

Body, Meanings, and Physical Exercise in Older Adults: The Qualitative Perspective of Frequent Gym-Goers

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Abstract: It is known that rates of participation in sports and physical activities among older adults decrease as they get older. This article focuses on the experience of the aging body at the gym, and it is one of the few that focuses on a little-studied group of frequent gym-goers. Based on an ethnographic work of more than two years in Amsterdam, I explain the goals of three older adults who frequently work out, what their relationships with the gym and their bodies are, and why they are interested in training in gyms. This article seeks to contribute to discourses on health, sport, and aging and, at the same time, to explain some of the advantages of qualitative studies in understanding the experience of aging and training in gyms.

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Aging is a multidimensional, progressive, intrinsic, and universal phenomenon (Huenchuán 2009; Huenchuán et al. 2007), and the aging population in the world is growing. For instance, it is estimated that “In 2030, more than 20% of the European population will be older than 60” (Tokarski 2004:99). Furthermore, statistics show that in both developed and developing countries, the population of older adults is increasing (Fernández-Ballesteros et al. 2013; Bauman et al. 2016). “In 2010, the percentage of elderly persons above 65 years was approximately

8% of the global population. Demographic projections over the next three decades anticipate that the global numbers of adults aged 65 years and older will double to around two billion by 2050" (Bauman et al. 2016:268).

These studies and the fact that people are living longer have led to the promotion of new ideas on aging. "Many of the elderly of today have completely different expectations and demands regarding their future life in society than former generations had" (Tokarski 2004:99). These ideas move between the old image of the elderly associated with a series of deficiencies, vulnerabilities, and being at an age to rest (Grant 2001; Tokarski 2004) and ideas of "active aging," a term used by the World Health Organization (WHO) and since then quickly popularized (Boudiny 2013). Other terms used are "healthy aging," "productive aging," and "successful aging," although there is no consensus on the precise meaning of these concepts. These concepts stress the importance of an active lifestyle in advanced age (Tokarski 2004; Boudiny 2013; Foster and Walker 2015).

Nevertheless, studies on the aging population and exercising are conclusive, indicating that the older a person is, the less involved in physical activity that person will be (Rudman 1989; Berger et al. 2005; Pantelić et al. 2012; Cvecka et al. 2015; Pinheiro and Coelho 2017; Pettigrew et al. 2018). Furthermore, studies on physical activity have pointed to a high prevalence of physical inactivity among older adults in different regions of the world, such as Australia (50.8%), New Zealand (51.4%), Brazil (59.3%), Colombia (62.4%), Switzerland (67.5%), and Sweden with the highest rate (72.2%) (Oliveira et al. 2019:3). To modify this situation requires an understanding of the factors that influence decreasing physical activity with age (Berger et al. 2005), especially when

considering that different institutions, such as the American College of Sports Medicine (ACSM), the American Heart Association (AHA), and WHO, have shown that the practice of physical exercise in older adults has a series of physical, psychological, and social benefits.

Different studies have indicated that exercising has a series of advantages for older people (Grant 2001; Tokarski 2004; Berger et al. 2005; Adams, Leibbrandt, and Moon 2011; Pantelić et al. 2012; Boudiny 2013; Cvecka et al. 2015; Bauman et al. 2016; Pinheiro and Coelho 2017; Oliveira et al. 2019; Sobiech and Leipert 2021), and this is reflected in "the inclusion of strength training recommendations in the World Health Organization's (2011) physical exercise guidelines for older people: Muscle-strengthening activities, involving major muscle groups, should be done on two or more days a week" (Pettigrew et al. 2018:494).

Space is the product of social structures and relationships and is an essential principle in social sciences (Gupta and Ferguson 1997). This article analyzes the relationship between old age and physical exercise in gyms, focusing mainly on how older adults embody this space and how they see it as a space that promotes or restricts the integration of older adults. In Western countries, gyms are everyday spaces with relatively easy access for everyone, where people can work on their bodies and from the body. Nevertheless, many authors have revealed that bodily capabilities (Sharon-David, Siekanska, and Tenenbaum 2021) or demographic characteristics (Salvatore and Marecek 2010; Schvey et al. 2017) can be obstacles to people going to gyms. Are older adults welcome in gyms? How are gyms and the culture of *no pain, no gain* viewed by older adults? How can we encourage physical exercise in this population in the words of older adults themselves?

