutes per interview. Each interview will include semi-structured and open-ended questions, but follow its own path with prompts, as indicated in the guide.

Introduction:

"I have a few questions which I would like to commence with, in order that you might start thinking about physical activity and what it means to you to be (or have been) physically active over the years. Please feel free to just let your story unfold though, in whatever form it takes."

- **What are your life-long experiences regarding physical activity?**
 - *general background story e.g. school days, early-adulthood; adulthood sports/ recreation participation*
 - *activities involved in currently? Has this changed throughout your life-time?*
 - *environments that you enjoy being active in? How and why might these environments have changed?*

- **What does it mean to you to be physically active?**
 - *personal beliefs and meanings about being or becoming active*
 - *have these beliefs/ meanings changed over your life-time? In what way?*
 - *are there specific factors which have helped to shape these views and meanings, e.g. personal experiences, education, other people, media etc.*

- **Are there any specific events or factors that have influenced or inspired your participation (or non-participation) in physical activity throughout your life-time?**
 - *early influences e.g. from family life and upbringing; school; inspirational role-models*
 - *role of community health promotion messages*
 - *role of media*
 - *personal influences e.g. personal beliefs; health; identity; support etc*
 - *emergence of the 'fitness scene' in the 70's and 80's*
 - *exploration of stories about non-participation e.g. have you ever not been active? What influenced this? How and why did you come to be more 'active'?*

Drawing on information from the initial conversations, I will go on to explore the participant's perspectives and stories about physical activity in the specific context of structured exercise and personal training.

- **What has led you to undertake structured exercise in a fitness setting?**
 - *beliefs about exercise and 'fitness' and the role of the fitness industry e.g. health beliefs,*
 - *influence of promotional campaigns by fitness industry*
 - *suitability of and access to the fitness setting*
 - *influences from health promotion campaigns over the years?*
 - *belief that one's needs to be self-reliant with their health and fitness?*
 - *perspectives on ageing more actively?*
 - *familiarity with the fitness environment e.g. grew up with exercise-to-music classes, gym, sports etc*

- **Can you explain how long you have used the professional services of a Trainer and describe what influenced your decision to engage him/her?**
 - *motivational reasons e.g. need to train harder; can't do it on own; want 'results'(body transformation etc)?*
 - *fitness industry and personal training well promoted; facility sales strategies on joining the gym*
 - *media influences on transforming the body as one ages, i.e. anti-ageing influences and economic influences e.g. belief that staying fit and active is up to me as an individual*
 - *educational perspectives e.g. learning how to train better; get a prescribed program*
 - *Need support/ motivation/ assistance to overcome perceived barriers etc*

- **What does it mean to you to have a Personal Trainer?**
 - *Trainer provides aspects of training that can't achieve otherwise? e.g. provision of a structured program/ motivation? intensity?*
 - *Need support? Sense of security?*
 - *Seeking expertise?*
 - *Efficient use of time available*
 - *Helps to overcome motivational influences/ barriers etc*

- **How have the experiences of working with a Personal Trainer influenced your current lifestyle and specifically, your health-related behaviour?**
 - *Has using the services of a Trainer changed your views on how you 'experience' exercise as? If so, in what respect? If not, why not?*
 - *How did your perceptions about using a Trainer change between the time you didn't use a Trainer for your exercise supervision and when you did?*
 - *Do you believe that your Trainer understands the lifestyle needs of a woman in her mid-life? How do you think this has occurred?*
 - *Do you have any recommendations for other Personal Trainers who might train women in their mid-life years or older women?*

- **Do you have a perspective on what it means to 'age well'?**
 - *what are your views on active-ageing? How have these views have been formed?*
 - *what are your future aspirations with regard to physical activity as you get older? how might physical activity and exercise play a role in your older age, i.e. over 65 years?*
 - *do you have a view on what your exercise needs might be as you age? Has this changed over the years?*