Understanding the relationship between old age and physical exercise in gyms is relevant, first, because if physical activity decreases with age, even more so does physical exercise. Second, gyms are popular places for physical exercise and have become an integrated part of modern, urban society. Third, gyms are complex places that try to concentrate a large number of users through offering a series of offers and benefits: extensive opening and closing hours; massage and cosmetic services; saunas; group classes; areas with free weights, weight-lifting machines, and cardio areas; areas for healthy food; childcare services; hairdressing salons, et cetera. Fourth, even though they have become tremendously popular, seeing older adults in gyms is not common. Fifth, different researchers have indicated a lack of evidence in the literature regarding elderly practitioners of weight training (Oliveira et al. 2018; Pettigrew et al. 2018). Sixth, although gyms are places designed for physical exercise, an important point is that walking or gardening are considered sufficient physical activities in some studies; however, there are undoubtedly differences between gym-going and gardening. Bouchard and Shephard (1994) explained that physical activity is any bodily movement produced by the skeletal muscles that substantially increases energy expenditure over resting levels. In contrast, exercise is any form of physical activity undertaken by an individual during leisure time and repeatedly performed over an extended period to improve health or fitness. Finally, gym culture tends to promote discourses about the young, energetic, and fit body, but precisely those characteristics are lost with age.

Consequently, it is crucial to learn how older gym-goers view these discourses and fit in with younger gym-goers. By doing this, we can develop effective strategies to promote older adults' physical exercise safely and comfortably in gyms.

To analyze the relationship between older adults and physical exercise in gyms, this article is based on the experience of three older adults training in Amsterdam, a city where cycling and going to the gym are the predominant forms of exercise. Gyms here are mostly inexpensive and inclusive (it is common to see children, people with disabilities, and older people training in them) (Sossa 2020). In addition, the Netherlands Institute for Social Research shows that gym-going is the most popular way of exercising in the Netherlands (Sossa 2020).

The remainder of this paper is organized as follows. First, I present the theoretical framework. Second, I explain the methodology. Third, I analyze the relationship between training and older adults in a specific gym and explain how, through this case and the testimonies of my collaborators, the gym is a space that can promote or restrict the integration of older adults. Fourth, I explain my collaborators' objectives in training and their relationships with their bodies. Finally, I present conclusions and make recommendations for making gym spaces more welcoming to older adults.

Theoretical Framework: Our Perception Occurs from the Location of Our Body

Here, I present a cultural study from a phenomenological position where I seek to understand how something is experienced and lived and the meanings people give to certain phenomena subjectively and individually. Consequently, the data are analyzed from a cultural phenomenological perspective grounded in embodiment (Csordas 1994). This cultural phenomenology is characterized by recognizing the importance of the socio-cultural context in which the phenomenon under study develops. It is also characterized by an emphasis on embod-

iment as the common ground for identifying the immediacy of intersubjectivity (Katz and Csordas 2003). In other words, it means the study, through various participant observation-like methods, of the structures of the life-world, which means the forms, structures, or features that people take as objectively existing in the world as they shape their conduct upon the presumption of their prior, independent existence (Katz and Csordas 2003:284).

Merleau-Ponty's (2006) perspective is advantageous for this kind of phenomenology since he characterizes the body as a knot of living significations that acquires abilities to move fluently in a physical and social environment. However, this perspective presupposes understanding a particular world in a non-conceptual, non-propositional, practical manner. To understand is to experience: we learn a type of movement through coordinating perceptual and motor capabilities, and this capability is adaptable to diverse contextual configurations. Thus, for Merleau-Ponty, the body must be understood as a "lived body," as a system of possible actions, defined by its task and its situation, reflecting social processes, living conditions, norms, values, power relationships, relational dynamics, and patterns of interaction among individuals of a given culture.

Merleau-Ponty avoids the body-mind dualism with the concept of body-subject, a body whose subjectivity is based on its pre-linguistic, intentional interaction with its world, in which habits are acquired while "being-in-the-world." The body is the recipient of various concrete practices, as well as of a whole symbolic world. The starting point for studying the "lived body" is the understanding that the perception of reality occurs from the particular location of our body. The lived body opposes the objectified body (Tietjens 2014:142-144). The body

is and belongs to the world of things, of objects. However, it is around it that other objects become important since I understand the world from and through my body.

Consequently, in this article, understanding older adults depends not only on talking and asking them questions but also on approaching and observing the types of experiences coming from having a body and being a body with several sensory-motor abilities. These abilities are inserted into a biological, psychological, and cultural context and are directly related to issues such as the perception of space from the body or the materiality of space as something intrinsically related to the body's motor skills (Sossa 2020). Through an ethnographic approach, I show how older adults' lived bodies (and their body experiences) are always mediated and influenced by their engagements with other bodies, spaces, and material artifacts (Sobchack 2004).

Merleau-Ponty showed how our cognition of the world is always an embodied perception. It is reversible, a seer, listener, toucher from the inside, and seen, heard, and touched from the outside. "Being-in-the-world" is mediated both through physical presence and a sense of perception. There is an intimate connection between body, experience, and identity. The world, as perceived through the body, is the ground level of all knowledge, and therefore, it is through the body that people gain access to the world. Our perception of everyday reality depends upon a "lived body," that is, a body that simultaneously experiences and creates the world. This phenomenological perspective provides us with sharp, perceptive, and well-grounded insights into the lived reality of the sensuous sporting body of the older people I studied (Allen-Collinson and Owton 2014).

This theoretical framework seeks to look at more incarnated dimensions focusing on how we go about making sense of our senses within a socio-cultural framework (Allen-Collinson and Hockey 2013:592). Authors like Bull and colleagues (2006), Allen-Collinson and Hockey (2013), and Allen-Collinson and Evans (2019) remind us that the senses mediate the relationship between mind and body and self and society. In this sense, this study gives voice to older adults themselves to explain their body-sport relationship, emphasizing the qualitative aspects of the very personal process that aging is. With this work, I connect with a growing literature that analytically embraces the sensory dimension of sport (Morley 2001; Potter 2008; Allen-Collinson 2009; Downey 2010; Allen-Collinson and Hockey 2013; Matthews 2020; Sossa 2022).

Methodology

I have conducted the fieldwork of this research as a single lower-middle-class, heterosexual, able-bodied man born in 1986 in northern Chile. The methodology for this study is linked to my life as a gym-goer and as a researcher. This paper draws from an ethnographic study about frequent gym-goers and gym culture in different settings that included 34 collaborators in seven gyms in two different countries (Sossa 2020). Here, I present my results obtained in Amsterdam, the Netherlands.

It is well-known that aging is a multidimensional phenomenon. Therefore, it is vital to complement quantitative studies of old age with evidence to understand how aging is managed and what it means for those who live it. Qualitative dimensions are key to explaining the phenomenon of aging in a more grounded and personal way (Baltes and Carstensen 1996; Quéniart and Charpentier 2012). What is more

personal than our bodies? In this research, I was qualitatively paying attention to the relationship between body and exercising in gyms for older people.

As many authors have shown, we do well to think about the research act as a necessarily embodied activity (Coffey 1999; Giardina and Newman 2011). The researcher's body can serve as a "diagnostic tool" and "a way of knowing" the corporality of others (Blacking 1977:7). "Using one's own body in fieldwork, instead of just a set of theoretical tools, yields knowledge that is otherwise unavailable" (Leavit 2009:519). For example, many times with my collaborators, we moved our arms to see how our movement traits were different. By understanding our movements' abilities and limitations, our experiences at the gym and the exercises, and the positions we could adopt were limited to these movement capacities.

Through these kinds of situations, the body can be an empirical window to view and try to understand lived experiences, meanings, and practices and how those experiences are articulated in socio-cultural relations (Wiest, Andrews, and Giardina 2015). Wacquant (2006), for instance, suggested carnal sociology, which means that by performing the activities that informants do, the fieldwork can become an instrument of theoretical construction, a method of obtaining "carnal" knowledge, and a way of becoming an insider within the group.

Performing the phenomenon under study, that is, performing the same activity that the people under study perform, is a fruitful path towards capturing more details and achieving analytical depth. Ethnography is uniquely suited to helping us re-incarnate society by restoring the different dimensions of social existence. Ethnography is embedded and em-

bodied social inquiry based on physical co-presence with(in) the phenomenon in real-time and space (Wacquant 2015).

In my methodology, I sought understandings of the participants' world of significance through immersion in their world (Addison 1992; Benner 1994), and it was done through enactive ethnography, or what Samudra (2008) calls "thick participation," which is a type of immersive fieldwork based on performing the phenomenon under study. It means fieldwork through which the researcher acts out (elements of) the phenomenon, peels away the layers of its invisible properties, and tests its operative mechanisms (Wacquant 2015). Rather than limiting oneself to that which is readily observable "from the outside looking in," enactive ethnography's affordances foreground, in real-time, whole-body experiences of a particular situation in a specific social and material context "from the inside out" (de Rond, Holeman, and Howard-Grenville 2019:40). In the words of Adler and Adler (1987), I took an active role that involves a functional role in addition to an observational role. This facilitates trust and acceptance of the researcher and increases the identification of the researcher with members of the setting.

In this sense, my body, knowledge, and experiences as a gym-goer and researcher were indispensable tools for this study. As far as possible, at the gym, I helped my collaborators as a way of gaining trust from them and as a kind of retribution so they could gain something from my persistent presence (this was very valuable, especially for moving heavy objects). That is, we talked and walked on the treadmills during their workouts. I helped them to tidy up training machines, to put on and take off the disks of a machine, or assisted them if they needed a spotter.

During my fieldwork, we were very close and always friendly to each other. We shared the same spaces and activities, shifting from participant observation to observant participation. This methodology implies a more phenomenological position that seeks to capture participants' experiences by exploring their lived experiences and their perceptions of reality. This framework is usually carried out with a small group of participants and even with a single person (Smith and Osborn 2003; Smith 2004; Jones and Lavallee 2009).

Sample

During my fieldwork in Amsterdam, I distinguished between participants as collaborators or respondents among the people I worked with. Collaborators were those with whom I developed a close relationship and was in permanent contact throughout the fieldwork period. Respondents were gym-goers who participated in my research in a sporadic, brief, or casual way. For instance, even though personal trainers, gym owners, and people working in gyms were not directly the aim of my research, they were consulted when necessary.

My collaborators were recruited because they were frequent gym-goers, and they agreed to collaborate with me for an extended time. They were all aware that they were taking part in research, they knew what the research required of them, and they all gave me their verbal consent. In addition, this study was approved by the appropriate university ethics committee.

At the beginning of my research, I conducted fieldwork in different gyms to find other frequent users. Nevertheless, I was not expecting to see older adults (in my country [Chile], it is not common). At COF

(fictitious name), I found several more senior adults training, and three were doing it at least four times a week and had been doing it for more than two years, which were requirements to qualify as a frequent gym-goer in my main study (Sossa 2020). For two years, we discussed in-depth topics related to gym culture, training, corporality, and gym-goers, among others.

Economically speaking, my collaborators were all financially secure and belonged to the middle class. Their pseudonyms are Alex, a 72-year-old married man, father of two children, with some minor heart problems, retired and a Dutch person; Mara, a 67-year-old Surinamese woman, childless and in a relationship, self-employed and with some minor arthritis problems; and Todd, a 66-year-old Dutchman, married and father of one son and self-employed, sometimes suffering asthma problems.

Data Collection

The data collection process consisted of taking field notes, having conversations during training sessions, and conducting formal and recorded interviews (prior consent) through a multi-methods study. These resources were processed into a Microsoft Word document and examined to improve the observations and construct relevant topics for further exploration. As my primary research was of a comparative nature (Sossa 2020), I carried out fieldwork in different locations, which enabled me to contextualize and compare topics identified by research participants in the course of the fieldwork to analyze issues that only appeared in one research setting, and to explore and test how concepts and categories are employed by research participants in different locations (Rübner 2015).

At first, categories repeated in the fieldwork process at COF were identified and organized, for example, different gym-goers, injuries, social norms, age, and then discussed in more detail with my collaborators. As Conroy (2003) suggested, to achieve more valid interpretations, in addition to the participatory work with my collaborators and the many hours shared with them, as I was writing interpretations, key concepts, and analysis, I was also reading/discussing them with my collaborators to incorporate their perspectives better and to make me see what maybe I was not seeing.

Finally, through this multi-method study, the data were analyzed inductively; with the help of thematic content analysis, detailed lived-in accounts of the participants were synthesized into meaningful themes. Here, I will focus on the relationship between old age and physical exercise in gyms.

Findings

The Gym as a “Town Square”

In my first days of fieldwork at COF, I saw a few people training there; many were doing it with bad technique (and nobody corrected them) and without exerting great physical effort. My main goal once I got there was to find frequent gym-goers, but this gym seemed like a place where I would not find such members. However, as the days went by, I found some older adults looking to improve aspects of their lives through the gym. An illuminating moment occurred with Alex. I saw him training quite often. He said: “For me, this gym is like a town square; I don’t come to have muscles, I come to look around, to have time for me, to relax, instead of going to the town square or a park, I come to the gym.”

His words make sense; first, organized fitness training in a fitness gym is currently the form of exercise with the highest number of members (Sobiech and Leipert 2021:458). Second, considering Amsterdam's frequent rain and windy weather, a gym is a sheltered place, always with the same temperature where Alex can hang out and socialize with others. Holwerda and colleagues (2013), in the Amsterdam Study of the Elderly, point out the importance for older adults to feel accompanied, and they talk about feeling lonely rather than being alone. In this sense, Alex saw COF as a place to relax, watch people, and be with others. That was a discovery for me. There is no doubt that a workout helps one relax; nevertheless, in my experience, this happens after having trained hard, sweating, or after a good stretching session. However, some COF members went there to relax by spending time there without doing any type of exercise in particular and expending little effort. Therefore, the embodied feeling of relaxation between them and me is different, and with it, our way of moving and living the gym culture.

Embodiment and Gym Culture

Another difference between my way of understanding gym culture and how some of these members perceived it is some of these members were annoyed by loud sounds and by seeing overly muscular people. Some felt intimidated by their big physical appearance or strength. Others were upset with frequent gym-goers who train hard without a concrete target: just training and training for the single goal of training. Some comments:

Todd: I don't understand why someone comes to the gym after working all day and trains like a maniac. I just don't get it. It's silly to me.

On another occasion, he said:

For some, it looks like an obsession. They isolate themselves from their friends and exchange their lives just for the gym. It may be a lack of self-esteem, or they're obsessed with physical beauty. Whatever it is, the reasons are quite superficial, don't you think?

These comments helped me to understand better what was happening at COF. It was ideal for those who do not want to compete with other people, do not want to be seen or compared with others, and do not want to work out hard. COF was for those looking for a time of calm relaxation and sport. This situation was not accidental. In a conversation, I asked the gym manager if he was not concerned that the gym was often empty. He replied: "This is a gym, not a restaurant, the more people pay and don't come, the better."

In many areas of Amsterdam, it is possible to find several gyms only a couple of blocks apart. Perhaps that is why, at COF, those gym-goers who train hard were not present, and the gym administration was not interested in having such clients either, which allowed other people who wanted to train less hard to attend it and to feel comfortable. Alex said to me: "The best thing about this gym is that it's quiet." Mara said: "In this gym, the bars and plates are in place; one doesn't have to be unloading the weights that other lazy people didn't put back in the racks."

Tokarski (2004:101) explains that "according to gerontology and geriatrics, there is no point in implementing low-performance sports programs since elderly [people] can do any activity like younger people." Nevertheless, my research and others (Kelly 1993; Vertinsky 1995; Tokarski 2004; Salvador et al. 2009; Pettigrew et al. 2018) show that the

environment of many gyms (competition among members, exercises that require considerable exertion, loud music, among others) prevents older adults from gym-going. Without a doubt, the idea of *no pain, no gain* promoted in some gyms makes these places environments where many people, including older adults, feel insecure and uncomfortable.

In conversations with my collaborators, I noticed that my idea of a good gym and my concept of a frequent gym-goer centered around a particular type of physique, a form of exercise, and a mindset. However, at COF, I found a group of older adults who did not train for a long time, but did go there quite often (Mara goes six times a week), nor did they seek to exhaust themselves to the fullest or achieve a demanding goal. They went for 45 to 80 minutes (they did not agree to train together, but to coincide at some point in the day at COF and thus share/chat); they did a little bit of everything, and then they left. Still, even though they did not train hard or have a particularly fit physical form, they were frequent gym-goers. Some comments:

Mara: In other gyms, the group lessons are very demanding; they're designed for young people, people with energy. I could do those classes without any problem some years ago. But not anymore, since my body has changed, I no longer enjoy those classes; I don't need them anymore.

Alex: I do weight-lifting and other heavy activities, but I do them my way, slowly, not so heavy, not so often; I don't want to have big muscles. Who am I going to impress at this age? What I want is to be independent; I want to move without problems. I want to be able to play with my grandchildren. That's what I want; that's why I work out.

As Merleau-Ponty (2006) observes, our body, our sense experience is that vital and positive communication and engagement that we have with the world. "Being-in-the-world" is mediated both through physical presence and a sense of perception. Thus, as the bodies and capabilities of my collaborators change, so do their priorities, perceptions, and activities. Similarly, Allain and Marshall (2017:407) revealed that some older people, by strategically mobilizing their social position as elderly, free themselves from a drive towards greater achievement in their workouts and bodies. Occupying the social space of an older person means the ability to give up on a more traditional "sports ethic" that stresses rational acceptance of risks and pain in the pursuit of increasingly greater achievement (Hughes and Coakley 1991). Mara said: "In other gyms, people are shouting: one more, one more! Keep pushing! Things like that. I don't want to work out like them and be all sore the next day." Todd said: "Only when you're young, or stupid, it's possible to voluntarily expose your body to pain."

That way of experiencing the gym connects with what Grant (2001:779) explained, and that is inextricably linked to an "accumulation of not only the inevitable biological processes but also attitudes, expectations, prejudices, cultural values, and ideals of the society in which individuals develop and grow old." In my conversations with my collaborators, this topic was very present, and I asked them what it meant to experience their old bodies.

They all had different opinions requiring critical reasoning about different body states related to stamina, flexibility, strength, balance, agility, aerobic capacity, and coordination. For them, it is not the years that indicate how old they are, but what they can do with their bodies. "Thus, the mask of aging

implies a difference between feeling age (experiencing age) and looking aged (how old one looks)" (Öberg and Tornstam 1999:634). As other studies have pointed out (Cremmin 1992), older people distinguish between being old and feeling old. Therefore, there are essential qualitative dimensions to understanding the phenomenon of aging (Baltes and Carstensen 1996).

Aging and Staying Fit

In talking to this new (to me) frequent gym-goer, my observations about gym culture began to change. I noticed that at COF, many people no longer trained hard, but also that many users were in transition from training hard to a different way of training. For example, I can mention a situation with a respondent in his late 50s. He had finished running on the treadmill; he walked to one of the corners and dropped exhausted to the floor. He was on his back with his eyes closed and his legs and arms spread open. I walked toward him without him noticing. When he opened his eyes, he saw me in front of him, smiling. He said:

I'm getting old. I didn't have this body a few years ago. I'm trying to get used to the idea that I'm getting old. I could run without a problem, but now my right knee starts hurting, and sometimes my hip. I get tired more easily now. I think I'm starting to have the body of an old person, but it isn't easy to get used to that idea.

Paulson (2005:230) explains that the loss of mobility is one of the worst experiences for the aging body as it is an ominous signifier of helplessness and dependence. Undoubtedly, our bodies change as we age, and we must adapt to these changes. Some comments:

Alex: Just some years ago, I could breathe normally, but not anymore. Now I think about that time. I took it for granted.

Mara: When I was younger, I used to get angry when I gained weight, but now what troubles me more than that is my loss of eyesight, some extra pounds are just something superficial, but vision, that's something else.

Todd: As you get older, you begin to distrust yourself. What you think or want, your body won't do, or sometimes your mind won't do. Your body and mind begin to have their own rhythm.

These quotes show how older adults look at their lives and bodies as they age. Many of these people now have skills and perceptions that are modifications or completely new skills they have had to acquire, skills to move, feel, and work on their "new old bodies," and as Koch (2011:151) shows, the body plays a central role in thinking, feeling, perceiving, and acting. Baltes and Carstensen (1996:401) state that aging is a dialectic between self-actualization and self-alienation. In this sense, "it is important to recognize analytically that older adults have not always been 'old' and to suggest otherwise is to relegate their past experience to an irrelevance" (Evans and Sleep 2015:336). Consequently, it is necessary to say, first, that not only are my collaborators getting old but we are also. Second, my collaborators remember their pasts and seek to adapt to their present (condition, skills, energy), using the gym as a tool to improve the physical and/or mental aspects of their lives.

Alex: When I look at younger bodies, I look at their backs, the fact that they can bend or just walk straight without problems. But, in my case, every

time I see my back, I notice how it curves more and more. I had to learn to adapt to this body, to walk, to change my shirt with this problem in the back. I do what I can, and I try to strengthen my body in the ways that I can.

Like Alex and others, they do not go to COF because it will give them that “attractive/impressive” body, which is commonly associated with gym culture, but because by training, they may develop a fitter body. As Mara said: “You make the most of what you’ve got.” The group of older adults at COF highlighted that gym-going was an essential habit in their daily lives. It provided a sense of structure and purpose to everyday life. “In this context, routinized behavior seemed to provide the participants with feelings of control (albeit an illusion of control) over a (new) life, where the expanse of unallocated time could be overwhelming” (Phoenix and Orr 2014:98).

The Temporality of Aging

Age is a biological, psychological, socio-cultural, and historical variable (Frankish, Milligan, and Reid 1998). Nowadays, there is a desire to become self-reliant, independent, and responsible, whereas sickness is associated with dependence (dependence on others and on the State), and dependence and lack of health are associated with moral failure (Dean 1995). Aging becomes something that can be treated. For instance:

Hip features, spinal deformities, and loss of height used to be thought of as normal events in the late stage in the human life cycle. But, since 1994, the World Health Organization has classified osteoporosis as a disease that can be diagnosed, prevented, and treated. [Shakespeare 2002:48]

One crucial question regarding older adults is how can we counteract or slow down the decrease in physical fitness and functional capacity? (Cvecka et al. 2015). These ideas (that start at an early age) form a central element of gyms and gym culture: not only should bodies look in shape but they must also stay young. These ideas have brought a multitude of self-help ideas to stay young and healthy, and though they are ostensibly designed to relieve anxiety, they actually encourage it (Klein 2007:1102). Aging is now something that we must monitor to determine whether we are at the norm; aging too quickly is a “crime,” as is the presence of extra fat. Success means looking younger every year and controlling hunger, desires, and aging. Success means anticipating faults—physical, medical, and aesthetic—and correcting them (Orbach 2009:136).

As observed in other studies (Allain and Marshall 2017), for many older adults, keeping themselves busy is their primary strategy for successful aging, and exercise is only one of many activities that fill their time. Some COF members are experiencing a loss of independence, less energy, and less ability to move. Attending COF enables them to feel autonomous and postpone the loss of autonomy. A recurrent theme in studies on body modification is the sense of taking control of one’s body (Thualagant 2012:410). Mara said: “Because of the gym, I’m stronger; I can do things, like lifting things. I don’t have to ask other people to do things for me.” Todd: “Training gives me mental strength, yes, it’s true that I’m getting old, but we all are, and yet I decided to slow down the process by exercising and living a healthy life.” These members use COF as a means of not becoming biologically old and/or keeping their bodies fit and able to do things (Andreasson, Tugetam, and Bergman 2016:211). That agrees with other studies that indicate that physical exercise gives older adults

a sense of regaining control over their aging process (Massie and Meisner 2019).

Gyms and Social Relations

Older adults tend to go to accessible places where they feel comfortable. Minichiello, Browne, and Kendig (2000:272) show that some older adults withdraw from situations in which they are treated as old or unwanted or in which they would have to assert themselves and ask for special treatment to enable them to continue with an activity. Ryan, Hummert, and Boich (1995) revealed how younger people use patronizing verbal and nonverbal communication toward older adults at an interactional level. Likewise, researchers have shown that the set of characteristics used to describe unattractive people is quite like that used to describe the elderly (Hurd 2000:84). As a result, older adults tend to feel marginalized, which can also have physiological effects on aging (Öberg and Tornstam 1999; Evans and Crust 2014).

Culturally, older adults are stereotyped as incompetent (Cuddy, Norton, and Fiske 2005). Biologically driven bodily changes have bearings on one's level of physical capital. Aging, for example, affects appearance and shapes the way people perceive and interact with others (Paradis 2012). Training/being at COF with other people going through the same process helps these members feel more comfortable with their bodies and experiences. In addition, studies show (Adams et al. 2011) that in successful aging, social engagement is an essential element, where maintaining close relationships is crucial. Numerous international studies have demonstrated that being socially involved motivates older people to be physically active (Stenner, Buckley, and Mosewich 2020), and Eman (2012:470) describes how older adults in Sweden, who are active in sports, manage

to protect themselves against negative age stereotypes through their sports.

My collaborators train their bodies, but do not seek to generate pain or discomfort. Because of this, they experience the gym, other gym-goers, and their bodies differently. Mara said: "I don't need much, just a place where I can relax and feel safe." For my collaborators, sometimes the gym is a place to socialize, sometimes to relax, and sometimes to train. They check their bodies and then decide what to do. As their bodies are aging, they have new bodily experiences, and therefore they need to acquire new bodily skills and ways to be and use the gym. Alex said, "I listen to my body, sometimes having taken the time to come to the gym is effort enough, sometimes there is no reason even to work out, I can do some stretches or socialize."

Gyms and Inclusiveness

Another common question in my fieldwork was when would the gym no longer be healthy for you? Participants explained to me that COF was beneficial in their lives, but that it was because of its environment. In general, from a certain age, they had experienced in other gyms that they were looked at with pity, worry, or indifference as if they did not exist. Studies, for instance, show that many older women feel physically vulnerable and unsure about their actual risks and benefits in exercise settings (O'Brien 2000). Todd once said to me: "The first place where I realized that I was no longer just aging, but that I was already old, was in the gym." Todd explained to me that his first experience concerning feeling old was not related to a particular age, nor any diminished physical or mental capacity, but to how, specifically at a gym (he described it as "showy"), people looked at him.

That reminds me of a conversation with a 47-year-old woman in another gym during my fieldwork, and even though she is not an older woman, at her age, she had already noticed what it means to grow old, she said:

I've noticed that it's not good for people of my age to say that one is dieting or training in the gym four times a week. It's more accepted if you're a man, but as a woman, I notice that people see it badly. It's like the gym isn't a place for a woman of my age.

Age is linked to personality-related individual differences, people's varying levels of bodily ability, and life changes in the family structure, work status, injuries, and illness. Nevertheless, it is a fact that physical abilities decay over one's lifespan (e.g., vision, hearing, and physical strength). What I could see in my collaborators was that they represent their social environments differently; because they have limited physical capabilities and, as Merleau-Ponty explained (2006), we understand the world based on our bodies, things like distances, weights, time, health, beauty, and life itself are perceived by them in indistinctive and personal ways.

At COF, some members had health problems such as arthritis, heart disease, asthma, et cetera. Nevertheless, they had developed a certain level of "physiological fitness" (McDermott 2000:347). Even when their bodies or performances did not fit the "fit" stereotype at first sight, it was enough for them and represented a clear achievement reached thanks to gym-going. Getting old is complex and is connected to feelings of freedom, autonomy, and an opportunity to set new life priorities, making it possible to spend more time focusing on, for example, family, health, recreation, and social life. Likewise, the transition is also associated with inevitable physical

deterioration, loneliness, and the dissolution of old habits (Andreasson et al. 2016:210).

By talking to my collaborators, I realized how some gyms can be non-inclusive spaces where many people feel isolated, lonely, not integrated, or not taken into consideration (Coen, Rosenberg, and Davidson 2018; Fisher, Berbary, and Misener 2018). At COF, many felt comfortable because neither the people training there nor the group classes were demanding, energized, or sophisticated. Older adults are a group for whom physical exercise offers significant advantages because of its potential health benefits. However, over the last centuries, older people and their bodies have experienced low status (Tulle and Dorrer 2012). Paulson (2005:231) has shown chronic ambivalence in the language that concerns old age, as with color references. Old age may be a "golden" or a "grey" time. Aging can be described as both a time of spiritual growth and one of physical decline. In this sense, my collaborators rebel against the cultural discourse of aging as physical decline with anti-aging strategies with training and being at the gym, helping them to actively resist age.

Conclusions

On the one hand, physical exercise and sports increase life expectancy and contribute to many essential functions of life and daily routines (Tokarski 2004). On the other hand, age is the most critical factor influencing involvement in and adherence to sports and physical activity. As a person ages, there is a linear decrease in both involvement and adherence levels. In older adults, insufficient strength decreases the potential for an independent life, affecting individuals' perception of self and the body (Dipietro 2001).

In this article, through data collected over months of daily interactions with my collaborators, I have shown the experiences of some older adults in a gym, that by sharing with other people their age, and by being in an environment with few members training hard, they felt more comfortable and inspired to train more. These collaborators maintained supportive networks at this gym, had a sense of belonging, and undertook physical exercise at their pace. With this, I have reflected on how a group of older adults embodies a different gym culture (for instance, not the *no pain, no gain* culture) because their bodies, motivations, and ages are different. Therefore, their agency is circumscribed by the personal conditions they live in.

These older adults were regularly analyzing their bodies, sensations, and workouts. What they experience and how they make sense of what they experience depends on how they feel and perceive their bodies. This also relates to the context; their bodies react to stimuli outside the gym, such as stress, the weather, or family life. Consequently, I have shown how people's lifestyle patterns change at different phases in their lives through their words. Every person in every phase of life has temporal, financial, social, and physical possibilities and constraints.

As this article presents a study with only three collaborators, a conclusion cannot be generalized by any means. However, just as each body is different, old age is experienced in a very personal way. It is also important to note that not all older people do less as they age all of the time, not all older bodies are perceived as negative, and it is not only older adults who are "aging" (everyone does), and not all older adults need to do more. And for some, doing more is difficult or an impossibility.

Authors like Grant (2001) in the early 2000s indicated that we often lose sight of the lived body in the study of aging. Aging cannot be understood solely as a biological process. There are many non-quantifiable aspects of a person who is aging, and "by relying on quantitative research, the stories of aging may be accurate without being true, may represent the experience yet omit the essence of it: the humanity of the person whose experience it was" (Grant 2001:781). These ideas of Grant and the qualitative way that my collaborators themselves have of understanding old age might be another meaningful way of understanding them, especially considering that many quantitative studies tend to divide this population between young-old and old-old (Tokarski 2004; Pantelić et al. 2012; Foster and Walker 2015; Bauman et al. 2016), but as many studies show (Clarke and Warren 2007; Boudiny 2013), the literature lacks consensus regarding the cut-off point between the young-old (third age) and the old-old (fourth age).

Drawing on the opinions expressed in this article, four things can be argued and can help promote physical exercise and health in older adults.

First, ageism and age discrimination constitute significant barriers to older people wanting to train in some gyms. More than physical disability, what prevents them from training is the gym environment, for example, when they are looked upon with pity or as incapable. Second, with the right environment, older adults might see the gym as a place where they can satisfy a series of needs such as socializing, doing sports, and recreation. The gym can be enhanced beyond a training place, as a healthy space where other elements, such as relaxation, socialization, and food, among others, can be optimized and with them attracting more users including, as in our

case, older adults. Third, the lack of role models in a similar age group may discourage older adults and reinforce the belief that exercise for older people is not good. Studies show that weight-training areas in gyms are often perceived as dangerous, even forbidden ground for older people and that they emphasize what is essential: “exercising at their own pace, finding peers, competent staff, and accessible machines” (Lübcke, Martin, and Hellström 2012:140). Both gym staff and gym members can pay more attention to older adults training there, not in a condescending way, but to adjust to their needs and requirements; as at COF, the more older adults who train, the higher the likelihood that other older adults join that gym knowing that they will find people their age.

I have also discussed in this article that both concepts of physical exercise and being old mean different things to different people and are, therefore, difficult to quantify. Methodologically speaking, training with my collaborators helped me win their trust and friendship. It was helpful for any researcher’s problem, namely, to increase the validity of the material gathered (Moeran 2007:13). As Moeran (2007) and Desmond (2014) have said, gaining entrance is among the most challenging and frustrating aspects of fieldwork. “The ethnographer

often is rebuffed, avoided, exploited, hoodwinked, provided only limited access, or taken down paths that lead nowhere” (Desmond 2014:569). This type of approach can be favorable for investigations seeking to give voice to and understand in-depth how certain people relate to their bodies concerning particular activities where the bodies are deeply involved.

Physical exercise encompasses a complex set of movements/behaviors, frequencies, and intensities. Each person evaluates how old they feel concerning what they can do with their bodies. My collaborators indicated that training at COF regularly was doing something meaningful for them. They do not train for a better-looking body, but to have time for themselves, to gain strength and mobility for independent living, and to socialize. They identified these reasons as empowering and necessary for people of their age.

Finally, the gym-goers in this study exposed the gym culture to a much-needed critique of its focus on building the “body beautiful,” celebration of youthfulness, and the *no pain, no gain* attitudes prevalent in many gyms. As such, this data could aid a critique of the consumerist fitness industry in favor of more inclusive exercise practices.

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